Introduction to Mental Health and Depression

A Unit of the PIH Community Health Worker Training Series
Partners In Health (PIH) is an independent, non-profit organization founded over twenty years ago in Haiti with a mission to provide the very best medical care in places that had none, to accompany patients through their care and treatment, and to address the root causes of their illness. Today, PIH works in fourteen countries with a comprehensive approach to breaking the cycle of poverty and disease – through direct health-care delivery as well as community-based interventions in agriculture and nutrition, housing, clean water, and income generation.

PIH’s work begins with caring for and treating patients, but it extends far beyond to the transformation of communities, health systems, and global health policy. PIH has built and sustained this integrated approach in the midst of tragedies like the devastating earthquake in Haiti, in countries still scarred from war, like Rwanda, Guatemala, and Burundi, and even in inner-city Boston. Through collaboration with leading medical and academic institutions like Harvard Medical School and the Brigham & Women’s Hospital, PIH works to disseminate this model to others. Through advocacy efforts aimed at global health funders and policymakers, PIH seeks to raise the standard for what is possible in the delivery of health care in the poorest corners of the world.

PIH works in Haiti, Russia, Peru, Rwanda, Lesotho, Malawi, Kazakhstan, and the United States. PIH supports partner projects in Mexico, Guatemala, Burundi, Mali, Nepal, and Liberia. For more information about PIH, please visit www.pih.org.

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Illustrations: Jonathan Case
Photographs: Partners In Health
Design: Melissa Rico and Partners In Health, 2015
This manual is dedicated to the thousands of health workers whose tireless efforts make our mission a reality and who are the backbone of our programs to save lives and improve livelihoods in poor communities. Every day, they visit community members to offer services, education, and support, and they teach all of us that pragmatic solidarity is the most potent remedy for pandemic disease, poverty, and despair.
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INTRODUCTION

A human right is a right to which ALL people are entitled, regardless of race, ethnicity, age, religion, gender, political opinion, birth, or social status. Human rights set standards that people need in order to live in dignity. Human rights are equal and universal for all people.

Among the human rights that all people need to live freely and with dignity are the rights to good medical care, good nutrition, education, clean water, decent housing, and economic opportunities. If people have these things, they are better able to improve and maintain their health and well-being. If people do not have these things, they are more likely to suffer from illnesses and malnutrition. They are less likely to escape poverty and its consequences.

In a human rights-based approach to development, household development agents play a vital role in helping all community members to access basic human rights and improve their health and well-being.

Household development agents (HDAs) visit families regularly. They actively seek and assess families for signs of vulnerability. They refer urgent cases to social workers and help all family members to access services. They vaccinate children, distribute bed nets, and provide basic health treatment in some cases. Household development agents also educate families and communities about disease prevention, vaccinations, family planning, reproductive health, education, parenting skills, positive behaviors, personal and community hygiene and sanitation, gender violence, and mental health. They connect families with vital social services that can help them access food and economic opportunities. Finally, they provide crucial psychological and social support to families suffering from illness and other problems.

Household development agents are chosen by their communities and are responsible for protecting, restoring, and fulfills the human rights of the families they serve. They are chosen because they are respectful and empathetic, and they maintain the confidentiality of families’ private information. They are also entitled to express their opinions and be listened to. They understand what it means to stand in solidarity with those who are suffering. They play an important role in improving community welfare and contributing to the development of their nation.

This training is part of a series of trainings developed for use in the pilot project Initiative Agent Communautaire Polyvalent (IACP) in Haiti. The IACP is a collaborative effort between the Government of Haiti, the World Bank, UNICEF, the World Food Program, Partners In Health/Zanmi Lasante, World Vision, and Save the Children, which aims to significantly improve access to basic health and social services for Haitian families, especially the most vulnerable.
TRAINING MATERIALS

Each training unit has a facilitator manual and participant handbook. Some training units also have a slide presentation and flipchart. In order to deliver the training effectively, facilitators must use these materials together.

• **Facilitator Manual** – Contains all the information needed to carry out the training, including preparation and material lists, session steps, pre- and post-tests, and all topic content. Facilitators must read the Facilitator Manual before the day of the training, and also use the Facilitator Manual during all training activities.

• **Participant Handbook** – Contains all information that participants need to know about the topic, and also any case studies, scenarios, or role plays needed for the training. Facilitators must give participants the Participant Handbook at the beginning of the training, so that the participants can use them during the training. After the training, participants must take the handbook home and use it to review and reinforce what they have learned.

• **Slide Presentation** – At sites where electricity and AV equipment are available, facilitators can use the slide presentation. It contains all the images used in the training. In sessions that use the slides/flipchart, the session steps contain the images (thumbnail size), with the text needed to explain the image below them.

• **Flipchart** – At sites without electricity or AV equipment, facilitators should use the flipchart. It contains the same images as the slide presentation, with the text on the back of the flipchart pages needed to explain each image on the front.

FACILITATOR MANUAL

The facilitator manual contains all the information needed to carry out this training, including:

- **Overview** – A brief description of the unit’s purpose and content.

- **Objectives** – A list of the skills and knowledge that participants will gain during the unit.

- **Unit Overview** – A table containing a content summary, teaching methods, time required, and materials needed for each session.
**Key Points** – The central ideas of the unit; facilitators can summarize key points at the end of the training.

**Training Sessions** – A series of sessions with step-by-step instructions that explain how to carry out the activities.

**Pre-Test and Post-Test** – The pre- and post-tests with answers are inserted into the facilitator manual for the facilitator’s reference. Pre- and post-tests without answers are inserted at the end of the Facilitator Manual. Facilitators should photocopy these tests for participants.

**Household Development Agent Checklist** – A list of household development agent roles and responsibilities related to the training topic. Facilitators must review the checklist with participants at the end of the training.

**Notes** – Blank pages where the facilitator can write notes as needed.

**TRAINING SESSIONS**

*In order to deliver effective training, facilitators must read all sessions, complete all preparation, gather all materials needed, and become familiar with session steps, before the day of the training. If facilitators do not do this ahead of time, they will not be prepared.*

Each session contains:

- **Method** – The teaching method(s) used during the session, for example, brainstorming, small group activity, or presentation.

- **Time Required** – The suggested time needed to complete the session. Within the session steps, suggested times are also given for various parts of the session, for example, 15 minutes for small group work, 10 minutes for a discussion, etc. Times are approximate, but facilitators should try to stay more or less within the suggested times. If this is not possible, facilitators must adjust the training accordingly.

- **Preparation** – A list of what the facilitator must do *ahead of time* in order to prepare for the session.

- **Materials** – A list of materials needed to complete the session. Facilitators must review the materials list and gather all materials *before* the day of the training.
**Steps** – Detailed steps that guide the facilitator through each session. Steps include content to deliver, questions and sample answers for discussion, thumbnail versions of slides/flipchart pictures used, case studies, role plays, picture stories, and any other information needed to complete the session.

**Tips** – Suggestions for the facilitator about how to adapt or change activities if appropriate, handle cultural considerations, or encourage participation.

**Check Information** – This icon marks information that may change (treatment protocols, forms, etc.). Facilitators must check any information marked with this icon and make sure it is up to date.

**All training units start with these sessions:**

**Introductions and Unit Objectives** – Participants introduce themselves and review the unit objectives.

**Ground Rules and Anonymous Question Box** – Participants brainstorm and establish ground rules, and learn about the Anonymous Question Box: a box where they can put any questions or concerns they have about training content (if they feel uncomfortable asking these questions in front of the group).

**Pre-Test** – Participants take a simple written test to determine what they already know about the training content.

**All training units end with these sessions:**

**Post-Test** – The same as the pre-test, participants take the post-test to determine what they have learned during the training. The facilitator corrects the post-test, and participants compare their pre- and post-tests.

**Evaluation and Anonymous Question Box** – Participants evaluate the training, and the facilitator addresses any questions collected in the Anonymous Question Box.
PRE AND POST TEST AND EVALUATION

This training contains a pre-test and post-test designed to measure what participants learn during the training. The Facilitator Manual contains pre- and post-tests with answers after each pre/post test session, and pre- and post-tests without answers at the end of the manual, to be photocopied for participants. To accommodate participants’ varying literacy skills, facilitators should read test questions aloud one at a time, and pause after reading each question to give participants time to circle the answer. Facilitators should compare participants’ pre- and post-test results to see how much they have learned and identify particular content that may need further review during future training sessions.

If more than a few participants do poorly on the post-test, this may indicate that facilitators should improve their training techniques and strive to do a better job of facilitating learning.

The training also contains an evaluation session designed to capture participants’ feedback on the training, including what worked well, what did not, and suggestions to improve future training. Facilitators can ask the evaluation questions orally and record participant responses, or ask participants to tear out and complete the evaluation form at the back of their handbooks. Facilitators may also photocopy the evaluation form in the Facilitator Manual. Facilitators must collect and review participant evaluation and feedback, and then use it to improve future trainings.

FACILITATOR PREPARATION

Facilitators must become thoroughly familiar with the training unit before the day of the training. They must read all sessions, complete all preparation, gather all necessary materials, and become familiar with session steps and unit content. If the training lasts more than 1 day, facilitators should review the materials again the night before day 2.

If 2 or more facilitators will deliver the training together, they should meet before the day of the training to determine the agenda and decide who will facilitate which sessions. They should also meet at the end of each training day to discuss what worked well, what did not, and how to proceed for the next day.

This training does not require elaborate preparation or materials. For many sessions, facilitators will only need the Facilitator Manual, Participant Handbook, Slide or Flipchart presentation, flipchart paper, markers, and tape. However, some sessions require special materials that facilitators must gather ahead of time, for example, mid-upper arm circumference (MUAC) measuring tapes, baby scales, bed nets, supplies for mixing Oral Rehydration Solution, or samples of birth control methods.
PARTICIPANT LITERACY SKILLS

Household development agents are required to be able to read and write in order to carry out their responsibilities. But literacy levels among household development agents vary. This training is designed to accommodate varying literacy levels, so that even those with limited literacy skills can learn effectively. For example, the Participant Handbook is printed in large text, uses simple language, contains many pictures, and uses simple checklists to convey key information. Training activities use pictures, discussions, and short case studies read aloud, rather than relying on extensive written work.

Session steps often contain specific instructions for the facilitator on how to accommodate varying literacy levels. For example, facilitators are instructed to read information aloud, ask participants to work in pairs or small groups for writing tasks so that they can help each other, make sure that pairs or small groups have at least one fairly literate participant each, and explain slide or flipchart pictures aloud slowly and clearly.

In addition to following these instructions, facilitators must actively take note of participants’ literacy needs during the training and plan accordingly. For example, if facilitators notice that certain participants are struggling with reading or writing, they should offer help and make sure that other participants help also.

ADAPTING THE TRAINING

Training activities are designed for groups of 20–30 participants, but will also work well for smaller groups of 12–20 participants. If facilitators must work with larger groups of participants, they should adapt activities accordingly. For example, for certain small group activities, facilitators may need to create small groups of 10 participants each rather than 5 participants each. For role plays, facilitators may need to limit performance time.

Sessions sometimes contain tips for how to adapt the activities, for example, suggestions about how to shorten the session if time is limited or participants are very tired. In addition to reading these tips, facilitators should use their own judgment and adapt activities accordingly. For example, in certain contexts, facilitators may need to adapt discussion questions, role plays, or case studies in order to take local cultural practices or beliefs into account.

Facilitators must keep track of participants’ energy and interest levels, and adapt or change plans if participants’ energy or concentration is waning. If, by the afternoon, participants are having trouble concentrating, facilitators should add more energizers, give an extra break, or do a short review game to revive participants’ energy.
DISCUSSION

The manual provides specific questions and sample answers for all discussions. Sample answers appear in italics. Facilitators should try to elicit these answers during the discussion, rather than simply providing answers themselves. Facilitators may have to rephrase a question a few times, or give an example, in order to elicit answers from participants. But facilitators should only provide answers after participants have had ample opportunity to respond, and should only give answers that participants do not name themselves.

ADULT LEARNING PRINCIPLES

This training is based on important adult learning principles, including:

• **Respect** – Adult students must feel respected and feel like equals.

• **Affirmation** – Adult students need to receive praise, even for small attempts.

• **Experience** – Adult students learn best by drawing on their own knowledge and experience.

• **Relevance** – Learning must meet the real-life needs of adults for their work, families, etc.

• **Dialogue** – Teaching and learning must go both ways, so that the students enter into a dialogue with the teacher.

• **Engagement** – Adult students must engage with the material through dialogue, discussion, and learning from peers.

• **Immediacy** – Adult students must be able to apply their new knowledge immediately.

• **20-40-80 Rule** – Adult students typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do.

• **Thinking, feeling, and acting** – Learning is more effective when it involves thinking, feeling (emotions), and also acting (doing).

• **Safety and comfort** – Adult students need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ridiculed or belittled.
METHODOLOGY

To put these principles of adult learning into practice, the training uses a variety of participatory methodologies including large and small group discussions, role plays, case studies, and stories. These activities are designed to elicit and build on participants’ experience and knowledge, promote discussion and reflection on key issues, provide hands-on practice of content learned, and help participants learn from each other.

Some activities include short facilitator presentations. But in contrast to many training manuals, this manual does not use facilitator presentation as the primary teaching method. Rather, activities use participatory methodologies that promote higher retention of content and create an open, engaging, and supporting learning environment. Remember, adult students typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do. Effective training involves participants in hearing, seeing, and doing. If participants only hear facilitator lectures all day, they will not learn or retain information effectively.

Participatory methodologies include:

• Small group activity
• Large group activity
• Small group discussion
• Large group discussion
• Brainstorm
• Role play
• Case study
• Reflection journey
• Demonstration
• Facilitator presentation
• Picture story
• Peer Teaching
<table>
<thead>
<tr>
<th>Facilitation and Communication Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Uphold the principles of adult learning.</td>
</tr>
<tr>
<td>□ Be respectful.</td>
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<tr>
<td>□ Treat everyone equally.</td>
</tr>
<tr>
<td>□ Listen and observe.</td>
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<tr>
<td>□ Maintain good eye contact.</td>
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<tr>
<td>□ Use open and friendly body language.</td>
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<tr>
<td>□ Be flexible and adjust training activities and approaches as needed.</td>
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<tr>
<td>□ Be patient, open, and approachable.</td>
</tr>
<tr>
<td>□ Encourage participation from all participants.</td>
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<tr>
<td>□ Give participants time to respond to questions.</td>
</tr>
<tr>
<td>□ When participants ask questions, take them seriously and respond promptly.</td>
</tr>
<tr>
<td>□ Give participants constructive, positive feedback.</td>
</tr>
<tr>
<td>□ Be aware of participants’ interest, energy, and level of understanding.</td>
</tr>
<tr>
<td>□ Be honest. If you do not know the answer to a question, say so. Then tell the participant where she/he can get the information, or find the information after the training and give it to the participant later.</td>
</tr>
<tr>
<td>□ Be aware of participants’ literacy levels and adjust activities accordingly.</td>
</tr>
<tr>
<td>□ Thank participants for their participation and effort.</td>
</tr>
</tbody>
</table>
## Training Preparation and Logistics Checklist

### Before the training
- Identify when training will take place.
- Identify where training will take place, and reserve and prepare the space.
- Identify participants, inform them, and arrange for transportation, food, and lodging as needed.
- Read all training materials thoroughly so that you are very familiar with training content and activities.
- If you have questions about the training content, get them answered.
- Complete all preparation for training activities (making photocopies, contacting guest speakers, gathering supplies for demonstrations, etc.).
- Gather all supplies needed for the training (flipchart paper, tape, markers, supplies needed for demonstrations, AV equipment, etc.).
- If you are working with another facilitator, decide ahead of time who will handle which parts of the training, and divide up the work accordingly.

### At the start of the training
- Make sure that all training materials are ready and that chairs and tables are arranged.
- Welcome participants as they arrive for the training.
- Welcome the whole group formally when everyone has arrived.
- Review the locations of bathrooms, water, the Anonymous Question Box, and other logistics.
- Ask participants to introduce themselves.
- Use an icebreaker to put participants at ease.
- Brainstorm and establish ground rules for the training.
- Review the training objectives and agenda.
- Ask participants to name their hopes and expectations for the training.
- Assign specific participants to help you with timekeeping, energizers, flipcharts, etc.
- Give participants the Pre-Test, collect the tests, and correct them during a break.
## Training Preparation and Logistics Checklist

### Throughout the training
- ✔ Uphold the principles of adult learning.
- ✔ Keep track of time and pace activities accordingly.
- ✔ Provide drinks and food.
- ✔ If the room is becoming hot or uncomfortable, arrange for fans, open windows, etc.
- ✔ Write neatly and large enough so that everyone can see.
- ✔ Position visuals so that everyone can see them.
- ✔ Explain instructions clearly and repeat instructions as needed.
- ✔ Use energizers and breaks to raise participants’ energy levels.
- ✔ Summarize the main points at the end of each activity.
- ✔ Acknowledge and thank participants for their ideas and contributions.

### At the end of the training
- ✔ Thank participants for their participation and effort.
- ✔ End with a final energizer and applause.
- ✔ Give participants the Post-Test. Then give participants their corrected Pre-Tests and ask them to compare results. Collect and save all Pre- and Post-Tests.
- ✔ Leave at least 15–20 minutes at the end for participants to evaluate the training.
- ✔ Make sure that participants have all the training materials to take home.

### After the training
- ✔ Make note of what worked well during the training, what did not work well, and what should be revised for future trainings.
- ✔ Make note of challenges or problems that arose during the training that need to be addressed. For example, if during a training on Malaria, participants raise the issue of home-based treatment supplies not being available, tell the appropriate staff members at the health center so that supplies can be obtained.
- ✔ Review and record Pre- and Post-Test results and use them to inform future trainings as needed.
Introduction to Mental Health and Depression

OVERVIEW

Being healthy does not simply mean that a person has no diseases, such as pneumonia, malaria, or tuberculosis. True health is a state of complete physical, mental, and social well-being. People are physically well if they have no diseases, or if their diseases are being treated well. People are socially healthy if they have good shelter, food, clothing, schooling, and economic and social opportunities. People are mentally healthy when they can realize their own potential, handle the normal stresses of life, work fruitfully, and make contributions their communities.¹

But in many communities, people do not understand that mental health is important. People with mental disorders are often stigmatized and discriminated against and do not get the treatment that they need.

Physicians, nurses, social workers, and community health workers alike are responsible for helping everyone to achieve good health, and helping people to achieve good mental health is part of this work. In this training, participants will learn about mental health and the basic types of mental disorders. They will learn to identify and refer individuals in need of mental health support, use specific skills to respond compassionately and appropriately to people with mental disorders, respond appropriately to mental health crises, and accompany people who are undergoing treatment for mental disorders.

OBJECTIVES

By the end of this training, participants will be able to:

Introduction

a. Define mental health.
b. Define human rights and give examples of human rights.
c. Identify people with mental disorders as having the same human rights as everyone else, including the right to good medical care.
d. Describe the community health worker’s role in protecting, fulfilling, and restoring the human rights of people with mental health problems and mental disorders.
e. Describe how people with mental disorders can be stigmatized and discriminated against.
f. Describe how biological, psychological, and social factors can make people vulnerable to mental disorders.
go. Identify the various providers involved in collaborative stepped mental health care.
h. Explain the role of the community health worker within the overall mental health care pathway.

Identification

i. Identify common types of mental disorders.
j. Recognize the basic signs and symptoms of common mental disorders.
k. Demonstrate how to use the appropriate screening tool to identify people in need of mental health support.
l. Describe when to refer people with mental health problems or mental disorders to appropriate services at the health center.

Response to Crisis

m. Describe the signs of a mental health crisis.
n. Describe how the community health worker should respond to someone who is having a mental health crisis.
o. Describe what epilepsy is.
p. Describe how to respond appropriately when a person has an epileptic seizure.
Management

q. Demonstrate how to use basic interview skills to communicate compassionately and appropriately with people with mental health problems or mental disorders.

r. Demonstrate how to help people with depression using education, interpersonal assessment, behavioral activation, relaxation, and maintenance and re-evaluation techniques.

s. Identify serious side effects of medications for mental disorders that require immediate referral to the health center.

t. Describe how to help people adhere to their medication regimens.

u. Complete the Encounter Form accurately for a variety of situations.

Education

v. Describe how to help the families of people with mental disorders to manage their stress and appropriately support the family member with the mental disorder.

w. Demonstrate how to educate community members about mental health in order to reduce stigma and discrimination against people with mental health problems and mental disorders.

Time Required: 6 days (31 hours and 30 minutes of training sessions and review plus breaks and lunches)
## UNIT OVERVIEW

### Day 1 – 5 hours and 30 minutes of training sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Content</th>
<th>Methods</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Introductions and Unit Objectives</td>
<td>• Facilitator Presentation&lt;br&gt;• Icebreaker</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Ground Rules and Anonymous Question Box</td>
<td>• Brainstorm&lt;br&gt;• Facilitator Presentation</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Pre-Test 1</td>
<td>• Assessment</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>What is Mental Health?</td>
<td>• Brainstorm&lt;br&gt;• Large group discussion</td>
<td>20 minutes</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Mental Health and Human Rights</td>
<td>• Brainstorm&lt;br&gt;• Large group discussion</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Mental Health, Culture, Stigma, and Discrimination</td>
<td>• Small group activity&lt;br&gt;• Large group discussion</td>
<td>1 hour</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Biopsychosocial Model</td>
<td>• Reflection Journey&lt;br&gt;• Large group discussion</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Mental Health Care Pathway</td>
<td>• Facilitator presentation</td>
<td>20 minutes</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Major Mental Disorders</td>
<td>• Small group activity&lt;br&gt;• Large group discussion</td>
<td>1 hour and 50 minutes</td>
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</tbody>
</table>

### Day 2 – 5 hours and 30 minutes training sessions and 30 minutes of review

<table>
<thead>
<tr>
<th>Session</th>
<th>Content</th>
<th>Methods</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review</strong></td>
<td>Review of Day 1 Content</td>
<td>• Question and answer game</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>Identifying Symptoms of Mental Disorders</td>
<td>• Case study</td>
<td>1 hour</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>Screening and Triage for Depression</td>
<td>• Facilitator presentation&lt;br&gt;• Case study&lt;br&gt;• Role-play</td>
<td>2 hours and 30 minutes</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>Post-Test 1</td>
<td>• Assessment</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Pre-Test 2</td>
<td>• Assessment</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>14</strong></td>
<td>Responding to Mental Health Crises</td>
<td>• Large group discussion&lt;br&gt;• Role-play</td>
<td>1 hour</td>
</tr>
</tbody>
</table>
### Day 3 – 5 hours and 30 minutes of training sessions and 30 minutes of review

<table>
<thead>
<tr>
<th>Session</th>
<th>Content</th>
<th>Methods</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review</td>
<td>Review of Day 2 Content</td>
<td>• Question and answer game</td>
<td>30 minutes</td>
</tr>
<tr>
<td>15</td>
<td>Introduction to Epilepsy</td>
<td>• Facilitator presentation</td>
<td>30 minutes</td>
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<tr>
<td></td>
<td></td>
<td>• Large group discussion</td>
<td></td>
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<tr>
<td>16</td>
<td>Basic Interview Skills</td>
<td>• Large group discussion</td>
<td>2 hours and 30 minutes</td>
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<td></td>
<td>• Role-play</td>
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<td></td>
<td></td>
<td>• Case study</td>
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<tr>
<td>17</td>
<td>Basic Counseling Intervention Skills, Part 1</td>
<td>• Role-play</td>
<td>1 hour and 45 minutes</td>
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<td></td>
<td>• Large group discussion</td>
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<td>• Small group activity</td>
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### Day 4 – 5 hours and 15 minutes of training sessions and 30 minutes of review

<table>
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<th>Session</th>
<th>Content</th>
<th>Methods</th>
<th>Time</th>
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<tbody>
<tr>
<td>Review</td>
<td>Review of Day 3 Content</td>
<td>• Question and answer game</td>
<td>30 minutes</td>
</tr>
<tr>
<td>17</td>
<td>Basic Counseling Intervention Skills, Parts 2</td>
<td>• Role-play</td>
<td>5 hours 15 minutes</td>
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<td>• Large group discussion</td>
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<td>• Small group activity</td>
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### Day 5 – 5 hours and 15 minutes of training sessions and 30 minutes of review

<table>
<thead>
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<th>Content</th>
<th>Methods</th>
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<tbody>
<tr>
<td>Review</td>
<td>Review of Day 4 Content</td>
<td>• Question and answer game</td>
<td>30 minutes</td>
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<tr>
<td>17</td>
<td>Basic Counseling Intervention Skills, Parts 3–5</td>
<td>• Role-play</td>
<td>2 hours 45 minutes</td>
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<td>• Large group discussion</td>
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<td>• Small group activity</td>
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<tr>
<td>18</td>
<td>Medication Adherence and Side Effects</td>
<td>• Facilitator presentation</td>
<td>30 minutes</td>
</tr>
<tr>
<td></td>
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<td>• Large group discussion</td>
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<tr>
<td>19</td>
<td>Encounter Form</td>
<td>• Large group discussion</td>
<td>2 hours</td>
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<td></td>
<td></td>
<td>• Role-play</td>
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### Day 6 — 4 hours and 30 minutes of training sessions and 30 minutes of review

<table>
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<tbody>
<tr>
<td>Review</td>
<td>Review of Day 4 Content</td>
<td>• Question and answer game</td>
<td>30 minutes</td>
</tr>
<tr>
<td>19</td>
<td>Encounter Form, continued</td>
<td>• Large group discussion • Role-play</td>
<td>2 hours 45 minutes</td>
</tr>
<tr>
<td>20</td>
<td>Helping Families to Cope With Mental Disorders</td>
<td>• Large group discussion • Case study</td>
<td>1 hour</td>
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<tr>
<td>21</td>
<td>Mental Health Education Optional</td>
<td>• Large group discussion • Pair activity</td>
<td>30 minutes</td>
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<tr>
<td>22</td>
<td>Post-Test 2</td>
<td>• Assessment</td>
<td>30 minutes</td>
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<tr>
<td>23</td>
<td>Evaluation</td>
<td>• Large group discussion • Written evaluation</td>
<td>30 minutes</td>
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### MATERIALS

<table>
<thead>
<tr>
<th>Session</th>
<th>Materials</th>
</tr>
</thead>
</table>
| All sessions |  | □ Facilitator Manual  
□ Participant Handbooks  
□ Flip chart or slide presentation  
□ AV equipment if using slides  
□ Chart paper  
□ Markers  
□ Tape  |
| 1 | □ Chart paper, markers, and tape  |
| 2 | □ Anonymous Question Box  |
| 3 | □ Pencils or pens  
□ Photocopies of pre-test 1  |
| 4 | □ Definitions of health and mental health in Participant Handbook  |
| 5 | □ Definition and examples of human rights in Participant Handbook  |
| 6 | □ Case study in Participant Handbook  |
| 7 | □ Biopsychosocial diagram in Participant Handbook drawn on chart paper  |
| 8 | □ Care pathway drawn onto a sheet of chart paper  
□ Information about collaborative stepped care and the care pathway in Participant Handbook  |
| 9 | □ Session questions written on chart paper  
□ Information about mental disorders and symptoms in Participant Handbook  |
| 10 | □ Case studies in Participant Handbook  |
| 11 | □ Screening tool drawn onto a few sheets of chart paper  
□ Care pathway for depression drawn onto a sheet of chart paper  
□ Photocopies of the screening tool  
□ Role-plays created by the facilitator and written onto slips of paper  
□ Care pathway for depression in Participant Handbook  |
| 12 | □ Pencils or pens  
□ Photocopies of post-test 1  |
| 13 | □ Pencils or pens  
□ Photocopies of pre-test 2  |
<p>| 14 | □ Mental Health Crises Checklist in Participant Handbook  |
| 15 | □ Epilepsy Checklist in Participant Handbook  |</p>
<table>
<thead>
<tr>
<th>Session</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 16      | - Basic interview skills in Participant Handbook  
|         | - Role-plays at the end of this session  
|         | - Case study in Participant Handbook  
|         | - Basic interview skills written on a sheet of chart paper  
|         | - What not to do during counseling written on a sheet of chart paper  |
| 17      | - Four sheets each with an interpersonal problem written on it  
|         | - Interpersonal Evaluation information to help people return to functioning, and how to relax using the participant handbook  |
| 18      | - Sample prescriptions created by facilitator  
|         | - Information about medication side effects and adherence in Participant Handbook  
|         | - Medication Checklist in Participant Handbook  |
| 19      | - Large version of the Encounter Form drawn onto a sheet of chart paper  
|         | - Photocopies of the Encounter Form  
|         | - Case studies in Participant Handbook  
|         | - Encounter Form in Participant Handbook  |
| 20      | - Family Case Study in Participant Handbook  
|         | - Information about supporting families in Participant Handbook  |
| 21      | - Mental Health Education checklist in Participant Handbook  
|         | - Discussion question written on chart paper  |
| 22      | - Pencils or pens  
|         | - Photocopies of post-test 2  |
| 23      | - Evaluation questions written on chart paper or evaluation form in Participant Handbook  
|         | - Anonymous Question Box  |
Key Points

- Part of good health is good mental health.
- Mental health is a state of well-being in which a person can realize her or his own potential, cope with the normal stresses of life, work fruitfully, and make contributions to her or his community.
- Some mental disorders are very common.
- Like other health problems such as tuberculosis or malnutrition, mental disorders and mental health problems can be treated.
- People with mental health disorders have the same human rights as everyone else, including the right to good health care.
- Community health workers are responsible for helping everyone to achieve good health, and helping people to achieve good mental health is part of this work.
- People with mental disorders or mental health problems should be treated kindly, compassionately, and fairly. People should not stigmatize or discriminate against those with mental disorders.
- There are 3 main factors that make a person more likely to develop a mental disorder: biological factors, psychological factors, and social factors.
- Mental disorders include depression, anxiety disorder, post-traumatic stress disorder, and psychosis.
- Treatment for mental disorders includes counseling, strategies to improve the person’s mood and social environment, and medication.
- A person is having a mental health crisis when: 1) the person is thinking of committing suicide; 2) the person is a danger to others; 3) the person is markedly disabled; or 4) the person is suffering from acute psychosis.
- People who are suffering from mental health crises should be helped immediately. They should not be left alone, and they should be taken to the health center as soon as possible the same day.
- Epilepsy is a mental disorder. It is caused by electrical charges in the brain. If a person is having a seizure, treat the person gently and wait for the seizure to pass.
- Families should receive help from community health workers, social workers, and other team members so that they can support and care for a family member with a mental disorder appropriately.
- Community health workers can reduce stigma and discrimination against people with mental disorders by educating families and communities about mental health.
SESSION 1 Introductions and Unit Objectives

Methods: Facilitator presentation and Icebreaker

Time: 15 minutes

Objective
Participants will be able to:
• Conduct introductions and identify unit objectives.

Preparation
• Review the unit objectives.

Materials
☐ Facilitator Manual  ☐ Chart paper  ☐ Tape
☐ Participant Handbooks  ☐ Markers

STEPS

15 minutes

1. Greet participants and introduce yourself.

2. Explain that in this training, participants will learn about the training topic. They will learn and practice skills that they will need in order to carry out responsibilities related to the topic.

3. Ask participants to introduce themselves briefly, one at a time, by saying:
   • Their name and how long they have been working as a community health worker, or what jobs they had before becoming a community health worker (if they are new to this work).
   • One hope or expectation that they have for this training.

4. End the introductions by telling participants that many of their expectations will be met during this training. Expectations not met today will be addressed in some other way, either with individual follow-up or in future trainings.

5. Ask a few volunteers to read aloud the objectives for the training in the Participant Handbook. Tell participants that today’s training will cover these objectives.

6. Ask participants what questions they have so far and answer them accordingly.
SESSION 2  Ground Rules and Anonymous Question Box

Methods:  Brainstorm and Facilitator Presentation

Time:  15 minutes

Objectives
Participants will be able to:
  • Establish ground rules that create a respectful and trusting environment.
  • Describe the importance of confidentiality, both of families’ information and information shared during the training.

Preparation
  • Get the Anonymous Question Box ready and place it in a convenient location in the room.

Materials
  □ Chart paper  □ Anonymous Question Box  □ Tape
  □ Markers

STEPS

15 minutes

1. Tell participants that for the training to be effective, the group will agree on some ground rules. Ground rules are rules that will help the training run smoothly, maximize learning, encourage participation, and make participants feel welcome and respected.

2. Ask participants to brainstorm a brief list of ground rules. As people name rules, write them in large letters on a sheet of chart paper.

3. Make sure each participant offers only one idea, and that everyone who wants to speak gets a chance.

4. After the brainstorm, add the following rules if they are not already on the list:
   • Punctuality
   • Confidentiality
   • Participation in discussions and activities
   • Respect for different opinions
5. Hang the sheet of ground rules on the wall for the rest of the training.

6. Explain the concept and importance of confidentiality. Tell participants:

   As you know, confidentiality is an important requirement of community health workers’ jobs. You must keep everything that family members tell you, and everything you know about their condition, **confidential**. You should only share such information with the social worker and with clinicians when needed. **You should not share this information even with the person’s spouse, siblings, or children, or your own spouses, siblings, or children.**

   Some of you may need to share information about your assigned households during the training, or ask questions about specific cases. You must share or ask in a way that maintains confidentiality. For example, do not use the person’s name, say where she or he lives, or give any other information that would reveal the person’s identity. Everyone in this room must do this. Also, you must not talk about confidential information outside of this training.

7. Ask participants:

   - What could happen if you told confidential information about one of your households to someone else?
     
     *The person might be stigmatized or discriminated against.*
     
     *The person would not trust you anymore.*
     
     *The person would not want to share important private information with you anymore, etc.*

   - How would you feel if someone shared confidential information about you with other people?
     
     *You would feel betrayed.*
     
     *You would not trust that person.*
     
     *You would not feel safe telling them anything else, etc.*

8. Tell participants:

   **Confidentiality is one of the most important parts of being a community health worker.**

9. Explain that to help keep confidentiality during this training session, participants can use the Anonymous Question Box. Hold up the box. Explain that at any point during the day, participants are welcome to write down any questions they may have but do not want to ask aloud in front of the group, and put them in the Anonymous Question Box. The questions can be about particular cases or any other issue. At the end of the day, you will review and answer questions from the box, either with the group or privately as needed.
Tip: Check the Anonymous Question Box during breaks and lunch, and review any questions you find so that you will be ready to handle the questions at the end of the training.
SESSION 3 Pre-Test 1

**Method:** Assessment

**Time:** 30 minutes

**Objective**
Participants will be able to:
- Assess prior knowledge of the training topic.

**Preparation**
- Review the pre-test questions.

**Materials**
- Pencils or pens for all participants
- Photocopies of the Pre-Test on pages 152 of the Facilitator Manual

**Tip:** Explain the pre-test carefully in case some participants are not familiar with taking tests.

**STEPS**

30 minutes

1. Explain that participants will now take a “pre-test.” The purpose of this pre-test is not to judge participants, but rather to understand what participants already know, and to make sure this training addresses their needs. The pre-test will also help assess the effectiveness of this training and improve it for future trainings.

2. Give each participant a photocopy of the pre-test.

3. Before the pre-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date that she or he became a community health worker, tell her or him to write the year that she or he became a community health worker and record the day as “30” and the month as “6.”
4. Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their pre-test. Some questions require participants to choose the best possible answer from a set of answers.

5. Tell participants that if they do not know the answer to a question, they should leave it unanswered.

6. Tell participants that you will complete the first question together.

7. Read the first question and possible answers aloud.

8. Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.

9. Read the rest of the pre-test questions and possible answers aloud slowly, one at a time. Repeat questions and possible answers as needed. After you read each question, give participants time to circle the answer.

10. Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.

Tip: Correct the pre-tests during a break, since you will need to give them back to the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.
PRE-TEST 1

Your name: ______________________________ Date: _________________

Health Center: ____________________________  CHW ID#: ___________________________

When did you start to work as a community health worker or Accompagnateur? _____/_____

Month Year

Circle the best answer for each question.

1. If a person has good health, the person:
   a. Has no diseases at all.
   b. Is strong and can work productively.
   c. Is well physically, socially, and mentally.
   d. Does not need any medications.

2. If a person has good mental health, the person:
   a. Is intelligent and has studied a lot.
   b. Does not behave in strange ways.
   c. Does not need any medications.
   d. Can cope with stress, work well, and contribute to community life.

3. A person with mental health problems:
   a. Is not normal and cannot have the same human rights as everyone else.
   b. Has the same human rights as everyone else.
   c. Is entitled to many human rights but not all of them.
   d. Must recover from the mental health problem before she or he can have the same human rights as everyone else.

4. An example of stigma and discrimination against a person with mental illness is:
   a. People are afraid of the person and do not let her or him participate in community life.
   b. People think that the person should go to a priest or hougan for help.
   c. People treat the person the same way that they would treat anyone else.
   d. People treat the person kindly and compassionately.
5. What are 2 main factors that can cause a person to have a mental health problem?
   a. Punishment from God, lack of will power.
   b. Lack of will power, social factors such as poverty.
   c. A chronic illness, social factors such as poverty.
   d. Punishment from God, social factors such as poverty.

6. The team of health care providers who can treat people with mental health problems includes:
   a. Psychologists and social workers.
   b. Physicians and pharmacists.
   c. Nurses and community health workers.
   d. All of these.

7. What are the main roles of the community health worker in the care and treatment of people with mental health problems?
   a. Interview people to determine whether or not they are suffering from depression.
   b. Refer people with mental health problems to the health center.
   c. Check with people who are taking medications for mental disorders to see if they are experiencing serious side effects.
   d. All of these things.

8. What are 2 common mental health disorders?
   a. Depression and anger.
   b. Depression and anxiety.
   c. Anxiety and psychosis.
   d. Psychosis and jealousy.

9. What are some of the main symptoms of depression?
   a. Fatigue, feeling sad and miserable, hopelessness about the future, problems with sleep.
   b. Fatigue, hearing voices that others do not hear, problems with sleep, aggressive behavior.
   c. Fatigue, feeling sad and miserable, feeling very scared, trembling and shaking.
   d. Fatigue, aggressive behavior, trembling and shaking, problems with sleep.

10. What are some of the main symptoms of anxiety?
    a. Trembling and shaking, feeling sad and miserable, hearing voices that others do not hear, aggressive behavior.
    b. Trembling and shaking, feeling very scared, worrying excessively, problems with sleep.
    c. Trembling and shaking, aggressive behavior, thinking about suicide, problems with sleep.
    d. Trembling and shaking, feeling very scared, seeing things that others do not see, hearing voices that others do not hear.
11. What should you do after you use the depression screening tool with someone?
   a. Refer the person to the health center.
   b. Give the person advice about her or his depression.
   c. **Use the screening tool score to decide what next steps should be.**
   d. Conduct counseling sessions with the person.

12. Which of these screening tool scores means that you must refer the person to the health center for treatment?
   a. A score between 1 and 4.
   b. A score between 5 and 9.
   c. A score higher than 9.
   d. A score higher than 14.

13. Who must keep a patient’s information secret?
   a. Doctors and Nurses.
   b. Psychologists and Social workers.
   c. Community Workers, Health Agents and Archivists.
   d. **All of these people.**

14. In which situation is it NOT good to keep information secret?
   a. If the person has mental problems and he tells you that someone put their hands on him.
   b. If the person has mental problems and he tells you that he is selling his medication.
   c. If the person tells you that he is going to kill himself or someone else.
   d. **All of the answers are good.**

15. Which of these situations could cause depression?
   a. Someone who has no importance in his life or someone who is his enemy has died.
   b. **If he loses his job.**
   c. If he had severe diarrhea and lost a lot of bodily fluids.
   d. If he is not comfortable where he is living.
SESSION 4 What Is Mental Health?

Methods: Brainstorm and Large group discussion

Time: 20 minutes

Objective
Participants will be able to:
  a. Define mental health.

Preparation
• Review the definitions below.

Materials
  □ Definition of health on page 5 of the Participant Handbook
  □ Definition of mental health on page 5 of the Participant Handbook
  □ Chart paper □ Markers □ Tape

STEPS

10 minutes

1. Tell participants:
   During this training, you will learn about mental health and your role as community health workers in helping people to achieve good mental health and get help for mental disorders. We will start by discussing good health and good mental health.

2. Ask participants the following questions and take a variety of volunteer responses:
   • What does it mean to have good health?
     Responses may include: if you have good health you are not sick; you are not malnourished; you do not have any infections or diseases such as pneumonia, tuberculosis, malaria, or HIV; you are strong and able to work; you do not need to go to the health center; you do not need medicines; etc.
     Participants may name other ideas.
3. Ask participants to find the definition of health on page 5 of their handbooks.
   Ask a volunteer to read the definition aloud:
   
   Health is a state of complete physical, mental, and social well-being. Health is not simply the absence of disease.²
   
   Explain that this is how the World Health Organization (WHO) defines health. The WHO is an organization of health professionals dedicated to improving health around the world.

4. Ask participants:
   • How is this definition similar to what you have just said about good health?
     
     Responses will vary depending on how participants answered in step 2.
   • How is this definition different from what you have just said about good health?
     
     Responses will vary depending on how participants answered in step 2.

   10 minutes

5. Ask participants:
   • As we have seen, having good mental health is part of having good health.
   What does it mean to have good mental health?
     
     Responses may include: you can think clearly; you are not sad or depressed; your mind is clear; you are not confused; etc.)

6. Post the definition of mental health that you prepared. Explain that this is how the World Health Organization defines mental health. Ask a volunteer to read the definition aloud:
   
   Mental health is a state of well-being in which a person can realize her or his own potential, cope with the normal stresses of life, work fruitfully, and make contributions to her or his community.³

7. Ask participants:
   • How is this definition similar to what you have just said about good mental health?
     
     Responses will vary depending on how participants answered in step 6.
   • How is this definition different from what you have just said about good mental health?
     
     Responses will vary depending on how participants answered in step 6.

8. Tell participants:
   As we have seen, good mental health is part of good health. If a person does not have good mental health, we say that the person has a mental health disorder or mental health problem. There are different kinds of mental disorders, and you will learn about some of them during this training.

---

It is sometimes difficult to determine what kinds of mental health problems people can or should take care of themselves, and what kinds of mental health problems benefit from the help of trained health care workers. Good treatment includes many things. During this training you will learn about your role in helping people with mental disorders or mental health problems.
SESSION 5 Mental Health and Human Rights

Methods: Brainstorm and Large group discussion

Time: 30 minutes

Objectives
Participants will be able to:

b. Define human rights and give examples of human rights.

c. Identify people with mental disorders as having the same human rights as everyone else, including the right to good medical care.

d. Describe the community health worker’s role in protecting, fulfilling, and restoring the human rights of people with mental health problems and mental disorders.

Preparation

- Review the definition of human rights, examples of human rights, and Articles 1, 3, 5, and 25 below.

Materials

- Definition of human rights on page 6 of the Participant Handbook
- The Universal Declaration of Human Rights examples (Articles 1, 3, 5, and 25) in the Participant Handbook
- Chart paper
- Markers
- Tape

Tip: Some participants may be unfamiliar with the formal concept of human rights, not be able to give a formal definition of human rights at first, or be unable to name many examples of human rights. Other participants may have a deeper understanding of the concept of human rights. But as members of poor communities where many people suffer from a lack of at least some basic human rights, all participants will understand that there are certain basic things and conditions that people need in order to live freely and with dignity. The point of this session is to emphasize this, rather than to focus on formal definitions.
**Steps**

15 minutes

1. Tell participants:

   In this session, we will explore the concept of human rights. You will learn your roles and responsibilities as community health workers in helping the families that you serve to achieve health and well-being and fulfill their human rights.

2. Ask participants:

   • What do you need to live well?

   *Enough food, clothes, somewhere to live, quality medical care, schooling, employment opportunities, to live freely and safely, etcetera.*

   • Is there anywhere in this world where people do not need those things to live well?

   No

   • Is there anyone in this world who does not need those things to live well?

   No

3. Tell the participants:

   • Many of the things that you just mentioned are fundamental rights for everyone. They are things that people need to live well and with dignity.

4. Ask participants to find the definition of human rights on page 6 of their handbooks. Ask a volunteer to read the definition aloud:

   **What is a human right?**

   A human right is a right to which ALL people are entitled, regardless of race, ethnicity, age, religion, gender, political opinion, birth, or social status. Human rights set standards that people need in order to live in dignity. Human rights are equal and universal for all people.

15 minutes

5. Tell participants:

   In 1948 (after World War II), representatives from over 48 countries joined together to create a document called the Universal Declaration of Human Rights. The Declaration names all the rights that human beings must have to live freely and with dignity. The Declaration says, “All human beings are born free and equal in dignity and rights.”

   The Universal Declaration of Human Rights names many rights, including the ones you named during our brainstorm. Among the rights named are the right to health care and a good standard of living.
The Declaration also states that governments, communities, and individuals are all responsible for upholding and protecting human rights.

6. Ask participants to find the examples from the Universal Declaration of Human Rights in their handbooks on page 7. Ask a volunteer to read the examples aloud:

**The Universal Declaration of Human Rights**

**Article 1**

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

**Article 3**

Everyone has the right to life, liberty and security of person.

**Article 5**

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

**Article 25**

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children… shall enjoy the same social protection.

7. Tell participants:

As you can see, the Universal Declaration of Human Rights says that all people are born free and equal in dignity and rights. All people have the right to life, liberty, and security of person. No one should be treated cruelly or degradingly. All people have the right to good food, clothing, housing, and medical care. **This includes people with mental health problems.** Not having good food, clothing, housing, and medical care affects people’s physical and mental health.

---

8. Ask participants:
   • As community health workers, what are some of the ways that you can help to restore
     basic human rights to people with mental health problems?

     *Help people with mental health problems to access appropriate medical care and
     social services, treat all people with mental health problems kindly and fairly,
     and educate family and community members to do the same, etc.*

9. Ask participants to find the complete Universal Declaration of Human Rights on page 82
    of their handbooks. Invite participants to study the Declaration at home.

10. Leave the chart paper sheet of human rights examples posted for the remainder of
    the training.
SESSION 6 Mental Health, Culture, Stigma, and Discrimination

Methods: Small group activity and Large group discussion

Time: 1 hour

Objective
Participants will be able to:

1. Describe how people with mental disorders can be stigmatized and discriminated against.

Preparation
• Review the Celeste case study and discussion questions below.

Materials
□ Celeste case study on page 59 of the Participant Handbook
□ Chart paper □ Markers □ Tape

STEPS

5 minutes

1. Tell participants:

In the previous session, we discussed how all people have the right to life, liberty, and security of person, to be free from cruel or degrading treatment, and to have good food, clothing, housing, and medical care. **This includes people with mental health problems.**

We know that many families in Haiti are denied these basic human rights. They do not have enough food, a good house, enough education, or adequate medical care. They may not have good health and well-being.

**Sometimes, traditional beliefs, culture, or lack of understanding cause people with mental health problems to be discriminated against and denied their rights, health, and well-being, even more than other people.**

Now we will explore the perception and treatment of people with mental health problems in our own communities. To do this you will discuss a brief case study.
2. Divide participants into small groups of 4 to 6 participants each. Ask small groups to find the Celeste case study in their handbooks. Explain the small group task:
   - Choose one group member to read the case study and questions aloud for the group.
   - Discuss answers to the questions.
   - Choose one group member to record the group’s answers in her or his handbook.
   - Be prepared to share your answers with the whole group.
   - You will have 15 minutes to work.

15 minutes

3. Ask groups to start work. As groups are working, circulate, help as needed, and give groups 5- and 1-minute warnings.

15 minutes

4. Ask groups to stop work. Ask one group to report its answers for the 1st question and then ask if other groups have anything to add. Repeat this for the remaining questions, choosing a different group each time.

5. Affirm the following if it has not already surfaced during the discussion:
   - The woman in the case study is not suffering from a curse. She is not lazy, a bad Christian, etc.
   - The woman is suffering from a mental disorder called depression.
   - Depression and other mental disorders exist in our communities and in all communities around the world.

15 minutes

6. Ask participants the following questions and encourage a discussion. Do not correct participants’ responses yet. This is an opportunity for you to learn more about what participants currently understand and think about mental disorders in their communities:
   - Think for a moment about your own experience in your communities, and with the households that you visit. Think about people you know who you think might have mental disorders. What examples have you seen of people who you think might have mental disorders or mental health problems?

   Responses will vary depending on participants’ current understanding of mental disorders. Responses may include: they know people who are depressed or sad all the time, have bad dreams, are very angry or aggressive, etc.
• What do community members say or believe about these people?
  Responses will vary depending on local beliefs and customs. Responses may include: they are crazy, possessed by evil spirits or good spirits, holy or able to communicate with spirits, weak, lazy, dangerous, cursed, victims of curses, etc.

• How are these people usually treated?
  Responses will vary and may include: they are treated kindly, treated badly, beaten, ignored, avoided, abandoned, laughed at, treated as special, people are afraid of them, etc.

• What do religious leaders and hougan say about people with mental health problems or mental disorders, and how do they treat them?
  Responses will vary and may include: they treat them kindly or badly, shun them, try to treat them through prayer or traditional healing, etc.

• How do you think that people with mental disorders should be treated? Why?
  Responses will vary.

• Even if community members’ understanding of mental health problems does not lead to stigma or discrimination, it may still lead to people with mental health problems not getting the care that they need. Why might this happen?
  Responses will vary and may include: because people do not know that these problems can be treated, so they will not help the person to seek help, etc.

• In fact, it is wrong to think about or treat people with mental disorders or mental health problems in some of the ways that community members (and some clinicians) may think. Why is it wrong?
  Responses will vary and may include: people with mental disorders deserve the same respect, kindness, and fair treatment as other people; they have the same human rights as other people; mental disorders are like other health problems that deserve medical treatment; etc.

7. Affirm that people with mental health problems are often stigmatized or discriminated against but should not be. Use the explanation below or your own:

As we have heard during this discussion, because of traditional beliefs, culture, and religious traditions, many community members, and sometimes even religious leaders, stigmatize people with mental disorders or mental health problems. This means that they have negative attitudes toward people with mental health problems or believe that they are disgraced or marked in some negative way. They do not understand what mental health problems are. Often people with mental health problems have similar beliefs themselves, and they may feel ashamed or guilty about their mental health problems.
These stigmas can cause community members to discriminate against people with mental disorders or mental health problems. This means that sometimes they treat people with mental health problems badly or deny them their rights, because of their mental health problems.

Even if community members’ understanding of mental health problems does not lead to stigma or discrimination, it may still lead to people with mental health problems not getting the care that they need. This is because people may want to help, but they do not understand what mental disorders are and they do not know how to handle the problem or help someone with a mental health problem or disorder to seek treatment.

People may have many beliefs about the causes of mental health problems. Some beliefs may be correct and others incorrect. What is most important is to understand that, like other health problems such as tuberculosis or malnutrition, mental health problems can be treated. People with mental health problems should not be stigmatized and discriminated against. People with mental health problems deserve to receive good medical care, food, shelter, and fair and compassionate treatment, like everyone else. These are basic human rights.

10 minutes

8. Ask participants to reflect on the discussion and the stigma and discrimination that people with mental health problems often face. Ask participants the following questions and encourage discussion and consensus-building:
   • What are your reactions to this positive, human rights approach toward people with mental health problems?
   • How is this approach different from your own experiences, beliefs, or actions in the past?
   • What beliefs have you had in the past about people with mental health problems? How can you work to change these beliefs?

9. Summarize by telling participants:

Clinicians, social workers, and community health workers alike are responsible for helping everyone to achieve good health, and helping people to achieve good mental health is part of this work. In order to do this work, you may have to change some of your own beliefs and attitudes. What you learn during this training will help you to make these changes.

You will learn about common mental disorders, how to recognize symptoms of mental disorders, how to respond to people suffering from mental health problems, how to refer people to appropriate services at the health center, how to support people with mental health problems, and how to educate community members about mental health.
CELESTE CASE STUDY

Celeste, her partner Jude, and their 3 small children lived with Jude’s parents and a few other relatives in the Central Plateau. They were poor, but they managed to make ends meet. Then Jude, who had gone to the city for some extra work, died during the earthquake. The whole family was grief-stricken.

After Jude’s death, Celeste felt more and more sad. During the day she would cry a lot, and at night she had trouble sleeping. As the days wore on, other family members gradually returned to life as normal. But Celeste would stay slumped in bed for hours during the day, sometimes not even getting up to feed or bathe herself or the children. She grew thin and unkempt.

Celeste’s family members were kind at first, but as Celeste’s condition grew worse, they became impatient, and then afraid and angry. Celeste’s father-in-law called her weak and beat her. Celeste’s mother-in-law accused Celeste of being lazy and neglecting her children. They asked the local priest to come and speak with Celeste. He prayed with her and told her that she must pray and be strong, and that if she did not recover, it was because she was not praying or trying hard enough.

After the priest’s visit, Celeste remained the same. Her in-laws were ashamed and afraid of what people would think, since neighbors were starting to gossip. They threw Celeste out of the house.

Celeste wandered from place to place in the village and slept under a tree. Sometimes someone would take pity on her and give her something to eat. But many people believed that someone had sent a curse on Celeste, and they were afraid and avoided her. Some people said that she should visit the local hougan to have the curse taken away. The other children at school were afraid of Celeste’s children. The teacher told Celeste’s children that they could not attend school anymore.
CELESTE CASE STUDY

QUESTIONS

What happened to Celeste?
She lost her husband and became increasingly sad and unable to care for herself or her children, etc.

What do you think was wrong with Celeste? What might she be suffering from?
Responses will vary.

How did her family, the priest, and villagers treat her?
They were kind at first, but then they became afraid and angry, the family abused her and threw her out of the house, the priest told her that she had to pray in order to get better, the villagers either gave her food or avoided her, the teacher did not let her children attend school anymore, etc.

Why did they treat her this way?
They were afraid of being associated with her, they were afraid of a curse, they were ashamed, the priest believed that prayer would cure Celeste, etc.

What human rights is Celeste being denied?
She is not getting the medical care, food, shelter, or fair treatment that she has a right to. She is being treated degradingly, etc.
SESSION 7 Biopsychosocial Model

**Methods:** Reflection journey and Large group discussion

**Time:** 30 minutes

**Objective**
Participants will be able to:

f. Describe how biological, psychological, and social factors can make people vulnerable to mental disorders.

**Preparation**

- Draw the biopsychosocial diagram below onto a sheet of chart paper.

**Materials**

- Biopsychosocial diagram drawn on chart paper
- Biopsychosocial diagram on page 11 of the Participant Handbook
- Chart paper □ Markers □ Tape

**STEPS**

30 minutes

1. Post the diagram of the biopsychosocial model and use it to explain the 3 main factors that make a person more likely to develop a mental disorder. Give some examples of each type of factor:

   • Biological factors (a chronic illness, a family history of a mental disorder that is genetically influenced, etc.)

   • Psychological factors (the natural psychological make-up of the person – whether the person is naturally optimistic or negative, a worrier or more relaxed, has low or high self-esteem, is suffering abuse, etc.)

   • Social factors (support from family or not, poverty, social isolation, etc.)
When a person experiences a lot of stress due to a particular life event – for example, the death of a loved one, a serious accident, or the loss of work – these factors interact and their interaction may – or may not result in the person developing a mental disorder.\(^5\)

2. Ask participants to close their eyes for a moment. Tell them that you will read a short story aloud for them. Ask them to listen and to imagine that they are the person in the story. Read the story aloud twice slowly:

Imagine that you live in a tiny, 1-room house with a dirt floor. You have no latrine. You get water from a stream nearby. You do not earn very much money. Some of the time, you are only able to feed your family rice, thin porridge, or cassava, and you and your 3 small children are hungry sometimes. Your children are thin and often have diarrhea. Your spouse must travel to nearby towns to look for work, so sometimes you are alone with the children.

Since the birth of your 3\(^{rd}\) child several months ago, you have been feeling more and more anxious and down. Your father, who has always disliked you and has never been supportive of you, has been nagging you lately. He says, “You’ll end up just like your mother. You have the same temperament. You are useless just like her!”

You wonder if you are going to end up like your mother. She was an anxious, nervous person, and she was often very down. Sometimes she would sit in the corner of the house all day, sad and silent. Some people say that she died of sadness.

Early one morning, you are awakened by a neighbor who lives up the road. He tells you that he has terrible news. He has just heard that your spouse was killed when the bus that he was riding in was hit by a truck.

3. Ask participants to open their eyes. Ask the following questions and encourage a discussion:

- What are the factors in this person’s life whose combination might result in this person developing a mental health disorder, especially after the death of the spouse? In particular:
  - What are the biological factors in the story?

  *The history of mental health problems in the person’s family [mother], the person is likely malnourished, which can decrease her or his energy level or cloud cognition.*

  - What are the psychological factors in the story?

  *The person is feeling anxious and down, she or he identifies with her or his mother, who was perceived as useless, the person may be traumatized by the long, difficult relationship with the father or emotional abuse, the person’s own temperament may be a factor.*

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– What are the social factors in the story?

*No support from the father, poverty, social isolation, the spouse just died.*

• Think of the families that you work with and other people that you know. What are some of the biological, psychological, or social factors that might lead some of these people to experience stress and perhaps develop mental health problems?

*Take a variety of responses. Responses may include: people living with chronic illnesses, malnourishment, not enough money or jobs, not enough food, women or children who are abused, people who have experienced terrible events during natural disasters or violent times, etc. These conditions cause stress, worry, and illnesses that can contribute to mental health problems.*

4. Summarize by telling participants:

As we have seen here, there many risk factors that can determine whether or not a person develops a mental health problem. It is important to realize that, in addition to biological factors, social and psychological factors also play a role. For example, if a person is abused physically or verbally, this can affect the person’s mental health. Not having enough food, adequate shelter, or access to health care also affects people’s mental health.⁶

This is why effective treatment should address all of the factors in the person’s life. For example, a person with a mental disorder may need medication to address a biological condition, counseling to address psychological factors, and strategies to evaluate and change the person’s social environment in order to address social contributors to mental health.

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⁶ Promoting Mental Health, 29.
Interaction of Biological, Psychological, and Social Factors in the Development of Mental Disorders

SESSION 8 Mental Health Care Pathway

Methods: Facilitator presentation

Time: 20 minutes

Objectives
Participants will be able to:

g. Identify the various providers involved in collaborative stepped mental health care.
h. Explain the role of the community health worker within the overall mental health care pathway.

Preparation
• Draw the care pathway below onto a large sheet of chart paper.

Materials
☐ Care pathway drawn onto a large sheet of chart paper
☐ Information about collaborative stepped care and the care pathway on page 12 of the Participant Handbook
☐ Chart paper ☐ Markers ☐ Tape

Tip: This session introduces the concept of stepped collaborative care and the general care pathway. The specific care pathway for depression is discussed again in more detail later in the training.

STEPS

20 minutes

1. Tell participants:

As we have discussed, people with mental disorders or mental health problems often do not get the help and treatment that they need. In the past, people with mental disorders have often been locked up and treated in a degrading manner. Many people have blamed people with mental disorders for the way they behave and have abused them. People with mental disorders in our country and around the world still suffer human rights abuse in their homes and in some hospitals. Many people still do not realize that mental disorders are treatable.
We have also discussed how mental health problems and mental disorders may be caused by a variety of factors, and how people with mental disorders may need a few different types of treatment in order to address the problem.

The truth is that most mental disorders can be effectively and affordably treated. Treatments for mental disorders include:

• Medication

• Counseling (talking treatment): Counseling is when the person with a mental disorder talks with a health worker about sadness, anxiety, or a terrible event that may have happened to her or him. If counseling is done well and for the right reasons, it can be as effective a treatment as a pill.

• Strategies to improve the person’s social environment

Many people with mental disorders rarely see health workers. Even when they do, they sometimes receive treatments that are not effective or may even be harmful. Like treatments for HIV or tuberculosis, treatments for mental disorders work only when taken in the right doses for the right period of time.

As a community health worker, it is your responsibility to work with social workers, psychologists, nurses, and doctors to make sure that people with mental disorders receive the treatments that they need.⁸

2. Post the chart sheet showing the general care pathway for mental health disorders. Explain the concept of stepped collaborative care and the care pathway briefly using the information below. As you explain, use the chart drawing to show the steps and at what points in the care pathway a community health worker may be involved.

3. Summarize by telling participants:

During the rest of this training, you will learn the skills that you need in order to accompany people and carry out your responsibilities in this stepped care pathway. You will learn how to:

• Identify mental disorders.

• Refer people with mental disorders for treatment.

• Respond appropriately to mental health crises.

• Recognize side effects of medications for mental disorders.

• Use active and empathic listening skills when communicating with people with mental disorders.

• Educate people with mental disorders about behaviors that can improve their mental health.

• Teach people relaxation techniques in order to improve their mental health.

• Encourage people to adhere to their medical treatment.
  – Educate families about how to interact with a family member who has a mental disorder.
  – Educate communities about stigma and discrimination related to mental health.

4. Tell the participants:

   This training will focus on a common illness known as depression. During the training you will learn how to perform certain specific tasks related to depression.

5. Ask the participants to find Assignments For Depression on page 15 of their book. Ask a volunteer to read the assignments out loud.

6. Tell the participants to look at the information on health care step by step and the care pathway that are put together to treat disease on page 12 of the handbook. Tell participants to review this information at home.
The Mental Health Care Pathway

The way that different types of health workers work together is called **collaborative stepped care**.

**What is collaborative care?** Each type of health worker, including doctors, nurses, psychologists, social workers, and community health workers, has a particular role, and everyone works together as a team – collaboratively – to give the person the help that she or he needs.

**What is stepped care?** Think of the treatment for mental health problems as a series of steps. Not everyone who suffers from a mental disorder needs the same treatment. Everyone might need the 1st step of treatment, for example, advice about the symptoms that they are experiencing. Some people will get better after this 1st step. Those who do not get better need to follow a 2nd, 3rd, or more steps, for example, medication or counseling with a psychologist. In other words, treatment is given in steps, depending on how serious the mental disorder is and the response of the person to each step of treatment.

**How does collaborative stepped care work?** Treatment for mental disorders can take a long time. It is a little like a journey. You see different scenery at different points along a journey. In the same way, a mental health patient sees different types of health workers along her or his treatment journey. We call this journey a **care pathway**. Different health workers have different skills for accompanying the patient during this journey.

**What is the community health worker’s role in the care pathway?** You will identify people in the community with mental disorders. If the mental disorder is not too serious, you may be able to educate the person about how to manage the disorder, and she or he will not need to go to the health center.

For serious disorders, you will refer the person to the health center. A social worker, psychologist, or nurse will determine exactly what care the patient needs. A social worker or psychologist may do counseling with the patient. A nurse or doctor may prescribe medication.

Even after you refer a patient to the health center, you will continue to help her or him by checking to see how the patient is doing, encouraging the patient, and communicating with the staff at the health center if you are concerned about the patient. If the patient is taking medication, you need to recognize side effects, so that the health center staff can change the amount or type of medication if needed.

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Assigning Tasks to Provider Roles

on page 13 of Participant Handbook
The Mental Health Care Pathway

Hospital/Clinic Case Identification (Nurse)

Community Case Identification (CHW)

Screen with ZLDSI

Hospital/Clinic Rescreen with ZLDSI, perform Initial Mental Health Evaluation (Psychologist/SW)

Acute Between 28 and 39

Less Acute Between 18 and 27

Medication

Physician

Psychologist/SW

IPT

Above 18

Between 13 and 17

Community Follow-up and IPT (CHW)
### Assignments For Depression

**1st Encounter**
- If someone is suicidal, a danger to others, or having a mental health crisis:
  - Start de-escalation
- Refer the person to the psychologist or social worker on the same day for an evaluation.
- For others, do an evaluation with the ZLDSI form to see if they have depression.
- After the evaluation:
  - Do a psychological intervention with the person. Things that you should do include a psycho education, watching the symptoms, making a commitment with relaxation (what you do will depend on the person’s points and his own situation).
  - Refer the person to the psychologist or social worker if needed.
  - Fill Out The Encounter Form.

**Follow-up Encounter**
- Follow-up regularly with the person to check on the medication and continue with other interventions as needed.
- Fill Out The Encounter Form.
SESSION 9 Major Mental Disorders

Method: Small group activity and Large group discussion

Time: 1 hour and 50 minutes

Objectives
Participants will be able to:

i. Identify common types of mental disorders.

j. Recognize the basic signs and symptoms of common mental disorders.

Preparation

• Review the information about mental disorders and symptoms below.

• Write these questions on a sheet of chart paper:

  – Have you ever known or heard of someone who had some of the symptoms of this mental disorder?
  – What was the person’s experience? What happened to her or him? (Be sure to maintain confidentiality by not mentioning the person’s name, where the person lives, etc.)
  – How common do you think this type of mental disorder is in the communities where you live and work? Why?
  – What do people usually think and say about someone with this type of mental disorder? How do they describe it?
  – How do people usually treat someone with this type of mental disorder?

Materials

☐ Information about mental disorders and symptoms on pages 16 of the Participant Handbook

☐ Questions written on chart paper (see Preparation)

☐ Chart paper ☐ Markers ☐ Tape

STEPS

10 minutes

1. Tell participants:

Now you will learn about basic kinds of mental disorders. The main way to diagnose a mental disorder is to interview the person. This is often done by a psychologist or social
worker. During the interview, the interviewer asks what signs or symptoms the person is experiencing.\textsuperscript{10}

2. Ask participants the following questions and take some volunteer responses:
   - What kinds of mental health problems or disorders have you heard about or seen?
   - What symptoms do you think people suffer from when they have mental health problems or disorders?

3. Tell participants:

   There are many types of mental disorders. We will cover a few of the main types of mental disorders now.

   There are 5 major kinds of symptoms that people with mental disorders have\textsuperscript{11}:
   - **Physical** symptoms affect the body and physical functions, for example, aches, tiredness, or sleep disturbance
   - **Feeling** symptoms, for example, feeling very sad or very scared
   - **Thinking** symptoms, for example, thinking of suicide, thinking that someone is going to harm you, difficulty in thinking clearly, or forgetfulness
   - **Behaving** symptoms are ways that a person behaves, for example, being very aggressive or attempting suicide
   - **Imagining symptoms**, for example, hearing voices or seeing things that others cannot hear or see

4. Tell the participants:

   There are other mental illnesses that people could have after childbirth which is known as postpartum depression. Postpartum depression is an illness that we find in some women during the first month after giving birth. It makes the woman feel sad, hopeless, useless, has difficulty to take care of herself and her child. She may also be suicidal. These symptoms may last about 4 months.

   If you see a woman with these signs, you must advise the person’s family to help her, speak to her, help her take care of the baby, help her do chores such as the laundry, cooking, cleaning the house, etc... Also, give the person hope, encourage her to participate in activities that will help her feel better, such as massaging and taking a leaf/herbs bath.

   It is very important that we do not call her dirty when she is unable to do her work because that could make the person feel worse. The earlier the person’s family seeks care, the more chances the person has to recover quickly and her illness will not worsen.

\textsuperscript{10} Where There Is No Psychiatrist, 4–5.
\textsuperscript{11} Where There Is No Psychiatrist, 4–5.
because sometimes when the woman’s depression is not treated, it could develop into psychosis.

5. Explain that now participants will study descriptions of 2 common mental health disorders: **depression** and **anxiety**.

6. Divide participants into small groups (different groups from previous sessions). Make sure that each group has at least one participant who is fairly literate. Post the sheet of questions that you prepared and read it aloud:
   - Have you ever known or heard of someone who had some of the symptoms of this mental disorder?
   - What was the person’s experience? What kinds of physical, feeling, thinking, behaving, and imagining symptoms did the person have?
   - What happened to her or him? (Be sure to maintain **confidentiality** by not mentioning the person’s name, where the person lives, etc.)
   - How common do you think this type of mental disorder is in the communities where you live and work? Why?
   - What do people usually think and say about someone with this type of mental health disorder? How do they describe it?
   - How do people usually treat someone with this type of mental disorder?

7. Explain the small group task:
   - Choose 1 group member to read the description and features of depression aloud from page 16 of your handbook. Make sure that everyone follows along and understands the information.
   - Discuss the questions with your small group. Make sure that everyone participates in the discussion.
   - You do not need to write down answers, but you must remember your discussion so that you can share it with the whole group.
   - Repeat this process for anxiety in your handbook.
   - Choose 1 group member to give a summary of your discussion to the whole group. The group representative will have a few minutes to present.
   - You will have 30 minutes to work (15 minutes for each disorder).

30 minutes

8. Ask small groups to start work. As groups are working, circulate and make sure that groups understand the task and are making progress. Give groups 15-, 5-, and 1-minute warnings.
30 minutes

9. Ask groups to stop work. Ask each small group representative to give a summary of her or his group’s discussion about depression, one at a time. After each summary, allow time for comments and questions as needed.

10. Reinforce the point that everyone experiences some of these symptoms from time to time, but when the symptoms interfere with a person’s ability to live normally, the condition becomes a mental disorder.

11. Repeat this process for anxiety.

30 minutes

12. Ask the whole group to listen while a volunteer reads aloud the information about post-traumatic stress disorder (PTSD) on page 21 of the Participant Handbook. Using the same discussion questions as before, lead a whole group discussion for PTSD.


10 minutes

14. Ask participants the following questions and encourage a brief discussion:
   - How common is alcohol and drug abuse in the communities where you live and work?
   - People with mental health problems or mental disorders often abuse alcohol or drugs. Why do you think this happens?
   - Have you known someone with a mental health problem or mental disorder who abused alcohol or drugs? What was the person’s situation and experience?
   - How could you talk to someone who might have a problem with drugs or alcohol? What could you say? What might be difficult about talking with someone who has an alcohol or drug problem? How could you handle the difficulties?

15. Ask a volunteer to read aloud the information about alcohol and drug abuse on page 25 of the Participant Handbook, and take comments or questions from participants.

16. Summarize by telling participants:

   As community health workers, you will help to identify mental disorders among community members where you work so that these people can get help. Knowing the symptoms and features of major mental health disorders will help you to do this. You will learn more about screening and referring people who may have mental disorders later in this training.
Depression

Depression is a common mental health problem. Many of us have felt very sad or depressed at one time or another, when someone we love has died or when we have been sick or gone through other difficult times. This is normal. But if a person stays very sad and has no energy for a long time (months or years), and the depression affects the person’s ability to live normally, the person may have a mental disorder. If someone is seriously depressed, she or he may think about committing suicide.

**Main Features of Depression**

A person with depression will experience some of these symptoms:

**Physical**
- Tiredness and a feeling of fatigue and weakness
- Vague aches and pains all over the body

**Feeling**
- Feeling sad and miserable
- A loss of interest in life, social interactions, work, etc.
- Guilty feelings

**Thinking**
- Hopelessness about the future
- Difficulty making decisions
- Thoughts that she or he is not as good as others (low self-esteem)
- Thoughts that it would be better if she or he were not alive
- Suicidal ideas and plans
- Difficulty concentrating

**Behaving**
- Disturbed sleep (usually reduced sleep, but occasionally too much sleep)
- Poor appetite (sometimes increased appetite)
- Reduced sex drive

**Treatment:** Depression can be treated with psychotherapy (talk therapy) and sometimes with medication.

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Anxiety is a common mental health problem. Many of us have felt very anxious at one time or another, because we were worried about our families, work, or other difficulties. This is normal. But if a person feels extremely anxious for a long time (months or years), and the anxiety affects the person’s ability to live normally, the person may have a mental disorder.

Main Features of Anxiety

A person with anxiety will experience some of these symptoms:

Physical
- Feeling her or his heart is beating fast (palpitations)
- A feeling of suffocation
- Dizziness
- Trembling and shaking all over
- Headaches
- Pins and needles (or sensation of ants crawling) on the limbs and face

Feeling
- Feeling as if something terrible is going to happen to her or him
- Feeling scared

Thinking
- Worrying too much about her or his problems or health
- Having thoughts that she or he is going to die, lose control, or go mad (these thoughts often come with severe physical symptoms and extreme fear)
- Repeatedly thinking the same distressing thoughts again and again, despite efforts to stop thinking them

Behaving
- Avoiding situations that she or he is scared of, such as marketplaces or public transport
- Poor sleep

Treatment: Anxiety can be treated with psychotherapy (talk therapy) and medication.

Depression and Anxiety Combined

Many people have a mixture of symptoms of depression and anxiety. This is a common mental disorder. Most people with depression and anxiety do not complain of feeling or thinking symptoms as their main problem, but instead experience physical and behavioral symptoms. This could be for many reasons. For example, they may feel that feeling or thinking symptoms will lead to them being labeled as “crazy,” so they do not admit to having these symptoms.14

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13 Where There Is No Psychiatrist, 8.
14 Where There Is No Psychiatrist, 7–8.
Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a kind of serious anxiety disorder. It is caused by an extremely tragic or violent event, such as a war, a natural disaster such as a hurricane or earthquake, or another terrible event. For example, a woman who is raped, a soldier who witnesses atrocities during a war, a father who sees his children killed during an earthquake, or person who survives a terrible bus accident may get PTSD.

A person with PTSD may have “flashbacks” (feeling like the traumatic event is happening again) or nightmares. The person may feel emotionally numb (not able to feel any emotions like anger, sadness, or happiness), have difficulty sleeping, and feel very sad, depressed, guilty, or angry. The person may avoid people or situations that remind her or him of the event. The person may be very tense and “on edge.” PTSD can also include depressive symptoms and even disordered thinking.

An extremely tragic or violent event can affect us all. We may have bad dreams or flashbacks. We may feel tense, angry, or scared. This is normal. But if a person has these flashbacks, nightmares, and feelings stay for a long time (months or years), and they affect her or his ability to live normally, the person may have a mental disorder.

**Main Features of PTSD**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Racing heart (during flashbacks or other times)</td>
<td>• Flashbacks – reliving the traumatic event over and over</td>
</tr>
<tr>
<td>• Sweating (during flashbacks or other times)</td>
<td>• Bad dreams</td>
</tr>
<tr>
<td>Feeling</td>
<td>• Frightening thoughts</td>
</tr>
<tr>
<td>• Feeling emotionally numb</td>
<td>• Having trouble remembering the traumatic event</td>
</tr>
<tr>
<td>• Feeling strong guilt, depression, or worry</td>
<td></td>
</tr>
<tr>
<td>• Losing interest in activities that were enjoyable in the past</td>
<td></td>
</tr>
<tr>
<td>Behaving</td>
<td></td>
</tr>
<tr>
<td>• Staying away from places, events, or objects that are reminders of the traumatic event</td>
<td></td>
</tr>
<tr>
<td>• Being easily startled</td>
<td></td>
</tr>
<tr>
<td>• Difficulty sleeping</td>
<td></td>
</tr>
<tr>
<td>• Angry outbursts</td>
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</tbody>
</table>

Severe mental disorders (psychoses) are more rare than depression and anxiety, although sometimes they may be detected more easily. A person with a severe mental disorder usually has very noticeable behavioral problems and expresses or strange or unusual ideas. Psychosis is sometimes described as “losing touch with reality.” Most people in psychiatric hospitals suffer from psychosis or other severe mental disorders.

One type of severe mental disorder that is a common reason for psychosis is called schizophrenia. A person with schizophrenia sees, hears, or believes things that do not exist in reality. For example, the person may hear voices that are not there, see people or objects that are not there, or believe that other people are trying to hurt her or him or that her or his mind is being controlled by someone else. The person may talk to herself or himself even when no one else is there. The person may say things that do not make sense.16

Many people do not understand that psychosis is a mental disorder. They may think that a person with schizophrenia is cursed or possessed by spirits.

**Main Features of Psychosis**
A person with psychosis will experience some of these symptoms:

**Physical**
- Strange complaints, such as the sensation that an animal or unusual objects are inside her or his body

**Feeling**
- Depression
- A loss of interest in and motivation for daily activities
- Feeling scared of being harmed

**Thinking**
- Difficulty thinking clearly
- Strange thoughts, such as believing that others are trying to harm her or him or

**Behaving**
- Withdrawal from usual activities
- Restlessness and pacing about
- Aggressive behavior
- Bizarre behavior, such as hoarding rubbish
- Poor self-care and hygiene
- Answering questions with irrelevant answers

**Imagining**
- Hearing voices, often nasty voices, that talk about her or him
- Seeing things that others do not see

**Treatment:** Psychosis can be treated with medication. Another important part of treatment is to encourage the patient to engage in activities that will help her or him to maintain a positive sense of self and connection to others.

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Some people who have mental health problems or mental disorders drink too much alcohol or take drugs because they think the alcohol or drugs will make them feel better, or help them escape frightening dreams or flashbacks. But alcohol and drugs do not help – they make mental health problems or mental disorders worse.

In addition to being a serious problem among people with mental health problems or mental disorders, alcohol or drug abuse and addiction are illnesses unto themselves. Even people without mental health problems or disorders can suffer from alcohol or drug addiction.

### Main Features of Alcohol Abuse or Addiction

#### Physical
- Stomach problems, such as gastritis and ulcers
- Liver disease and jaundice (yellowing of the skin and whites of the eyes)
- Vomiting blood
- Vomiting or sickness in the morning
- Tremors, especially in the morning
- Accidents and injuries
- Withdrawal reactions, such as seizures, sweating, and confusion

#### Feeling
- Feeling helpless and out of control
- Feeling guilty about her or his drinking behavior

#### Thinking
- A strong desire for alcohol, even when the person wants to stop drinking or cut down
- Continuous thoughts about the next drink
- Thoughts of suicide

#### Behaving
- Sleep difficulties
- The need to have a drink in the daytime
- The need to have a drink early in the morning, to relieve physical discomfort

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17 *Where There Is No Psychiatrist*, 10.
## Alcohol and Drug Abuse

### Main Features of Drug Abuse or Addiction

The features of drug abuse or addiction depend on the drug; different drugs affect the mind and body in different ways. Some of the main features may include:

#### Physical
- Breathing problems, such as asthma
- Skin infections and ulcers if she or he injects drugs
- Withdrawal reactions if the drug is not taken, such as nausea, anxiety, tremors, diarrhea, stomach cramps, and sweating

#### Feeling
- Feeling helpless and out of control
- Feeling guilty about taking drugs
- Feeling sad and depressed

#### Thinking
- A strong desire to take the drug, even when the person wants to stop taking the drug or cut down
- Continuous thoughts about the next occasion of drug use
- Thoughts about suicide

#### Behaving
- Sleep difficulties
- Irritability, such as becoming short-tempered or violent
- Taking risks or other dangerous behavior associated with use
- Stealing money to have drugs, getting in trouble with the police

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18 Where There Is No Psychiatrist, 10.
SESSION 10 Identifying Symptoms of Mental Disorders

Method: Case study

Time: 1 hour

Objectives

Participants will be able to:

• Identify common types of mental disorders.
• Recognize the basic signs and symptoms of common mental disorders.

Preparation

• Review the case studies below.

Materials

□ Case studies (Marie, Alphonse, Jean Claude, Matilde) in the Participant Handbook

Tip: Use the ZLDSI form in page 125 and the Patient Encounter Form for Community Health Workers on page 126 during the session.

STEPS

5 minutes

1. Explain that in the last session participants learned about different kinds of mental disorders and their symptoms. Now they will have the chance to practice identifying these symptoms.

2. Divide participants into small groups of 4 to 6 participants each (different groups from previous sessions). Ask everyone to find the mental health case studies on page 59 of their handbooks.

3. Explain the small group task:
   • I will assign each small group one of the case studies.
   • Choose one group member to read the case study aloud for the group.
   • Discuss the case study questions. Make sure that everyone participates in the discussion.
• You can write brief answers or simply remember your answers.

• Choose one person to be a group representative who will present your ideas briefly to the whole group.

• You will have 20 minutes to work.

20 minutes

4. Assign each small group one of the case studies.

5. Give small groups 20 minutes to work. As groups are working, circulate to make sure groups understand the task and are making progress. Answer questions as needed. Give groups 10-, 5-, and 1-minute warnings.

25 minutes

6. Ask groups to stop working. Ask the first group representative to come forward, read her or his group’s case study aloud, and present the group’s answers. The presentation should be brief – a few minutes only.

7. Ask if participants have any other ideas about the case study and take volunteer responses. Then check the sample answers below and add any ideas that were not included in participants’ discussion.

8. Repeat this process for the remaining case studies, spending 5 minutes or so on each case study.

10 minutes

9. Ask participants:

• Based on the information that small groups have presented and your own experiences, do you think people with mental health problems or mental disorders in your communities usually get the help that they need? Why or why not?

  Responses will vary and may include: if the family is kind and understanding the person may get help, and if not, the person may be treated badly; depends on the problem; many people do not get help because people do not understand mental disorders, do not know that they can be treated, or are afraid of people with mental disorders, etc.

• As a community health worker, what can you do to help people with mental disorders or mental health problems?

  Identify people with mental disorders or mental health problems, treat them compassionately and kindly, refer them to the health center, follow up to make sure that they are getting treated, communicate with staff at the health center, etc.
10. Summarize by telling participants:

- Mental health problems are common, especially in communities where people lack basic human rights or have experienced very tragic or violent events.

- All of us are very sad or anxious at one time or another. Many of us have bad dreams sometimes. But if a person is extremely sad or anxious, to the point that the person cannot live normally, and the sadness or anxiety does not go away, that person may have a mental disorder. If a person has terrifying dreams often, and the dreams do not go away, that person may have a mental disorder.

- It is important to recognize the symptoms of psychosis and to understand that this is a mental disorder that can be treated and can have several causes.

- Mental disorders can be treated.

- Community health workers play an important role in helping to identify people with mental disorders and mental health problems and referring them for treatment.
CASE STUDY 1: MARIE

Marie is 40 years old. Several months ago Marie’s youngest daughter died at the age of 16. This daughter was Marie’s favorite child and the only child still living at home. Now only Marie and her husband live in the house.

Since her daughter died Marie has felt more and more sad. During the day she cries a lot. She does not seem interested in anything anymore. She says she feels there is no happiness left in life. At night she has trouble sleeping. Sometimes during the day she falls asleep as she is preparing food or doing other work. Marie’s husband was kind at first, but now he is impatient and angry with Marie.

What signs or symptoms of a mental disorder does Marie have?
Marie is very sad, cries a lot, has no interest in life, feels hopeless, has trouble sleeping, has symptoms that do not allow her to live normally.

What mental disorder does Marie probably have?
Depression

How does Marie’s mental disorder affect her family life?
She is not interested in anything anymore, she has trouble doing her normal work, her husband is becoming angry, etc.

If Marie lived in your community, what do you think people would say about her? What would people do? What might her husband do?
Responses will vary and may include: people might think she was lazy or weak, tell her to stop crying, tell her to go to a traditional healer, etc. Her husband might start to abuse her, might leave her, etc.
CASE STUDY 2: ALPHONSE

Alphonse is 21 years old. He lives with his wife and 2 small children. He works for a local landowner. Every morning he leaves to work in the fields and he returns every afternoon.

About 3 months ago, while working in the fields, Alphonse felt something was not right. Although he had not been doing any strenuous work, he noticed that his heart was beating faster, and he felt like he could not breathe. Soon, he was trembling and sweating. He feared that he was going to die. Although his hands and feet were cramping, he walked home to his wife with the help of one of his friends. By the time he got home, he was feeling better. His wife made him go to the emergency room. The clinicians there examined Alphonse and even did a test of his heart, but they did not find anything wrong with him. Alphonse presumed that he had been the victim of a curse.

Alphonse experienced similar episodes several more times. The family consulted a hougan who confirmed their belief that there was a spiritual reason for what was going on.

The only thing that Alphonse knows for sure is that the episodes happen when he is away from home, so for the past 2 months, he has resisted leaving his home and doing work. He lives in fear that the episodes might happen again, and if they do happen again, he might die.

What signs or symptoms of a mental health disorder does Alphonse have?
Alphonse is very anxious and afraid [unnecessarily], his heart is beating fast, he is trembling, his symptoms do not allow him to live normally.

What mental disorder does Alphonse probably have?
A type of anxiety disorder known as panic disorder

How does Alphonse’s mental disorder affect his family life?
He is so anxious that he cannot leave the house to go to work; if he cannot work the family will suffer, etc.

If Alphonse lived in your community, what do you think people would say about him?
What would people do? What might his wife do?
Responses will vary and may include: people might think Alphonse was crazy, possessed with evil spirits or afraid of working hard, his wife might try to send him to a traditional healer or leave him, etc.
CASE STUDY 3: JEAN CLAUDE  

Jean Claude's family is poor, and the family does not have much land, so Jean Claude sometimes travels to the city to do construction or other odd jobs. Several months ago he was robbed at gunpoint and beaten badly by some men who followed him after he collected his pay.

Since the robbery Jean Claude often wakes up screaming at night, drenched with sweat. His wife tries to calm him, but he is terrified. He thinks he is back in the city being robbed again, and he yells, “No, don’t kill me, don’t take my money!” Jean Claude does not want to leave the house. Even when his uncle dies, Jean Claude refuses to go to the funeral because it is in another town.

Sometimes he is tense and angry, and he is startled by loud noises. He is too afraid to go back to the city to look for work.

What signs or symptoms of mental disorder does Jean Claude have?  
Jean Claude has flashbacks, he feels tense and angry, sometimes he feels numb.

What mental disorder does Jean Claude probably have?  
Post-traumatic stress disorder – PTSD

How does Jean Claude's mental disorder affect his family life?  
He has trouble sleeping, he does not want to leave the house, he is tense and angry, he is afraid to go back to the city.

If Jean Claude lived in your community, what do you think people would say about him? What would people do? What might his wife do?  
Responses will vary and may include: people might think Jean Claude was crazy, possessed with evil spirits or a coward, his wife might try to send him to a traditional healer or leave him, etc.
CASE STUDY 4: MATILDE

Matilde is 19 years old. She is a very intelligent young woman and does well in school. Her parents are very proud of her. Matilde is the oldest child. When she is not studying, Matilde helps her mother with cooking and taking care of the younger children. She also works in the fields to help support the family.

During the past 6 months, Matilde’s parents have noticed changes in her. Matilde is doing poorly in school, and she is not hanging out with her friends as she did before. Her parents often have to remind her to change her clothes and bathe. She recently told her parents that the neighbors are talking about her and making rude comments. Her parents realize that this cannot be true and think that she is making this up.

Matilde’s father wants her to stop studying and stay in the house so that people in the village do not see or hear her acting strangely. He says that no one will want to marry his daughter if they think she is crazy.

**What signs or symptoms of a mental disorder does Matilde have?**

*Her behavior has changed, her parents have to remind her to change clothes and bathe, she thinks that the neighbors are talking about her and making rude comments.*

**What mental disorder does Matilde probably have?**

*Psychosis*

**How does Matilde’s mental disorder affect her family life?**

*Her father does not want her to leave the house, she may not be able to continue her studies, she is doing poorly in school, etc.*

**If Matilde lived in your community, what do you think people would say about her? What would people do? What might her parents do?**

*Responses will vary and may include: people might think Matilde was crazy, possessed with evil spirits, etc.; her parents might send her to a traditional healer, confine her to the house, force her to stop studying, etc.*
SESSION 11 Screening and Triage for Depression

Methods: Facilitator presentation, Case study, and Role-play

Time: 2 hours and 30 minutes

Objectives
Participants will be able to:

k. Demonstrate how to use the appropriate screening tool to identify people in need of mental health support.

l. Describe when to refer people with mental health problems or mental disorders to appropriate services at the health center.

Preparation

• Write the screening tool questions and answer choices onto a few sheets of chart paper, large enough so that it is a teaching tool that participants will be able to read easily from across the room.

• Photocopy the screening tool for participants, 8 copies per participant. (If you are not able to photocopy, participants can refer to the screening tool on pages 29 of their handbooks and then record the scores for each case study or role-play in their notebooks.)

• Draw a large version of the depression care pathway (below) on a sheet of chart paper.

• Prepare 4 case studies similar to the Edgard case study below, 1 case study for each score range.

• Photocopy and cut up the role-plays below or write them onto slips of paper, so that you have 1 role-play per participant.

Materials

- Large version of the screening tool written on a few sheets of chart paper
- Photocopies of the screening tool for participants (8 copies per participant)
- Role-plays for screening practice photocopied and cut, or written onto slips of paper
- Large version of the depression care pathway drawn on a sheet of chart paper
- Edgard case study (below) and additional case studies prepared by the facilitator
- Depression care pathway on page 30 of the Participant Handbook
**STEPS**

**PART 1 – SCREENING TOOL**

15 minutes

1. Introduce the concept of screening by telling participants:

Screening is when you go through a specific procedure with a person in order to determine whether she or he has a particular health problem. Some common examples of screening in health care are:

- Weighing a child regularly to detect malnutrition
- Doing blood sugar tests every year after the age of 40 to detect diabetes

A screening tool should do more than simply find people who may need help. It should also help to track how people are doing and then guide health workers about when and how to act. We have developed such a tool to capture depressive symptoms that may occur in different amounts but together indicate significant distress and deserve attention.

The screening tool is series of simple questions that you will ask a person who you think may be depressed. You will score the answers to the questions.

The score will **help** you to decide which steps to take in the care pathway, for example, whether or not you should refer the person to the health center. **But the screening tool score is only one of the pieces of information that you will use in order to determine which steps to take.** In addition to the screening tool score, you must also pay attention to any concerns or impressions that you may have based on what the person tells you.

You will use the screening tool with people who you suspect may be depressed. After this initial screening, **you will continue to use the screen with each person regularly in order to monitor each person's progress over time.**

This ongoing monitoring will also allow other people in the health care team, who may not know people as well as you do, to focus attention and respond to those people who may have greater need, especially if they are not improving over time. It will also allow the team to have a shared set of criteria to use in order to track how patients are doing over time.

2. Give participants copies of the screening tool and post the large version that you prepared.

3. Explain how community health workers will use the screening tool: They will sit with the person in a quiet, confidential place, explain why they are asking the questions, and then ask and score the questions one by one. Refer participants to the back of the screening tool for screening tool tips and steps, explaining the tips and steps as you go.
4. Read through the screening tool aloud one item at a time, pointing to each item on the large chart version as participants follow along with their copies of the tool. Answer participants’ questions or concerns along the way if needed.

15 minutes

5. Post the large version of the depression care pathway. Describe each part of the pathway in detail and show participants where the various score ranges fall on the pathway.

6. Call out a score and ask a volunteer to come up and identify where in the care pathway the score falls and what next steps for that person would be. Repeat this several times until participants are comfortable with how scoring relates to the depression care pathway.

7. Tell participants:

You must take special steps and precautions to handle someone who you suspect may be severely depressed or suicidal, a danger to others, markedly disabled, or suffering from acute psychosis. We will cover these steps and precautions in the sessions that follow. You will also learn to use a form called the Encounter Form to document the steps that you take for each person. The form will help you remember what to do.

PART 2 – CASE STUDY

15 minutes

8. Take participants through the Edgard case study below:

• Tell participants that you are going to play the role of a man named Edgard.

• Ask participants to fill in Edgard’s name and the date at the top of their screening tools.

• Invite a volunteer forward to play the community health worker.

• Ask the volunteer to ask you the screen questions one a time. Give the responses from the case study as if you were Edgard.

• After each response, ask participants which number should be circled. Point to the number on the large version of the screening tool and ask participants to circle that response on their screening tools.

• When you are finished, ask another volunteer to come forward and calculate the score. Ask participants to write the score onto their screens.

• Ask participants to identify where the score would place Edgard in the care pathway, and what next steps for him would be.
9. Repeat this process using the other case studies that you have prepared. Do at least one case study per general score range.

PART 3 – ROLE-PLAY PRACTICE

5 minutes

10. Divide participants into pairs. Give each person one of the screening role-plays below. (If your group is experienced and you think that they will be able to practice using the screen without the guidance of the role-plays below, you may ask them to improvise.)

11. Explain the task:
   • One person should play the community health worker.
   • The other person should play the depressed person in the assigned role-play (or improvise).
   • The depressed person should not show the role-play information to the community health worker.
   • The community health worker should complete and score the screen.
   • Then pairs should switch roles.

30 minutes

12. Ask pairs to spread out in the room or outside. Give pairs at least 30 minutes to work (15 minutes per screen interview, more if needed).

13. As pairs are working, circulate to help and observe. Choose a few pairs that are doing particularly well to demonstrate in front of the group later.

40 minutes

14. Ask pairs to stop work and go back to their seats.

15. Ask one of the pairs that you chose to come forward and perform their screening role-play for the whole group.

16. Ask everyone to record the answers to the screening questions on a copy of the screening tool as the role-play is being performed. Then ask participants to calculate the score, identify where the score would place this person on the care pathway, and identify what next steps would be.
17. Repeat this process with as many more pairs for whom you have time.

18. Ask participants what questions or concerns they have about using and scoring the screening tool, and discuss as needed.

19. Tell participants:

If you do not suspect a mental health crisis (the person is severely depressed or suicidal, a danger to others, markedly disabled, or suffering from acute psychosis), depending on the person’s score, and also on other concerns that you may have, certain steps must be followed. You will learn more about these steps in the sessions that follow. They will also learn how to use the Encounter Form to document these steps.
### ZANMI LASANTE DEPRESSION SYMPTOM INVENTORY (ZLDSI)

Date __________________________

dd/mm/yy

<table>
<thead>
<tr>
<th></th>
<th>Pandan 15 jou ki sòt pase la yo, konbyen fwa yon nan pwoblem sa yo te fatige ou ?</th>
<th>Di tou</th>
<th>Konbyen fwa yon nan pwoblem sa yo te fatige ou ?</th>
<th>Pandan kèk jou (1–5 jou)</th>
<th>Plis pase yon semèn (6–9 jou)</th>
<th>Preske chak jou (10–15 jou)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Santi ou de la la.</td>
<td>0</td>
<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Santi kè sere.</td>
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<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Kalkile twòp.</td>
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<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
<td>Kriye oubyen anvi kriye</td>
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<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Santi anyen preske pa enterese ou.</td>
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<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
<td>Santi ou kagou, dekouraje ak lavi, oubyen pèdi espwa nèt ale.</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Gen difikilte pou dòmi pran ou.</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Santi ou fatige oubyen ou manke fòs.</td>
<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Ou pa gen apeti.</td>
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<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Ou santi lavi-w pase mal oubyen ou santi-w pa alèz ak tèt-w.</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11</td>
<td>Fè mouvman oubyen pale tèlman dousman, menm lòt moun wè sa.</td>
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<td>—</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Ou di nan tèt ou: Pito-w te mouri, oubyen ou gen lide pou fè tèt-w mal.</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>13</td>
<td>Gen difikilte pou rete dòmi jouk li jou.</td>
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<td>—</td>
<td>1</td>
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<td>3</td>
</tr>
</tbody>
</table>

**Totals**  

(+) (+)  

(=) ZLDSI Score

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*Introduction to Mental Health and Depression Curriculum for Community Health Workers*
CASE STUDY: EDGARD

Edgard has had a serious disagreement with his brothers over a land dispute. The problem has been going on for months and has caused Edgard a lot of worry and grief.

**ZANMI LASANTE DEPRESSION SYMPTOM INVENTORY (ZLDSI)**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Range</th>
<th>Score</th>
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</thead>
<tbody>
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<td>1</td>
<td>Santi ou de la la.</td>
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<td></td>
</tr>
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<td>Santi kè sere.</td>
<td>0–3</td>
<td></td>
</tr>
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<td>3</td>
<td>Kalkile twòp.</td>
<td>0–3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Kriye oubyen anvi kriye</td>
<td>0–3</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Santi ou enterese yon ti kras nan tout bagay.</td>
<td>0–3</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Santi ou kagou, dekouraje ak lavi, oubyen pèdi espwa nèt ale.</td>
<td>0–3</td>
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<td>Ou pa gen apeti.</td>
<td>0–3</td>
<td></td>
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<td>10</td>
<td>Ou santi lavi-w pase mal oubyen ou santi-w pa alèz ak têt-w.</td>
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<td>Fé mouvman oubyen pale telman dousman, memm lot moun wé sa.</td>
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<td>Ou di nan têt ou: Pito-w te mouri, oubyen ou gen lide pou fè têt-w mal.</td>
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<tr>
<td>13</td>
<td>Gen difikilte pou dòmi san-w pa revaye bonè.</td>
<td>0–3</td>
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**Totals**

**ZLDSI Score**

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**Total = 16**

**Role-plays for Screening Practice**

- The person has not been able to find work for a long time and has been feeling somewhat depressed.
- The person’s family has moved away. The person is feeling lonely but is not very depressed.
- The person’s mother has become very ill. The person has been feeling very depressed.
- The person’s son has left the house to study in the city and the person is feeling a bit down but is OK.
- The person’s youngest daughter died several months ago. The person is severely depressed.
Care Pathway for Depression

Hospital/Clinic
Case Identification (Nurse)

Screen with ZLDSI

Community Case Identification (CHW)

Community Follow-up and IPT (CHW)

Hospital/Clinic Rescreen with ZLDSI, perform Initial Mental Health Evaluation (Psychologist/SW)

Acute Between 28 and 39

Less Acute Between 18 and 27

Physician

Medication

Psychologist/SW

IPT

Above 18

Between 13 and 17

SESSION 12 Post-Test 1

Method: Assessment

Time: 30 minutes

Objective

Participants will be able to:

• Assess what was learned during the training.

Preparation

• Correct the pre-tests from the beginning of this training.
• Get the pre-tests ready to hand back to participants.

Materials

☐ Pencils or pens for all participants
☐ Photocopies of the Post-Test

STEPS

30 minutes

1. Explain that participants will now take a “post-test.” The purpose of this post-test is not to judge participants, but rather to make sure this training addressed their needs. The post-test will also help assess the effectiveness of this training and improve it for future trainings.

2. Give each participant a photocopy of the post-test.

3. Before the post-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date that she or he became a community health worker, tell her or him to write the year that she or he became a community health worker and record the day as “30” and the month as “6.” This information should match what they wrote on the pre-test.

4. Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their post-tests.

5. Tell participants that if they do not know the answer to a question, they should leave it unanswered.
6. Read the rest of the post-test questions and possible answers aloud slowly, one at a time. Repeat questions and possible answers as needed. After you read each question, give participants time to circle the answer.

7. Tell participants that they are going to compare the post-test to the pre-test they took at the beginning of this training. Give a corrected pre-test to each participant.

8. Ask participants to look over their corrected pre-test and their recent post-test to see where they have improved and what they have learned. Tell participants that they should not make any changes to their post-tests. This is very important.

9. Ask participants if they have any questions about the tests, and clarify them if necessary.

10. Collect the pre- and post-tests.

**Tip:** After the training, look at the results of the pre- and post-test to see the areas where participants scored most poorly. This information will help you make future trainings more effective. For example, if many participants got a particular question wrong on the post-test, you may need to explain the topic in more detail the next time you do the training.
POST-TEST 1

Your name: ____________________________________________  Date: _____________________

Health Center: ____________________________  CHW ID#: ____________________________

When did you start to work as a community health worker or Accompagnateur? ___ / ____
Month Year

Circle the best answer for each question.

1. If a person has **good health**, the person:
   - e. Has no diseases at all.
   - f. Is strong and can work productively.
   - g. Is well physically, socially, and mentally.
   - h. Does not need any medications.

2. If a person has **good mental health**, the person:
   - a. Is intelligent and has studied a lot.
   - b. Does not behave in strange ways.
   - c. Does not need any medications.
   - d. Can cope with stress, work well, and contribute to community life.

3. A person with mental health problems:
   - a. Is not normal and cannot have the same human rights as everyone else.
   - b. Has the same human rights as everyone else.
   - c. Is entitled to many human rights but not all of them.
   - d. Must recover from the mental health problem before she or he can have the same human rights as everyone else.

4. An example of stigma and discrimination against a person with mental illness is:
   - a. People are afraid of the person and do not let her or him participate in community life.
   - b. People think that the person should go to a priest or hougan for help.
   - c. People treat the person the same way that they would treat anyone else.
   - d. People treat the person kindly and compassionately.
5. What are 2 main factors that can cause a person to have a mental health problem?
   a. Punishment from God, lack of will power.
   b. Lack of will power, social factors such as poverty.
   c. A chronic illness, social factors such as poverty.
   d. Punishment from God, social factors such as poverty.

6. The team of health care providers who can treat people with mental health problems includes:
   a. Psychologists and social workers.
   b. Physicians and pharmacists.
   c. Nurses and community health workers.
   d. All of these.

7. What are the main roles of the community health worker in the care and treatment of people with mental health problems?
   a. Interview people to determine whether or not they are suffering from depression.
   b. Refer people with mental health problems to the health center.
   c. Check with people who are taking medications for mental disorders to see if they are experiencing serious side effects.
   d. All of these things.

8. What are 2 common mental health disorders?
   a. Depression and anger.
   b. Depression and anxiety.
   c. Anxiety and psychosis.
   d. Psychosis and jealousy.

9. What are some of the main symptoms of depression?
   a. Fatigue, feeling sad and miserable, hopelessness about the future, problems with sleep.
   b. Fatigue, hearing voices that others do not hear, problems with sleep, aggressive behavior.
   c. Fatigue, feeling sad and miserable, feeling very scared, trembling and shaking.
   d. Fatigue, aggressive behavior, trembling and shaking, problems with sleep.

10. What are some of the main symptoms of anxiety?
   a. Trembling and shaking, feeling sad and miserable, hearing voices that others do not hear, aggressive behavior.
   b. Trembling and shaking, feeling very scared, worrying excessively, problems with sleep.
   c. Trembling and shaking, aggressive behavior, thinking about suicide, problems with sleep.
   d. Trembling and shaking, feeling very scared, seeing things that others do not see, hearing voices that others do not hear.
11. What should you do after you use the depression screening tool with someone?
   a. Refer the person to the health center.
   b. Give the person advice about her or his depression.
   c. Use the screening tool score to decide what next steps should be.
   d. Conduct counseling sessions with the person.

12. Which of these screening tool scores means that you must refer the person to the health center for treatment?
   a. A score between 1 and 4.
   b. A score between 5 and 9.
   c. A score higher than 9.
   d. A score higher than 18.

13. Who must keep a patient’s information secret?
   a. Doctors and Nurses.
   b. Psychologists and Social workers.
   c. Community Workers, Health Agents and Archivists.
   d. All of these people.

14. In which situation is it NOT good to keep information secret?
   a. If the person has mental problems and he tells you that someone put their hands on him.
   b. If the person has mental problems and he tells you that he is selling his medication.
   c. If the person tells you that he is going to kill himself or someone else.
   d. All of the answers are good.

15. Which of these situations could cause depression?
   a. Someone who has no importance in his life or someone who is his enemy has died.
   b. If he loses his job.
   c. If he had severe diarrhea and lost a lot of bodily fluids.
   d. If he is not comfortable where he is living.
SESSION 13 Pre-Test 2

Method: Assessment

Time: 30 minutes

Objective
Participants will be able to:
• Assess prior knowledge of the training topic.

Preparation
• Review the pre-test questions.

Materials
☐ Pencils or pens for all participants  ☐ Photocopies of the Pre-Test on pages 152 of the Facilitator Manual

Tip: Explain the pre-test carefully in case some participants are not familiar with taking tests.
You may give pre-test 2 during this session or earlier or later in the middle of the training.

STEPS

30 minutes
1. Explain that participants will now take a “pre-test.” The purpose of this pre-test is not to judge participants, but rather to understand what participants already know, and to make sure this training addresses their needs. The pre-test will also help assess the effectiveness of this training and improve it for future trainings.

2. Give each participant a photocopy of the pre-test.

3. Before the pre-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date that she or he became a community health worker, tell her or him to write the year that she or he became a community health worker and record the day as “30” and the month as “6.”

4. Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their pre-test. Some questions require participants to choose the best possible answer from a set of answers.
5. Tell participants that if they do not know the answer to a question, they should leave it unanswered.

6. Tell participants that you will complete the first question together.

7. Read the first question and possible answers aloud.

8. Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.

9. Read the rest of the pre-test questions and possible answers aloud slowly, one at a time. Repeat questions and possible answers as needed. After you read each question, give participants time to circle the answer.

10. Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.

**Tip:** Correct the pre-tests during a break, since you will need to give them back to the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.
Introduction to Mental Health and Depression  
Curriculum for Community Health Workers

PRE-TEST 2

Your name: ____________________________________________ Date: ___________________

Health Center: ____________________________  CHW ID#: ____________________________

When did you start to work as a community health worker or Accompagnateur? ____ / ____
Month Year

Circle the best answer for each question.

1. What are the signs of a mental health crisis?
   a. The person is thinking of committing suicide.
   b. The person is acting violently or threatening to hurt others.
   c. The person is so depressed or anxious that she or he cannot get out of bed, speak, or
      leave the house.
   d. All of these things.

2. If a person tells you that she or he is thinking about committing suicide, what should you do?
   a. Ask family members to watch the person carefully so that she or he does not commit
      suicide.
   b. Do not leave the person alone and take the person to the health center immediately.
   c. Give the person medication immediately to help the person calm down.
   d. Leave the person alone until the person calms down.

3. If you see a person having an epileptic seizure, what should you do?
   a. Turn the person onto her or his side gently and watch over her or him.
   b. Put something into the person’s mouth so that she or he does not bite her or his tongue.
   c. Hold the person’s arms and legs down until the seizure passes.
   d. Give the person some aspirin or other medication.

4. When you are counseling someone with a mental health problem, what should you do?
   a. Give advice respectfully and tell the person what she or he should do.
   b. Make decisions for the person because she or he might not be capable of making them by
      herself or himself.
   c. Be respectful, show empathy, and ask questions to learn the person’s story.
   d. Tell the person about your own personal and religious beliefs in order to help the person
      with her or his problems.
5. In order to listen actively while you are counseling someone, what should you do?
   a. Do not ask questions or look at the person because this may bother the person.
   b. Show that you are listening with your facial expressions and ask open-ended questions to learn more.
   c. Take many notes while the person is talking so that you have a record of everything.
   d. Find out as many details as you can about the person’s life.

6. Which is an example of an open-ended question?
   a. Has someone close to you died?
   b. Did you go to the funeral?
   c. Are you feeling sad?
   d. How are you feeling?

7. To use the technique of interpersonal assessment with someone who may be depressed, what should you do?
   a. Give the person advice about her or his personal problems.
   b. Use the screening tool to see if the person might be depressed.
   c. Ask questions to find out what might be causing the person’s depression.
   d. Tell the person to visit a social worker, who will interview the person.

8. To use the technique of behavioral activation to help someone with depression feel better, what should you do?
   a. Tell the person how to behave in order to overcome her or his depression.
   b. Observe the person’s behavior and then make recommendations about how she or he should change it.
   c. Tell the person to stay active and exercise in order to feel better.
   d. Help the person to identify activities that she or he can do that bring her him peace and make her or him feel better.

9. When a person under care is taking medication for a mental disorder problem, what are the community health worker’s main responsibilities?
   a. Pick up the person’s prescription at the health center and bring it to the person’s house.
   b. Ask about serious side effects and encourage the person to take the medication as prescribed.
   c. Bring the person’s medication to his house and educate the person about side effects.
   d. Decide when and for how long the person should take the medication.
10. Which are serious side effects of medications that require immediate referral to the health center?
   a. Suicidal thoughts, confusion, muscle stiffness or spasms, fainting.
   b. Nausea, dry mouth, constipation, drowsiness.
   c. Trembling, memory problems, skin rashes, muscle stiffness.
   d. Nausea, memory problems, skin rashes, restlessness.

11. What should the family of a person with a mental disorder do to handle their stress and treat the person appropriately?
   a. Protect the person constantly and do not let the person do normal activities.
   b. Tell the person to get out of bed and behave normally in order to feel better.
   c. Allow the person to take some responsibility for everyday affairs.
   d. Do not allow the person to go outside or communicate with people outside of the family.
SESSION 14 Responding to Mental Health Crises

Method: Large group discussion and Role-play

Time: 1 hour

Objectives
Participants will be able to:

m. Describe the signs of a mental health crisis.

n. Describe how the community health worker should respond to someone who is having a mental health crisis.

Preparation

• Review the discussion questions and checklist below.

• Get ready to improvise 4 brief role-plays: 1) a person who is suicidal; 2) a person who is a danger to others; 3) a person who is markedly disabled; and 4) a person who is suffering from acute psychosis.

• Find an experienced colleague who you think could improvise well in the role-play situations. Decide who will play the community health worker and who will play the person in crisis. Practice ahead of time if possible.

Materials

☐ Mental Health Crises Checklist on page 32 of the Participant Handbook

STEPS

15 minutes

1. Tell participants:

As we have discussed, you will use the screening tool score and other information to determine if a person is depressed or not, and to decide what steps to take on the care pathway. In some cases, during screening or in other situations, you will encounter people with mental disorders who are suffering from very serious conditions. We call these conditions mental health crises.

Signs of a mental health crisis are:

• The person is suicidal (threatening to commit suicide)

• The person is a danger to others (violent or threatening to hurt someone)
• The person is markedly disabled (because of a mental disorder she or he is in danger because she or he cannot care for her or his own safety or health, is not receiving care or has support to meet her or his basic safety or health needs, or her or his mental or physical state is getting worse quickly)

• The person is suffering from acute psychosis

Changes in behavior may also be due to a physical disorder affecting the body or brain, such as fever or infection or sudden heart or lung disease. Be alert to the possible need for rapid medical attention.

In order to ensure the safety of a person who is suffering from a mental health crisis and the safety of other people around that person, you must take special steps and precautions. We will discuss these steps and precautions now.

2. Ask participants the following questions and take a few volunteer responses:
   • Have you ever had an experience with someone who may have been having a mental health crisis? What happened? What did you do?

3. Tell participants:

   If you encounter a person who is suffering from any of these crises:
   • Do not leave the person alone.
   • Take the person to the health center or hospital as soon as possible the same day so that the person can be assessed and treated by a psychologist or social worker.
   • Bring along a family member or close neighbor to help.
   • Treat the person compassionately and kindly at all times.
   • Take other steps or precautions depending on the type of mental health crisis.

   We will look in more detail at these other steps or precautions now.

30 minutes

4. Explain that you will now improvise a brief role-play about a person who is threatening to commit suicide (suicidal). Tell participants that they should observe carefully because you will ask for their feedback after the role-play.

5. Invite your experienced colleague to come forward. Improvise for 5 minutes or so.

6. Then ask participants the following questions and encourage a brief discussion:
   • What did the community health worker do and say to respond to the mental health crisis? What special steps or precautions did she or he take?
• What did the community health worker do in order to treat the person compassionately and kindly at all times?

7. Repeat this process for the next 2 role-plays: 2) a person who is a danger to others; and 3) a person who is markedly disabled.

8. After the 3rd role-play, summarize the signs and symptoms of a person who is markedly disabled and give examples as needed:

A person is markedly disabled if, because of a mental disorder, she or he is in danger because she or he cannot care for her or his own safety or health, is not receiving care essential to her or his safety or health, or her or his mental or physical state is getting worse quickly.

9. Before you perform the 4th role-play (acute psychosis), ask participants to watch and listen carefully and make note of the symptoms that the person in crisis is experiencing.

10. Perform the psychosis role-play for 5 minutes or so. Then ask participants the following questions and encourage a brief discussion:

• What did the person in crisis say and do? Why symptoms did she or he have?

• How did the community health worker respond? What special steps and precautions did she or he take?

• What did the community health worker do in order to treat the person compassionately and kindly at all times?

11. Tell participants that the person in this role-play was suffering from psychosis:

Psychosis is a loss of contact with reality that usually includes:

• False beliefs about what is taking place or who one is (delusions)

• Seeing or hearing things that aren’t there (hallucinations)

Psychotic symptoms may include21:

• Disorganized thought and speech

• False beliefs that are not based in reality (delusions), especially unfounded fears or suspicions

• Hearing, seeing, or feeling things that are not there (hallucinations)

• Thoughts that “jump” between unrelated topics (disordered thinking)

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15 minutes

12. Ask participants to find the Mental Health Crises checklist on pages 32 of their handbooks. Ask a volunteer to read the information aloud. For each type of crisis, ask participants to recall how the community health worker in the role-plays carried out these steps and precautions, and whether she or he did anything else helpful in addition to the checklist items.

13. Ask participants what questions or concerns they have about the information and answer accordingly.

14. If you have extra time, ask participants to practice role-playing in pairs. One person should play the role of a person in crisis and the other the role of the community health worker.

15. Summarize by telling participants:

   Mental health crises do not happen very often. But responding to someone in a mental health crisis can be very frightening and difficult. If you find someone in a mental health crisis, try to stay calm and follow the steps we talked about here. Remember to seek help from family members or other people close by.

   You will also use a form called the Encounter Form in order to record the steps that you follow with each person. The Encounter Form will help you to remember steps and any special precautions that you must take. You will practice using the Encounter Form later in this training.
Mental Health Crises

All mental health crises

☐ Do not leave the person alone. Get help from adult family members or a close neighbor to stay with the person until she or he can go to the health center, or stay with the person yourself.

☐ Take the person to the health center or hospital as soon as possible on the same day so that the person can be assessed and treated by a psychologist or social worker. Bring along a family member or close neighbor to help.

☐ Treat the person compassionately and kindly at all times.

Suicidal

☐ Make sure the person cannot get anything that she or he could use to commit suicide (gun, knife, poison, etc.).

☐ The goal is to prevent suicide. As you are helping, speak with the person kindly. Do not judge the person. Offer assurance and hope. Someone who wants or tries to commit suicide can recover and return to normal life, if she or he gets help.

A danger to others

☐ Stay calm.

☐ Do not raise your voice or talk quickly.

☐ Do not threaten the person.

☐ Do not put yourself or others at risk.

☐ If the person is getting out of control, get away and call other people for help.

Markedly disabled

☐ Do not judge the person. Offer reassurance and hope.

Acute psychosis

☐ Do not take anything the person says personally.

☐ Do not try to convince the person that her or his delusions or hallucinations are not real.

☐ Try to find things to talk about that are neutral.

☐ Try to minimize the person’s level of stimulation and stress from the environment.

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22 An Introduction to Mental Health, 58–60.
SESSION 15 Introduction to Epilepsy

Methods: Facilitator presentation and Large group discussion

Time: 30 minutes

Objectives
Participants will be able to:
   o. Describe what epilepsy is.
   p. Describe how to respond appropriately when a person has an epileptic seizure.

Preparation
• Review the discussion questions and checklist below.

Materials
☐ Epilepsy Checklist on page 34 of the Participant Handbook

STEPS

30 minutes

1. Tell participants:
   **Epilepsy** is a mental disorder where seizures occur repeatedly.
   
   Seizures or fits are when a person suddenly shows a change in behavior or consciousness that lasts for a few minutes. In some seizures, the person’s body shakes (convulsions) and the person loses consciousness. There are also seizures in which the person may be fully or partially awake. In these cases, the only changes may be short periods of losing touch with reality or repeated movements such as smacking the lips.23

2. Ask participants:
   • What are your experiences with people who have seizures? Have you ever been near someone when she or he had a seizure? If so, what happened? What did you or other people do to respond?
   
   • What do people in your communities think and say about people who have seizures?
   
   • What do people think causes seizures?

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23 *Where There Is No Psychiatrist*, 11.
• How do people in your communities react when someone has a seizure?

3. Tell participants:

**Epilepsy is a mental disorder.** It is caused by electrical charges to the brain. Many cultures consider epilepsy as being caused by supernatural forces, such as witchcraft, similar to some types of mental disorders. There are different types of seizures depending on what part of the brain is involved, and sometimes the person may behave oddly.

Epilepsy can cause great stress on the people who have it. Many people with epilepsy develop emotional problems. Psychoses, depression, and suicidal behavior are all more common among people with epilepsy.

4. Ask participants:

• What is your reaction to this information? How is it different from what you believed about epilepsy? How is it the same?

5. Tell participants:

If you encounter a person who is having an epileptic seizure, you must follow these steps:

• Do not leave the person alone.

• Take the person to the health center or hospital within 3 days so that the person can be assessed.

• Bring along a family member or close neighbor to help.

• Treat the person compassionately and kindly at all times.

You must also follow other steps and precautions specific to epilepsy. We will review them now.

6. Ask participants to find the Epilepsy Checklist on pages 34 of their handbooks. Ask a volunteer to read the information aloud.

7. Ask participants what questions or concerns they have about the information and answer accordingly.

8. Summarize by telling participants:

When someone has a seizure, you should respond appropriately if you are present, and teach family members and others to do the same. You should also educate family members and others about what epilepsy is, what causes it, and how it can be treated. This way, community members will begin to understand that they should not be afraid of people with epilepsy, and that epilepsy can be treated.
Epilepsy Checklist

When a person has a seizure

☐ Even if you do nothing at all, the person will almost always recover completely after the seizure.

☐ During the seizure, your main objective is to ensure that the person does not injure herself or himself.

☐ Try to turn the person onto her or his side if possible.

☐ Keep dangerous objects away from the person (things that may fall onto the person having a seizure; if the person has a seizure on the road, make sure she or he is not going to get hit by a car).

☐ Do not try to force any objects into the person’s mouth.

☐ Do not try to hold or restrain the person.

☐ Do not try to force the person to take medicines or drink water.

☐ After the seizure is over, the person may be sleepy. Comfort her or him after she or he wakes.

☐ Advise the person and family to go to the health center or hospital within 3 days so that the person can be assessed.

Advice for the person with epilepsy and the family

☐ Epilepsy is not caused by witchcraft or spirits.

☐ All people with seizures should be assessed at least once by a medically qualified person. This is to make sure that the person does not suffer from a disease that causes epilepsy.

☐ Epilepsy is a long-term disorder that may need medication for many years.

☐ The key to treating epilepsy is to take the prescribed medicines regularly.

☐ People with epilepsy can lead normal lives with some adjustments. They can marry, have children, and work in most types of jobs.

☐ People with epilepsy should not drive, swim alone, or work with or near heavy machinery, at least until they have had 1 year without a seizure and are continuing their medication.

☐ People with epilepsy should try to practice the following:

- Regular sleep
- Regular meals
- Limit drinking of alcohol strictly
- Avoid extreme physical exercise
- Avoid situations that can lead to tension, sudden excitement, or stress
SESSION 16 Basic Interview Skills

**Methods:** Large group discussion, Role-play, and Case study

**Time:** 2 hours and 30 minutes

**Objective**

Participants will be able to:

q. Demonstrate how to use basic interview skills to communicate compassionately and appropriately with people with mental health problems or mental disorders.

**Preparation**

- Review the information about basic interview skills, the role-plays, and the case study below.
- Write the list of basic interview skills (below) on one sheet of chart paper, and the list of what not to do during counseling (below) on another sheet of chart paper.
- Ask an experienced psychologist to co-facilitate this session with you.
- Ask your co-facilitator to be ready to do 4 brief improvised role-plays with you, 2 role-plays for Part 2 of this session, and 2 role-plays for Part 4. Show her or him the role-play descriptions below. Practice ahead of time if possible.

**Materials**

- Basic interview skills on pages 36 of the Participant Handbook
- Role-plays at the end of this session
- Case study on page 69 of the Participant Handbook
- Basic interview skills written on a sheet of chart paper
- What not to do during counseling written on a sheet of chart paper
- Chart paper
- Markers
- Tape

**STEPS**

**PART 1 – BASIC INTERVIEW SKILLS**

30 minutes

1. Ask participants the following questions and take some volunteer responses quickly. Confirm or correct ideas as needed:
• When a health worker is speaking with someone who has, or may have, a mental health problem or mental disorder, it is important to communicate compassionately and effectively. Why is this so important?

• What should you do and say in order to communicate compassionately and effectively?

2. Tell participants:

As community health workers, you will be communicating with people who are suffering from depression or anxiety, or perhaps other mental disorders. In some cases, you will be conducting simple counseling sessions with people who have mild depression. Now we will discuss the basic interview skills that you should always use when you communicate or hold sessions with people who may be depressed.

3. Post the list of basic interview skills that you prepared:

1. Speak with the person in a place that promotes confidentiality and makes the person feel safe.

2. Be sensitive and respect the person’s emotional vulnerability.

3. Show empathy.

4. Use active listening.

5. Ask open-ended questions that will help you to understand the problems that the person is having in her or his life.

6. Learn the person’s whole story.

7. Meet the person at her or his energy level and then gradually bring the energy level up or down as needed.

8. Follow the person’s lead about religion.

9. For each item on the list, lead a brief discussion using the following questions. Affirm or correct participants’ ideas and add to the discussion yourself if needed. The idea is to establish some basic information about each item. You do not need to go into detail about each item as there will be more practice in Part 3.

• What does this mean?

• Why is it important?

• How can you do it?

10. As the group discusses, ask participants to share any experiences they have had doing counseling in other settings, either formally or informally (as pastors, priests, or laypeople in church settings, as teachers with students, etc.).
11. Post and briefly discuss the list of what not to do when counseling. For each item on the list, ask participants why it is important not to do that thing during counseling.

Basic counseling does not include:
- Making decisions for patients
- Judging patients as good or bad people
- Interrogating patients
- Blaming patients
- Preaching or lecturing to patients
- Making promises that you cannot keep
- Imposing your own beliefs on patients

12. Ask participants to find the information about basic interview skills on pages 36 of their handbooks. Ask a few volunteers to read the information aloud. Briefly compare the information to what participants said during the discussion above. Clarify and correct any misconceptions.

PART 2 – EMPATHY AND ACTIVE LISTENING

30 minutes

13. Explain that now participants will look in more detail at some of the basic interview skills. First, they will look in more detail at showing empathy and using active listening.

14. Tell participants that you and your colleague will perform a brief role-play showing communication between a community health worker and a person who lost her or his spouse several months ago and is depressed.

15. Ask participants to observe the community health worker (played by you) and be prepared to discuss what they observe.

16. Invite your colleague to come to the front of the room. Perform role-play 1 for 5 minutes or so.

17. Ask participants to share what they observed. As participants share, highlight the particular things that the community health worker did wrong. Then summarize by saying that this role-play was an example of how not to communicate, because the community health worker was not empathetic, did not listen well, etc.

18. Repeat this process for Role-play 2.

19. As participants share what they observed, highlight the particular things that the community health worker did to show empathy and listen actively.
PART 3 – OPEN-ENDED QUESTIONS AND THE WHOLE STORY

15 minutes

20. Explain that now participants will look in more detail at 2 more basic interview skills: using open-ended questions and learning the person’s whole story.

21. Remind participants that they have just seen a few examples of how to use open-ended questions in the 2nd role-play.

22. Tell participants:
   • Open-ended questions ask for more information than just a yes or no answer.
   • Open-ended questions require a longer answer that provides more information.
   • Open-ended questions usually use **what, how, when, who, where, why, and which** – as these words ask for more information than just yes or no.

23. Ask participants to recall the depressed person in the role-plays and to brainstorm more examples of appropriate open-ended questions that the community health worker could ask to learn more about this person’s situation. Give a few examples to start the brainstorm. Write participants’ examples onto a sheet of chart paper:
   • How are you feeling?
   • Why do you feel so sad?
   • How did your spouse die? Would you like to tell me about it?
   • What has happened in your life since your spouse died?
   • How are you handling things?

24. Tell participants:
   Sometimes closed questions can be useful too. Closed questions usually ask for a yes or no answer or some other very short answer, for example, “Do you feel sad? Do you cry a lot? Did you go to the funeral?” But open-ended questions are more effective when you want to encourage the person to share and open up.

25. Tell participants:
   In order to be able to understand a person’s situation, you must learn the person’s whole story. You may not be able to learn the person’s whole story right away; it may take more than one conversation or session.
26. Ask the following questions and encourage a brief brainstorm. (Participants will have time to practice interpersonal assessment in more depth in the next session.)

- What should you do in order to learn the person’s whole story?

  *Use all of the basic interview skills [show empathy, ask open-ended question, speak in a private place, etc.]; give the person ample time to express herself or himself; let the person speak freely; follow up with more questions if you feel that you have not heard everything; etc.*

**PART 4 – ENERGY LEVEL**

15 minutes

27. Explain that now participants will look in more detail at one more basic interview skill: meeting the person at her or his energy level and bringing it up or down as needed.

28. Invite your fellow performer to come to the front of the room. Improvise a brief role-play (1–2 minutes) with you as the community health worker meeting a person with low energy at that level and then slowly bringing it up.

29. Ask participants to tell you what they saw in the role-play – how the community health worker handled the person's energy level, how the person responded, etc.

30. Repeat this process with an improvised role-play about a person with very high energy.

**PART 5 – CASE STUDY**

30 minutes

31. Explain that participants will now examine a case study and discuss how the basic interview skills that they have learned could be applied to this situation. Ask a volunteer to read the Laurette case study aloud.

32. Ask the case study questions one by one and encourage discussion.

**PART 6 – PRACTICE**

30 minutes

33. Divide participants into pairs (different pairs from before). Explain task:

- One pair partner should play the role of Laurette and the other should play the role of the community health worker. (If needed, you can invent another depressed person to play instead of Laurette.)

- The pair partner playing the role of the community health worker should practice showing empathy, listening actively, using open-ended questions, learning the whole story, and handling energy level.
• After 5 minutes or so, switch roles.

• You will have 10 minutes to work.

34. Ask pairs to start role-playing. As pairs work, circulate, observe, and help if needed. After 5 minutes or so, ask pairs to switch roles.

35. Ask pairs to stop work. Ask participants to comment and reflect on their experiences during the role-plays:
   • When you were playing the role of the community health worker, what worked best? Why?
   • What was most challenging? Why?
   • What could you do to address the challenges?

36. Summarize by saying:

   You will use these basic interview skills to conduct simple counseling sessions with people who have screened positive for depression. But remember that even if you are not conducting a formal session with someone, you should always use these skills in order to communicate effectively with the people that you are helping.

37. Leave the list of basic interview skills posted for the rest of the training.
**Basic Interview Skills**

1. **Speak with the person in a place that promotes confidentiality and makes the person feel safe.** Provide a calm, private setting in which the person feels safe enough to open up and share. This is an important part of establishing trust between you and the person.

2. **Be sensitive and respect the person’s emotional vulnerability.** People are often struggling with traumatic experiences and painful feelings. Taking a respectful, gentle approach will help the person to trust you. Note: Even if you are trying to be comforting, be careful about touching a person who has suffered physical or sexual abuse.

3. **Show empathy.** Empathy means to let yourself experience what the person is feeling and to let the person know that you understand what she or he is going through. Showing empathy is a powerful healing tool. It helps the person to feel more supported and understood, and less alone. Empathy also makes it easier for the person to express uncomfortable feelings, such as anger, envy, sadness, or guilt.

   Showing empathy does NOT mean that you express pity, give advice, or tell the person what you think is the right solution for her or him.

   To show empathy:
   - Try to understand the type and intensity of the person’s feeling. (Is the person sad or angry? A little angry or very angry?)
   - Acknowledge the person’s feelings. (For example, say, “I can imagine how angry that might make you.”)
   - Use phrases such as, “You seem to feel…” (“You seem to feel discouraged.”); “It sounds as if…” (It sounds as if you are very sad).

4. **Use active listening.** This means paying attention to what the person is saying and showing through your posture, your attentive expression, and occasional questions that you are interested in what she or he says. Paying attention through active listening is another powerful healing tool.

   To listen actively:
   - Face the person and look at her or him.
   - Pay attention and do not let you mind wander.
   - Show that you are listening by using appropriate facial expressions and nodding your head.

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Basic Interview Skills

- Encourage the person with small comments such as “yes, uh-huh,” etc.
- Ask questions for clarification.

5. Ask questions that will help you to understand the problems that the person is having in her or his life. The information that someone tells you depends on the way in which you ask the question. Ask open-ended questions to encourage the person to share and answer from her or his own perspective.

Open-ended questions ask for more information than just a yes or no answer. Open-ended questions usually use what, how, when, who, where, why, and which – these words ask for more information than just yes or no.

Examples of open-ended questions:
- When do you think your depression began? Tell me about it.
- Why have you felt so sad this week?
- Who are the important people in your life?
- Who did you see this week?

6. Learn the person’s whole story. You may not be able to learn the person’s whole story right away; it may take more than one conversation or session.

7. Meet the person at her or his energy level and then gradually bring the energy level up or down as needed.

8. Follow the patient’s lead about religion. If the person brings up religion, show respect for the religion and explore how it relates to her or his depression. For example, does the person feel comforted by her or his beliefs? Forsaken? If a person’s faith offers a source of personal strength and social support, this can be used to support the person’s treatment. For example, engaging with the church community could help the person to feel more peaceful and less isolated.

Some religious leaders may tell a person who is depressed, “God will take care of everything, do not worry.” It may be helpful to tell the person that, yes, faith can help, but many people may also need other help, for example, counseling, medication, etc. Other religious leaders may tell the person, “This is happening to you because God is punishing you.”

It is important to learn how the person understands her or his depression. Does the person think that it is her or his fault? If so, you must reassure the person. Without contradicting the person’s religion, reassure the person that she or he can get help, and that this happens to many people. The person deserves to get better, and you will work with her or him to help that happen. If the person wants to seek the advice of a traditional healer, you may tell the person that she or he can do this, but that it would also be a good idea to go to the health center.
Basic Interview Skills

Counseling does not include:

1. Making decisions for the person
2. Judging the person as a good or bad person
3. Interrogating the person
4. Blaming the person
5. Preaching or lecturing to the person
6. Making promises that you cannot keep
7. Imposing your own beliefs on the person

ROLE-PLAY 1

Depressed person: Your spouse died several months ago, and you have been feeling very sad and down. You have been crying a lot. You do not feel interested in anything anymore. You feel that there is no happiness left in life. At night you have trouble sleeping. You have felt miserable for months.

Community health worker: You are speaking with the depressed person to learn more about her or his situation, but you do not show empathy or listen actively. Instead, you do not pay attention, you are impatient and distracted, you do not ask questions, you take a cell phone call, interrupt, tell the person what to do, etc.

ROLE-PLAY 2

Depressed person: Your spouse died several months ago, and you have been feeling very sad and down. You have been crying a lot. You do not feel interested in anything anymore. You feel that there is no happiness left in life. At night you have trouble sleeping. You have felt miserable for months.

Community health worker: You are speaking with the depressed person to learn more about her or his situation. You show empathy and listen actively. You try to understand and acknowledge the person’s feelings. You pay attention, show that you are listening with your facial expressions, nod your head, encourage the person, ask open-ended questions to learn more, you do not interrupt, etc.
CASE STUDY: LAURETTE

Over the past few months, you have noticed that Laurette, whose husband left her several months ago for another woman, seems very sad and down all of the time. She hardly leaves the house, she cries a lot, and she seems depressed. She does not sing in the church choir anymore, even though she used to love singing and is a very devout Christian.

You visit Laurette’s house in order to speak with her and learn more about her situation. When you visit, Laurette’s 5 children are all in the house and it is quite noisy.

• Where could you speak with Laurette to promote confidentiality and make her feel safe?

• What could you say and do to show empathy?

• What could you say and do to listen actively?

• What open-ended questions could you ask to understand the problems that Laurette is having and learn her whole story?

• What could you say and do in order to meet her at her energy level and then gradually bring the energy level up?

• If Laurette speaks about her faith, what would you say or do?
SESSION 17 Basic Counseling Intervention Skills

Methods: Facilitator presentation, Small group activity, and Role-play

Time: 9 hours and 45 minutes

Objective
Participants will be able to:

r. Demonstrate how to help people with depression using education, interpersonal assessment, behavioral activation, relaxation, and maintenance and re-evaluation techniques.

Preparation

• Review the information about education, interpersonal assessment, behavioral activation, relaxation, and maintenance and re-evaluation below.

• Review the Scenarios for Interpersonal Assessment below.

• Ask an experienced colleague to be prepared to improvise brief role-plays for Parts 1, 2, 3, and 4 below. Practice ahead of time if possible.

• Write the title “Education” on a sheet of chart paper and write below it: 1) Name the problem. 2) Be supportive a) give hope; b) assign the sick role; c) mobilize supports.

• Write the 4 interpersonal problem areas on a sheet of chart paper: 1) Death of a loved one, grief; 2) Disagreements and disputes; 3) Life changes or transitions; 4) Loneliness and social isolation.

Materials

☐ The 4 interpersonal problem areas written on chart paper

☐ Information about education, interpersonal assessment, behavioral activation, relaxation, and maintenance and re-evaluation on pages 39 of the Participant Handbook

☐ Scenarios for Interpersonal Assessment on pages 40 of the Participant Handbook

Tip: If you do not have a lot of time to do the training, give priority to parts 1 and 4. These parts cover the most fundamental interventions that a community health worker must perform in the care pathway for depression (psycho education with relaxation). You could do parts 2, 3, and 5, which cover interpersonal evaluation, behavioral activation, re-evaluation and maintenance later during this evaluation or in another training in the future. In order to master the tools that we introduce in this session, the participants will need to practice during the training revision or practice sessions, under the direction of the psychologist who was trained in these interventions.
**STEPS**

**PART 1 – EDUCATION**

1. **Tell participants:**
   During this session, you will learn about several interventions (techniques) that you can use to help people who are or may be depressed. We will start with education. In this context, education means letting the person know that she or he may be depressed, explaining what that means, and giving support.

2. **Ask your colleague to come to the front of the room. Explain to participants that you will do a brief role-play where the community health worker is educating someone who may be depressed. Ask participants to listen and observe carefully because afterward you will ask them to identify what the community health worker said and did.**

3. **Perform the role-play for 5 minutes or so. Include naming the problem and being supportive (giving hope, assigning the sick role, and mobilizing support) in the role-play.**

4. **Debrief the role-play by asking participants:**
   - **When you are educating someone who you suspect may be depressed, you must first name the problem. In the role-play, what did the community health worker say in order to name the problem? Why is it important to do this?**
   - **After naming the problem, you must be supportive. Being supportive while educating involves 3 main things: giving the person hope, assigning the person the sick role, and helping the person to mobilize social supports.**
   - **In the role-play, what did the community health worker say in order to give the person hope? Why is it important to do this?**
   - **What did the community health worker say in order to assign the person the sick role? Why is it important to do this?**
   - **What did the community health worker say in order to help the person begin to mobilize social supports? Why is it important to do this?**

5. **Ask participants to find the information about education on pages 39 of their handbooks. Ask a volunteer to read the information aloud. For each item in the handbook, ask participants to recall again what the community health worker said and did. Remind participants that this education should happen right after screening, or at the latest, during the first follow-up session.**
6. Divide participants into pairs (different pairs from previous sessions). Post the “education” chart sheet that you prepared and review it briefly.

7. Ask pairs to improvise brief role-plays in which a community health worker educates a person who may be depressed. They should switch roles after about 5 minutes. Pairs should remember to use the basic interview skills that they learned in the previous session.

8. As pairs are role-playing, walk around with your colleague and observe. Help and provide guidance as needed.

9. After 15 minutes or so, call everyone together. Ask participants:
   - When you were educating the person, what worked best? Why?
   - When you were educating the person, what was most challenging? Why?
   - How could you address these challenges?

45 minutes

10. Ask 2 people to come up front to perform the role play. Allow for the role play to last only about 5 minutes.

11. Ask the participants these questions and encourage the people to speak.
   - What was thought during the role play? How did the community health worker name the problem, give hope, etcetera?
   - What did the community health worker do well during the role play?
   - What could he do better next time?

12. Repeat with other people as long as you have time.

PART 2 – INTERPERSONAL ASSESSMENT

30 minutes

13. Tell participants:

   After you educate the person, it is important for you to better understand the person’s situation. This will help you to determine what types of help the person might need. It can also help the person if you identify steps that she or he can take in order to begin to feel better. This process is called **interpersonal assessment**. It is based on the understanding of depression from Interpersonal Psychotherapy (IPT), the method to be used by trained social workers and psychologists in Zanmi Lasante.
Interpersonal assessment involves finding out what might be causing the person’s depression. Remember that depression can be caused by many factors: biological, psychological, and social. One of the factors that can cause depression is a specific event or “trigger.” Research shows that there are 4 main triggers, or interpersonal problem areas, that can cause depression.

14. Ask participants the following question, encourage a brief brainstorm, and write responses on a blank sheet of chart paper:
   - Think of people you have known who may have been depressed, or of your own experiences. What kinds of events do you think might cause depression?

15. Post the list of the 4 interpersonal problems areas that you prepared. Explain that research has shown that these are the 4 basic problem areas that cause depression. Explain each problem area briefly:
   1. Death of a loved one, grief
   2. Disagreements and disputes
   3. Life changes or transitions
   4. Loneliness and social isolation

16. Ask participants to look at the brainstormed list of events that might cause depression. For each item on the list, ask participants to identify which of the 4 problem areas it falls under. Write the number next to each item.

17. Ask participants if they have any questions about the 4 problem areas and answer accordingly.

45 minutes

18. Tell participants:
   In order to do interpersonal assessment, you must ask questions, talk with the person, and determine which of the 4 problem areas might be causing the person’s depression. In some cases, more than one problem area might be causing the depression. You will practice doing this now.

19. Divide participants into 4 small groups and assign each group one of the 4 interpersonal problem areas. Give each group a sheet of chart paper and a marker. Explain the small group task:
   - With your small group, brainstorm both open-ended and closed questions that you could ask in order to learn about this problem area.
   - Write your questions onto the sheet of paper.
• Choose one group member to present the questions to the whole group.

• You will have 20 minutes to work.

20. Ask small groups to start work. As groups are working, circulate and help as needed. Give groups 10-, 5-, and 1-minute warnings.

45 minutes

21. Ask each group representative to share her or his group’s questions. Take comments and suggestions from participants and confirm or correct as needed.

35 minutes

22. Divide participants into pairs (different pairs from before). Explain the task:
• Decide who will play the community health worker and who will play the depressed person.

• Choose one of the 4 interpersonal problem areas and decide on a specific situation for the depressed person. For example: area = death of a loved one; situation = a woman’s baby has died.

• Practice a short role-play. The community health worker should ask questions in order to assess and understand the person’s situation. The community health worker should use the basic interview skills learned in the previous session (active listening, empathy, etc.).

• Then choose another interpersonal problem area and situation, and switch roles.

• You will have 20 minutes to work.

23. Ask pairs to start work. As pairs are working, circulate, observe, and help as needed. Give pairs a 10-minute warning so that they switch roles.

45 minutes

24. Ask pairs to stop work. Ask the following questions and encourage a brief discussion:
• What did you learn by doing these role-plays?

• What worked best? Why?

• What was most challenging? Why?

• How could you address the challenges?
25. Ask participants to find the information about interpersonal assessment on pages 40 of their handbooks (ending with the “Summarize” section). Take participants through the information and ask what comments or questions they have.

26. Tell participants:

These are only examples of questions to use. When you are assessing someone’s situation, the exact questions that you ask will be different for each person, depending on the person’s situation.

It may take more than one session to complete the interpersonal assessment. That is fine. It is important to learn the person’s whole story.

40 minutes

27. Ask 2 people to come up front to perform the role play. Allow for the role play to last only about 10 minutes.

28. Ask the participants these questions and encourage them to speak.

- What was thought during the role play? How did the community health worker evaluate the situation? What questions did he ask?
- What did the community health worker do well during the role play?
- What could he do better next time?

29. Repeat with other people as long as you have time.

35 minutes

30. Tell participants:

Education and interpersonal assessment can help the person begin to get better. For each problem area that you found during the interpersonal assessment, you can take the opportunity to help the person develop a plan or try to change something in order to improve her or his mood.

31. Ask participants to gather again into the 4 small groups formed previously in this session (for the 4 problem areas). Ask each small group to find the information about their problem area on pages 44 of their handbooks (the information that starts with, “For each problem area that you found during the interpersonal assessment, you can take the opportunity... ”). Explain the small group task:

- Find the information for the problem area that you were assigned. Ask one group member to read it aloud.
• Find the scenario for your problem area on page 71 of your handbooks and ask a volunteer to read it aloud.

• Discuss with your group: What could the community health worker say in order to help the person develop a plan or change something?

• Be prepared to share your ideas with the group.

• You will have 20 minutes to work.

32. Ask small groups to start work. As groups are working, circulate and help as needed. Give groups 10-, 5-, and 1-minute warnings.

45 minutes

33. Ask the first small group to read aloud their scenario and suggestions. Take comments or questions from the other small groups and confirm or correct ideas as needed.

34. Repeat this process for the remaining small groups.

PART 3 – BEHAVIORAL ACTIVATION

30 minutes

35. Tell participants:

   Behavioral activation is a treatment that focuses on changing a person’s behaviors in order to help lift the person’s mood and reduce the person’s depression.

   In behavioral activation, the person identifies activities and relationships that she or he values and finds rewarding. Then the community health worker encourages the person to engage in the activity or relationship for a period of time each day. Over the course of the sessions, the community health worker and the person evaluate how the activities are affecting the person’s depression.

36. Ask participants the following questions and encourage a brief brainstorm:

   • What types of relationships or activities make you feel better, happier, or more at peace?

   • Think of community members that you work with. What types of relationships or activities make them feel better, happier, or more at peace?

37. Tell participants:

   In addition to assessing and helping with interpersonal problems, you will use behavioral activation in order to help the person to start to feel better. You will help the person to identify people or activities that help her or him to feel better, and encourage the person to do them. We will practice this now.
38. Ask your colleague to come to the front of the room. Perform a brief improvised role-play (5 minutes or so). The role-play should be an example of helping a depressed person to identify an activity that she or he can do for 15 minutes per day to start, increasing to 30 minutes or more per day.

39. Afterward, ask participants to tell you what they saw and heard in the role-play:
   • How did the community health worker help the person to identify a pleasurable activity?
   • What was the activity?
   • How often did the community health worker advise the person to do the activity?

35 minutes

40. Tell participants:

   Sometimes it is difficult for someone who is depressed to find pleasurable and peaceful activities. You can ask the person to remember what used to be pleasurable for her or him. For example, if a father who lost his child recently used to like fishing, encourage him to try to do this again. You will practice doing this now.

41. Divide participants into pairs (different pairs from before). Assign each pair one of the 4 problem areas. Explain the task:
   • With your pair partner, read aloud the information about behavioral activation in your handbooks.
   • Decide who will play the community health worker and who will play the depressed person.
   • Decide what the depressed person’s situation will be (based on the problem area that you have been assigned).
   • Role-play an example of behavioral activation. The role-play should be short no more than 5 minutes or so.
   • Then choose a new situation for the depressed person and switch roles.
   • You will have 25 minutes to work.
   • As you are practicing, I will observe and choose a few pairs to perform. I will not tell you which pairs I choose, so everyone must be prepared to perform.

42. Ask pairs to start work. As pairs are working, circulate, help as needed, observe, and choose a few pairs to perform. Give pairs 10-, 5-, and 1-minute warnings.
45 minutes

43. Ask pairs to stop work. Ask one pair to come forward and perform their role-play. Limit the role-play to 5 minutes or so.

44. Ask participants the following questions and encourage a brief discussion:
   • What happened during the role-play? How did the community health worker use behavioral activation?
   • What did the community health worker do well during the role-play?
   • What could she or he improve the next time around?

45. Repeat this process with another pair or 2 as time permits.

46. Ask participants the following questions and encourage a brief discussion:
   • What questions do you have about using behavioral activation?
   • What do you think will be most challenging about doing this?
   • How can you address the challenges?

PART 4 – RELAXATION

25 minutes

47. Explain that participants will now practice another intervention: relaxation.

48. Lead participants through a typical relaxation exercise using the example below, or another example if appropriate.

49. When you have finished, ask participants how they felt during the process, and how it helped them to relax.

50. Ask participants to practice in pairs. Pair partners should switch so that both get the chance to practice both leading the relaxation exercise and experiencing it.

51. Ask participants to find the information about relaxation on page 46 of their handbooks. Review the information briefly.
PART 5 – RE-EVALUATION AND MAINTENANCE

30 minutes

52. Tell participants:

When you are meeting with someone, you will use the screening tool each time to see if the person is improving. In addition to the screening tool, you should ask the person how she or he is feeling. If the person is improving, you should also help the person to find ways to prevent the depression from returning. This process is called re-evaluation and maintenance.

53. Ask your colleague to come to the front of the room. Perform a brief improvised role-play (5 minutes or so). The role-play should go through the steps of re-evaluation for someone who has had a few sessions with the community health worker already and is no longer depressed (giving feedback on the negative screen, discussing how the person can prevent a relapse, discuss possible sources of stress in the future, and make an action plan).

54. Afterward, ask participants to tell you what they saw and heard in the role-play:

- What steps did the community health worker follow in order to help the person re-evaluate her or his condition?

- What steps will the person take in order to keep from relapsing (becoming depressed again)?

- What is the person’s action plan if she or he feels the depression returning?

55. Ask participants to find the information about re-evaluation, maintenance, and relapse on page 47 of their handbooks and review the information briefly.

56. Ask participants to pair up with their partners from the behavioral activation practice. Ask them to use the same situation as before, and to role-play re-evaluation for the person, who is no longer depressed. Give pairs about 5 minutes to practice.

57. Ask participants to comment on their role-playing of re-evaluation:

- What worked best when you were helping the person to re-evaluate?

- What questions do you have about re-evaluation and maintenance?
Scenarios for Interpersonal Assessment

Death of a Loved One
A father’s oldest son died in a motor accident a few months ago. The father has been feeling increasingly down. His wife tells you that he does not go out, talk with his neighbors, or spend time with his children as he used to do.

Disagreements and Disputes
A woman has a dispute with her sister. Every time her sister visits, she tells the woman that she is not raising her 2 small children correctly. The woman does not agree and feels that she is doing a good job with her children. The woman has always enjoyed her sister’s company, but now the visits have become very tense. The woman has been feeling sad and down.

Life Changes or Transitions
A young man has recently lost his job. He has been looking for another job without success. He is feeling down, and he is starting to worry that he will not find another job. He does not want to spend time with his friends or girlfriend anymore because he is afraid that they will judge him for not finding work.

Loneliness and Social Isolation
An elderly widow who lost her husband many years ago has for years enjoyed the company of a kind couple who lived near her. She used to go sit with them to visit, help with the children or cooking, and pass the time. The couple’s youngest child graduated and left home recently, and they decided to move to another town. Since they left, the widow has felt very lonely and sad.
Intervention Skills

*This is only a guide. Do not read the script when you are conducting the session. Rather, use it only as a guide to help you remember what to do and say.*

**Education**

Education is useful at any time but especially after the person is screened and found to be depressed (positive), either in your first meeting with the person or during the follow-up meeting.

1. **Name the problem.** Let the person know that she or he may be depressed.

   *Say (for example): “During your screening interviews, you mentioned a number of symptoms. Feeling bad, not sleeping, eating or getting out of bed, and not laughing anymore or wanting to see friend are all part of depression. These symptoms have also affected your work and relationships. Depression is a common condition, it is not madness. Do you know other people who have been through something similar?”*

2. **Be supportive.**

   **Give hope.**

   *Say: “Depression is treatable. I will make sure that you get the treatments you need for this, and you will feel better soon.”*

   **Assign the sick role.**

   *Say: “As I mentioned last time, you may not be able to do all of the things you want and need to do while you are depressed. To get your everyday work done you may need a little extra help from family and friends. You will see that as you feel stronger, you will be able to do many more things, like before.”*

   **Mobilize social support.**

   *Ask: “Who can help you with all your responsibilities while you are trying to get stronger? Do you think you can talk to her or him this week?”*

**Interpersonal Assessment**

The aim of interpersonal assessment is to understand in detail the person’s situation around the time that the depression started, and how it is connected to the 4 interpersonal problem areas.

You must find out what happened (the person’s story) using open-ended questions and active listening.
Intervention Skills  

Find out what is going on in the person’s current life (family, work, friends, etc.). Pay attention to what was happening in important relationships when the depression started.

Below are some examples of questions that you might ask in order to find out about what was going on in the person’s life when she or he became depressed (the interpersonal problem area).

There are 4 main interpersonal problem areas that can cause depression:

1. Death of a loved one, grief
2. Disagreements and disputes
3. Life changes or transitions
4. Loneliness and social isolation

To start the dialogue, say (for example): “Now I’d like to know what’s been happening in your life around the time that you became depressed recently. How are things going?”

Allow the person to tell her or his story. You can use questions like these to help the person tell her or his story:

- When did you begin to feel sad or depressed?
- What was going on in your life when you started to get depressed?
- What people are important to you?
- How are you getting along with your husband or wife? With your children? With other family members?
- Do you argue a lot with people? Who?
- Have there been any changes in your life lately? A change in job? Home? Family?
- How is your health? How is the health of people in your family?
- Can you do as much as you could in the past?
- Has anyone important to you died?
- Do you feel lonely a lot of the time?

Ask questions to identify which of the 4 interpersonal problem areas (grief, disagreement, changes, or loneliness) may be related to the person’s depression. If the person answered “yes” to any of the questions above, ask for more details using more specific questions for that problem area:

Is the problem death of a loved one?

Ask: “Has someone who was important to you died? If yes, when did this happen?”
Intervention Skills

If yes, continue with questions like the ones below.

- How has the death of this person affected you?
- Do you have trouble sleeping?
- Can you do your normal work since your loved one died?
- Do you cry often?
- How do you feel about the death?
- What was the funeral like?
- How have you been able to get by without the person?
- Have you been able to talk about the dead person with anyone?
- Are you afraid of having the same illness as the person who died?
- What did you do with the dead person’s possessions?
- Were there people you could count on to help you when the person died?
- What kinds of support do you have?

Is the problem a disagreement or ongoing dispute?

Ask: “Are you and someone else having a disagreement?” (Also include here problems with local community or local authorities.)

If yes, continue with questions like the ones below.

- Are you trying to change something or make something different in this relationship?
- Are you and the other person still talking or have you given up talking?
- How serious is the disagreement between you and the other person? Is it so serious that you feel can’t be solved?
- Have you tried to get someone to help you solve this problem? (This is especially important if this is a woman. Has she gotten family members to speak on her behalf?)
- What would you like to do about that relationship? Do you know what the other person wants to do? Have you discussed this?

Is the problem a life change or a role transition?

To find out, ask questions like the ones below.

- Has anyone moved in or out of your home? If yes, tell me about it.
- Has a friend/relative moved away recently?
- Was there a change in your relationship with your husband? Children? Relatives? Friends?
**Intervention Skills**

- Did you get a new job?
- Did you lose your job?
- Have you become ill?
- Are you having problems with the local authorities?
- Have you had any other change that I haven’t asked about?

Is the problem loneliness?

To find out, ask questions like the ones below.

- Do you feel alone frequently these days?
- Why do you feel lonely?
- Have you always been alone?

At the end of the questions, you should have some idea of what was happening in the person’s life and when the depression began. You can start linking the onset of the person’s symptoms to one of the 4 interpersonal problem areas.

Tell the person what you believe the problem area to be.

Say: “It looks like a lot of your depression is due to [name the problem area]. I believe that it will help you if we find ways to deal with this.”

Often it is not possible to complete the interpersonal assessment in one session. In these cases, you can say: “We will be meeting again next week to discuss these problem areas further and in more detail.”

Summarize

Remind the person of the sick role and the need to mobilize social support.

Say (for example): “Keep in mind that while you are depressed things are harder to do. You may need to take things easy for a short while and ask others to help and support you. Do you have someone who you can ask to help you with your responsibilities?”

Remind the patient to continue with pleasurable and meaningful activities.

Say: “It is very important to keep doing things that bring you peace and help you feel happier, like we discussed during the screening. How has that been going for you? What other activities would you like to try?”

For each problem area that you found during the interpersonal assessment, you can take the opportunity to help the person develop a plan or try to change something in order to improve her or his mood.
### Intervention Skills

#### Death of a loved one, grief

1. Encourage the person not to be alone. Encourage the person to maintain previous interests and relationships, and to develop new interests and relationships.

2. Help the person to find a time of day where the person can mourn, think about, and honor the dead loved one. Encourage the person to focus on here-and-now activities during other times.

   Say (for example): “The next time you think of your boy, try to tell yourself to think about him in the evening, which you said is the best time for you since you are done with your work and can rest. This is time that you put aside for him. When thoughts of him come to you during the day, you can tell yourself, ‘I know that I will think of you later during our time. I will now try to finish working in the garden.’”

3. Encourage the person to conduct mourning rituals if she or he has not had the chance to do so yet.

#### Disagreements or ongoing disputes

1. Help the person to understand the dispute as a difference in expectations among the people involved.

   For example, a husband and wife may have a dispute because he expects her to accept his going out and drinking to have fun from time to time, but she expects him to be a good provider and treat his family well every day, and not go out drinking.

2. Help the person to think of options to resolve the dispute.

   Say: “What can you do about this? Did you have this problem in the past? How did you handle this? What would be for you the best solution for this disagreement? Who can help you to think how to resolve this disagreement?”

3. Help the person to identify supporters who can help to resolve the dispute, such as people that the other person involved in the dispute listens to and respects.

#### Life change or role transition

1. Help the person to express sadness about the life change or role transition and understand how it is connected to her or his depression.

2. Help the person to consider ways to address what worries her or him most about the life change or role transition.

   For example, for a grown daughter who moves out of the household, say: “Have you let your daughter know how much you miss her? Can you visit her? How could you find some money to pay for the bus ticket? Who can help?”
**Intervention Skills**

**Loneliness and social isolation**

Some people like to be alone and do not develop depression from being alone. But for many people, isolation, especially if it is new, can lead to depression.

1. Help the person to see that it is the isolation and loneliness that may be causing the depression.

2. Help the person to think of small steps that she or he could take to increase her or his social interactions and contact with other people.

**Behavioral Activation**

**Behavioral activation** is a treatment that primarily focuses on changing a person’s behaviors in order to help lift the person’s mood and reduce the person’s depression.

In behavioral activation, the person identifies activities and people/relationships that she or he values and finds rewarding. Then the community health worker encourages the person to engage in the activity for a period of time each day. Over the course of the sessions, the community health worker and the person evaluate how the activities are affecting the person’s depression.

You can advise the person to start doing the activity for a brief amount of time per day, say 15 minutes, increasing to 30 minutes per day.

**Steps for Behavioral Activation**

Explain to the person that there are skills, strategies, and tools that can she or he can use to combat her or his depression.

Say (for example): "With time, you will see more clearly how your mood and feelings are related to your behavior and other events. There are some general things that you can do that will help to lift your mood. One of them is called behavioral activation. This means identifying people or activities that make you feel better, happier, and more at peace, and doing them every day for a little while."

Ask: "What people or activities make you feel better, happier, or more at peace?"

For example, the person may feel better when she visits her sister, walks by the river, reads the bible, sings, or plays with her nieces.

Sometimes it is difficult for people to find pleasurable and peaceful activities when they are depressed. You can ask the person to remember what used to be pleasurable for her or him. For example, if a father who lost his child recently used to like fishing, encourage him to try to do this again."
Intervention Skills

Ask all patients: “Do you think you could try doing this activity for just 15 minutes each day for the next week? Then we can talk again next week and see how you are feeling. Then you may try increasing the time that you spend doing pleasurable activities, or the time that you spend with people that make you feel more at peace and happier, to 30 minutes per day.”

Relaxation and Breathing Exercises

Relaxation is a very useful way of reducing the effects of stress on the human mind. It is used in traditional types of meditation, as well as in modern psychology. Most methods of relaxation use some form of breathing exercise. It is these exercises that are of most value in helping people with emotional problems.

Before you teach the exercise below, try it yourself. You will feel relaxed and calm. It is one treatment that you can take without having to feel that you have a sickness.

The exercise can be done at any time of the day. The person should devote at least 10 minutes a day to the exercise. It is best done in a room that is quiet and where the person will not be disturbed.

1. Begin the exercise by lying down or sitting in a comfortable position. There is no special position; any position that the person finds comfortable is the right one.

2. Close your eyes.

3. After about 10 seconds, start concentrating your mind on your breathing rhythm.

4. Concentrate on breathing slow, regular, steady breaths through the nose.

5. If the person asks how slow the rhythm should be, you can suggest that she or he should breathe in until she or he can count slowly to 3, then breathe out to the count of 3 and then pause for the count of 3, until she or he breathes in again.

6. You can suggest that each time the person breathes out, she or he could say in her or his mind the word “relax.” People who are religious can use a word that has some importance to their faith. For example, a Christian might say “Praise the Lord.”

7. Demonstrate to the person how to breathe steady, deep breaths.

8. The person should continue doing this for at least 10 minutes.

9. Explain to the person that if she or he practices daily, she or he will begin to feel the benefits of relaxation within 2 weeks. With adequate experience, she or he may even be able to relax in a variety of situations, for example, while sitting in a bus.

26 Where There Is No Psychiatrist, 36–49.
## Intervention Skills

### Re-evaluation and Maintenance

During your first meeting with someone, if she or he does not have serious signs that require evaluation in the health center, use these methods and re-evaluate how the person is responding to your sessions.

If at the end of 2 or 3 sessions, the person does not have a high score or significant signs of depression:

1. Give feedback about negative depression screen: “You seem better, I am glad. What do you think helped? Keep doing activities or see people that helped you feel better. I want to see you again in a month to find out how you are doing.”

2. Discuss how the person can keep from relapsing (becoming depressed again).
   - a. Discuss possible sources of problems in the future, and skills that the person might use to prevent stress.
   - b. Ask the person to describe how she or he would know that the depression is coming back (what symptoms she or he would notice).
   - c. Using visual tools, make an action plan for how the person will monitor her or his symptoms and get back in touch with the mental health team.

If at the end of 2 to 3 sessions the person screens positive for depression:

3. Discuss the next treatment step: referral to the health center.

4. Discuss ways to make sure that the person will continue with treatment: Who will help her or him go to the health center? Who will help with the children while she or he sees the therapist?

### Relapse

What are “early warning signs”? 

Even when people do their best to avoid it, their symptoms may return and they may have a relapse. Some relapses may occur over short periods of time, such as a few days, with very little or no warning. However, most relapses develop gradually over longer periods of time, such as over several weeks.

There are often changes in the person’s inner experience and changes in their behavior when a relapse is starting. For some people, the changes may be so minor at first that they may not be noticeable. For others, the changes are more pronounced and distressing.

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**Intervention Skills**

When people look back after a relapse, they often realize that these early changes, even the minor ones, were signs that they were starting to have a relapse. These changes are called “early warning signs.” Early warning signs are the minor changes in a person’s inner experience and behaviors that signal that a relapse may be starting. It is very important that the person knows what signs will tell her or him that she or he is depressed again.

**Common early warning signs**

- Feeling tense or nervous
- Eating less or eating more
- Trouble sleeping too much or too little
- Feeling depressed or low
- Feeling like not being around people
- Losing interest in things that he used to enjoy earlier
- Feeling irritable
- Tiredness and fatigue
- Trouble concentrating

**What can a person do if her or his symptoms reappear?**

When early warning signs are noted, the person should consider the following:

- Is her or his stress level high? What can she or he do to reduce it?
- Is she or he following the treatments and suggestions given to her or him? Is she or he doing her or his breathing exercises, trying to have a more peaceful time, getting help to deal with interpersonal problems? If prescribed antidepressant medication, is she or he taking it regularly?
- Go to the health center to visit the psychologist.
- Speak to a family member or friend for additional support.
SESSION 18 Medication Adherence and Side Effects

Methods: Facilitator presentation and large group discussion

Time: 30 minutes

Objectives

Participants will be able to:

s. Identify serious side effects of medications for mental disorders that require immediate referral to the health center.

t. Describe how to help people adhere to their medication regimens.

Preparation

• Review the information about medication side effects and adherence below.

• Ask a medical doctor experienced in psychopharmacology to co-facilitate this session with you.

• Prepare several sample prescriptions with the help of the medical doctor.

Materials

☐ Sample prescriptions

☐ Medication Checklist on page 50 of the Participant Handbook

☐ List of common medication side effects on page 52 of the Participant Handbook

STEPS

1. Explain that one of the responsibilities of community health workers is to support people under their care who are taking medications for mental disorders. During this session participants will learn how to do this.

2. Tell participants:

   Remember that a person with a mental disorder can benefit from various types of treatment:

   • Medication

   • Counseling

   • Strategies to improve the person’s social environment
Like medications for physical illnesses, medications for mental disorders only work when taken in the right dose, for the right period of time. Some medications need to be taken for several weeks before the person begins to improve.

Treatment with medication can be very beneficial for some types of mental disorders. For example, medications can help to:

• Reduce distressing symptoms, such as hearing frightening voices.

• Improve the person’s mood.

• Make it possible for the person to function more effectively within the family and community.

• Stop the person from becoming ill again if the medication is used regularly over the long term.

Once a doctor has decided what type of mental disorder the person has and prescribed the appropriate medication, the community health worker can help to monitor the treatment.

3. Explain that community health workers have a few main responsibilities related to medications:

• Ask the patient regularly what side effects she or he is experiencing.

• For serious side effects, refer the person to the health center rapidly. Serious side effects include:
  – Suicidal thoughts
  – Confusion: 1) Person does not know where they are, day of the week, month or year; or 2) Family members or friends say that the person is not themselves.
  – Depression, anxiety, or psychosis is getting worse
  – Muscle stiffness, spasms, or difficulty breathing
  – Feeling very tired or fainting
  – Feeling strange or unusual in general

• Encourage the person to adhere to the medication regimen. In other words, encourage the person to take the medication every day for the entire period of time prescribed by the doctor.

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28 An Introduction to Mental Health, 89–92.
4. Ask participants to find the Medication Checklist on page 50 of their handbooks. Review the checklist with participants in the following way:
   • Ask a volunteer to read the 1st checklist item aloud.
   • Ask participants how they would carry out this responsibility and take volunteer responses. Confirm or correct as needed.
   • Repeat for each item on the checklist.

5. Review the list of common side effects with participants briefly.

6. Ask participants what questions or concerns they have about supporting people who are taking medications for mental disorders, and answer accordingly.

7. Give participants the first sample prescription that you prepared and explain how to read them (write on chart paper if needed).

8. Ask participants to pair up. Give them the remaining sample prescriptions that you prepared and give pairs a few minutes to read them. Then ask volunteer pairs to tell you the relevant information. Tell participants that they will practice recording information about medications when they practice using the Encounter Form later in the training.
Medication Checklist

Visits

☐ When the person starts on a medication, visit her or him within 3 days.

☐ After the first visit, visit the person every week for several weeks.

☐ After several weeks, visit the person every several weeks.

Serious side effects

☐ During visits, ask the person if she or he is experiencing any of these serious side effects:

☐ Suicidal thoughts

☐ Confusion: 1) Person does not know where they are, day of the week, month or year; or
   2) Family members or friends say that the person is not themselves.

☐ Depression, anxiety, or psychosis is getting worse

☐ Muscle stiffness, spasms, or difficulty breathing

☐ Feeling very tired or fainting

☐ Feeling strange or unusual in general

☐ If the person is experiencing any of these serious side effects, refer the person to the health
   center immediately. Accompany the person if needed.

Mild (common) side effects

☐ Explain that side effects usually happen early in treatment. The doctor can help to reduce side
   effects by adjusting the type or dose of medication.

☐ Ask the person if she or he is experiencing any mild (common) side effects.

☐ Explain that some mild side effects get better with time. It is important to be patient. The
   person should not stop taking medication abruptly unless told to do so by the doctor.

☐ The side effects of medications can sometimes be more troubling for the person than the
   symptoms of the mental disorder. Reassure the person by telling her or him that the doctor can
   adjust the type or dose of medication, and that many of the side effects will lessen over time.

☐ Make sure that the person has understood the dosage and reason for the drug therapy
   ordered by the doctor, and that she or he is following the instructions correctly.

☐ Explain that many drug treatments take time to act effectively and may be taken even when
   the person starts to feel better to prevent her or him from becoming ill again. The person will
   develop a plan with her or his doctor and will see the doctor regularly to discuss these issues.

☐ If you have any concerns about the effects of the medication, encourage the person to return
   to the doctor.

29 Adapted from An Introduction to Mental Health, 89–92.
<table>
<thead>
<tr>
<th>Medication Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Explain to him how the treatment medication takes time to start working and that the person should continue to take it even if he feels like he has recovered so that the illness does not relapse. The person will develop a plan with his doctor and he will visit his doctor regularly so that they can discuss what is happening.</td>
</tr>
<tr>
<td>☐ If you have any concerns about a medication’s side effects, encourage the patient to return to the doctor.</td>
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</tbody>
</table>
### Common Side Effects of Medications

<table>
<thead>
<tr>
<th>Anti-depressant Medications</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Nausea</td>
<td>☐</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>☐</td>
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<tr>
<td>Constipation</td>
<td>☐</td>
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<tr>
<td>Blurred vision</td>
<td>☐</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>☐</td>
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<tr>
<td>Problems sleeping</td>
<td>☐</td>
</tr>
<tr>
<td>Weight gain</td>
<td>☐</td>
</tr>
<tr>
<td>Loss of interest in sex</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### If someone is taking medication for depression (such as Amitriptyline or Fluoxetine) and he:

| Is Agitated                      | ☐ |
| Unable to stand straight         | ☐ |
| Sweats a lot                     | ☐ |
| Make involuntary movements       | ☐ |
| Shakes                           | ☐ |
| Has a high fever                 | ☐ |
| Has diarrhea                      | ☐ |

#### What should you do?

1. Make him stop taking the medication.
2. Make him drink a lot of water.
3. Put an old compress and cold water over his body.
4. Take him or make his family take him to the hospital immediately.

<table>
<thead>
<tr>
<th>Anti-anxiety Medication</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Slowed movements and speech</td>
<td>☐</td>
</tr>
<tr>
<td>Tiredness and drowsiness</td>
<td>☐</td>
</tr>
<tr>
<td>Unsteadiness</td>
<td>☐</td>
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<tr>
<td>Memory problems</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Anti-psychotic Medication</th>
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</thead>
<tbody>
<tr>
<td>Restlessness that causes the person to rock back and forth or pace up and down</td>
<td>☐</td>
</tr>
<tr>
<td>Limited emotion with no facial expression showing</td>
<td>☐</td>
</tr>
<tr>
<td>Muscle stiffness and shakiness particularly in the hands</td>
<td>☐</td>
</tr>
<tr>
<td>Sexual problems in both men and women</td>
<td>☐</td>
</tr>
<tr>
<td>Sensitivity to sunlight</td>
<td>☐</td>
</tr>
<tr>
<td>Itchy skin rashes</td>
<td>☐</td>
</tr>
</tbody>
</table>

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30 An Introduction to Mental Health, 91–92.
SESSION 19 Encounter Form

**Methods:** Facilitator presentation and Practice

**Time:** 4 hour and one hour 45 minute (optional)

**Objective**

Participants will be able to:

u. Complete the Encounter Form accurately for a variety of situations.

**Preparation**

- Draw a very large version of the Encounter Form on a few sheets of chart paper and hang it where everyone can see it.
- Review the case studies below.
- Photocopy the Encounter Form, 4 copies per participant.

**Materials**

- Large version of the Encounter Form drawn on paper
- Photocopies of the Encounter Form
- Adrienne Case Study below and Daniel Case Study on page 71 of the Participant Handbook
- Encounter Form on page 54 of the Participant Handbook

**Tip:** The goal of this session is to help participants to learn to identify the key elements of reporting and the parts of the care pathway that apply to their work, the tools that can be used in various situations, and how to use the Encounter Form to reflect their work reliably. If participants work through the case studies below quickly and you have extra time, you should create another 3-part case study to provide more practice.

**STEPS**

30 minutes

1. Give everyone a photocopy of the Encounter Form and post the large version that you prepared.

2. Take participants through the Encounter Form item by item, explaining each item as you go and answering participants’ questions along the way.
30 minutes

3. Explain that now participants will practice using the Encounter Form. Use the Adrienne case study:
   • Read the Adrienne case study aloud.
   • Take participants through the Adrienne case study one piece at a time.
   • For each piece of information, ask participants what they would do and how they would record that information on the Encounter Form.
   • Confirm the correct responses and ask participants to record the correct information on their Encounter Forms. Write examples on chart paper if needed.

4. When you have finished the Adrienne case study, walk around the room and check participants’ work. If anyone has had difficulties with particular items, review those items with the group.

1 hour

5. Divide participants into 4 small groups (different groups from before). Ask everyone to find the Daniel Case Study on pages 71 of their handbooks. Explain the small group task:
   • With your small group, read part 1 of the case study aloud.
   • Choose 1 group member to play the community health worker and 1 group member to play Daniel. Perform a brief role-play depicting the situation in the case study.
   • Performers should remember to use basic interview skills and to use the screening tool correctly.
   • Other group members should watch and provide feedback.
   • After the role-play, discuss the part 1 questions and record your answers.
   • Then complete a copy of the Encounter Form based on the information in Part 1.
   • Be prepared to share your answers and Encounter Form with the whole group.
   • You will have 30 minutes to work.

6. Give small groups 30 minutes to work. As groups are working, circulate, observe, and help as needed. Give groups 15-, 5-, and 1-minute warnings.
30 minutes

7. Ask groups to stop work. Invite each group to reflect on their role-play experiences, particularly what worked best and what was most challenging.

8. Ask each group to share how they completed the Encounter Form. Use the large version of the Encounter Form as needed to confirm correct responses.

9. Walk around the room and check participants’ work to make sure that everyone has completed the Encounter Form correctly for part 1 of the case study.

2 hours

10. Repeat this process for parts 2 and 3 of the case study.

11. As you work through the case study, make note of any difficulties that participants have had with particular areas. Review these areas with the group and give more examples and help as needed.

12. Ask volunteers to lead the group in an energizer from time to time and take short breaks as needed.

45 minutes

13. Remind the participants that, as community health workers, they are a member of the mental health team. Explain to them how they will now examine a case study to discuss their role.

14. Divide the participants into small groups. Ask the groups to find case study Team Roles on page 76 of their book. Give the groups 20 minutes to read the case study and answer the questions.

15. Once the groups have completed their work, ask each group to give their own answers for one of the case study questions (one group or each question). After each group gives an answer, ask the other participants to comment and give their own ideas for that question.

16. To review, say:

Do not forget that we are members of the mental health team. In order for the patient to receive quality mental health care, the team must coordinate, collaborate and communicate well. Also, each team member must perform his work well and in a responsible manner.

17. Ask the participants what questions or comments they have about the role of the team members then answer them.
<table>
<thead>
<tr>
<th>Pandan 15 jou ki sòt pase la yo, konbyen fwa yon nan pwoblèm sa yo te fatigue ou ?</th>
<th>Di tou</th>
<th>Konbyen fwa yon nan pwoblèm sa yo te fatigue ou ?</th>
<th>Pandan kèk jou (1–5 jou)</th>
<th>Plis pase yon semèn (6–9 jou)</th>
<th>Preske chak jou (10–15 jou)</th>
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<td>1</td>
<td>Santi ou de la la.</td>
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<td>2</td>
<td>Santi kè sere.</td>
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<td>3</td>
<td>Kalkile twòp.</td>
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<td>4</td>
<td>Kriye oubyen anvi kriye</td>
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<td>5</td>
<td>Santi anyen preske pa enterese ou.</td>
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<td>6</td>
<td>Santi ou kagou, dekouraje ak lavi, oubyen pèdi espwa nèt ale.</td>
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<td>7</td>
<td>Gen difikilte pou dòmi pran ou.</td>
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<tr>
<td>8</td>
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<td>2</td>
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<tr>
<td>9</td>
<td>Ou pa gen apeti.</td>
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</tr>
<tr>
<td>10</td>
<td>Ou santi lavi-w pase mal oubyen ou santi-w pa alèz ak tèt-w.</td>
<td>0</td>
<td>—</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Fè mouvman oubyen pale tèlman dousman, menm lòt moun wè sa.</td>
<td>0</td>
<td>—</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Ou di nan tèt ou: Pito-w te mouri, oubyen ou gen lide pou fè tèt-w mal.</td>
<td>0</td>
<td>—</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Gen difikilte pou rete dòmi jouk li jou.</td>
<td>0</td>
<td>—</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Totals**

(+) (+) (+) 

(=) ZLDSI Score
**CHW PATIENT ENCOUNTER FORM**

Name ___________________________  Age ________  Male / Female (circle one)  Town ___________________________

CHW ___________________________  Phone #1 ___________________________  District __________________________

Patient ID ___________________________  Phone #2 ___________________________  Session # __________________________

---

**REVIEW KEY SYMPTOMS** (circle yes or no)

1. Suicidal
   - YES
   - NO

2. Danger to others
   - YES
   - NO

3. Mental Health Crisis
   - YES
   - NO

**ACTION**

- Initiate de-escalation
- Depression ZLDSI Scale (see back)
  - Score ______

**ACTION**

- Same Day Assessment
  - Date ____________
  - Psychologist / Social Worker
  - Name ___________________________

**ASK**

- Would you like us to give you treatment?

**ACTION**

- Confirm Assessment Appointment
  - Date Psych / SW sent patient info ____________
  - Method of contact (circle one)
  - Text / Phone / In person
  - Appointment Date (within 3 days) ____________
  - Psychologist / SW Name ____________

**ASK**

- Would you like us to give you treatment?

**ACTION**

- Initiate
  - Psycho-education
  - Tracking Symptoms
  - Engagement
  - Relaxation
  - Consult CHW Supervisor

**ACTION**

- Follow up after Psych/SW/Physician Appointment
  - Psych medication prescribed?
    - YES
    - NO
  - Review key symptoms
  - Missed doses in last 2 weeks?
    - YES
    - NO
  - Patient agrees to continue medication?
    - YES
    - NO

**ACTION**

- Referral to a psychologist/social worker

**FOLLOW UP**

- Review key symptoms

**ACTION**

- CHW follow-up appointment within one week ____________

**ASSESSMENT**

- Depression ZLDSI Scale (see back)
  - Score ______

**ACTION**

- Same day first therapy session
  - List main points:
    - Diagnose
    - Psycho-education
    - Give hope
    - Assign patient role

**ASK**

- Would you like us to give you treatment?
ADRIENNE CASE STUDY

A friend and neighbor of Adrienne’s tells you that Adrienne’s husband abandoned her a few months ago. The neighbor hears Adrienne crying most nights, and has noticed that Adrienne no longer goes to church regularly, as she used to love to do. She is worried about Adrienne and asks you to visit her.

When you visit, you see that Adrienne seems quite down. Her house is messy, and Adrienne seems unkempt. When you complete the screening tool with her, Adrienne’s score is 14.

Questions

What else do you want to know and how will you get this information?

Based on what you know, what will you do next?

What interventions that you have learned would be useful at this point?

How will you complete the Encounter Form to describe this meeting?

ENCOUNTER FORM CASE STUDY: PART 1

You visit a 32-year-old man named Daniel at the request of his wife, who tells you that Daniel has been acting differently recently. He is keeping more to himself, and not doing things that he usually enjoys. He talks about hearing the voice of his father, who died several months ago. Daniel still generally takes care of his work at a nearby store, but he is often distracted and sometimes does not want to go to work. He seems to eat less but looks clean and is taking care of himself. You use the screening tool with Daniel, and he scores 12.

QUESTIONS

What else do you want to know and how will you get this information?

Based on what you know, what will you do next?

What interventions that you have learned would be useful at this point?

How will you complete the Encounter Form to describe this meeting?
ENCOUNTER FORM CASE STUDY: PART 2  

You visit Daniel again 1 week later. You complete the screening tool with him and his score is 13. He does not talk more about hearing his father’s voice. He tells you that your last visit helped him, especially when you mentioned that maybe there were ways that he did not express grief over his father’s death, and that expressing it could help him when he feels bad. But Daniel remains sad, uninvolved, and uninterested in things that he used to enjoy. He appreciates your visits and thinks that the visits have been helping. You help him to identify 2 activities that he might try getting involved in again in order to feel better.

QUESTIONS
What else do you want to know and how will you get this information?

Based on what you know, what will you do next?

What interventions that you have learned would be useful at this point?

How would you complete the Encounter Form to describe this meeting?

How does the screening tool help you to decide what steps to take next?

What if Daniel were still hearing his dead father’s voice, and was hearing it more often? What might you be concerned about and what steps would you take?

What if Daniel also had a fever? What steps would you take then?

How will you complete the Encounter Form to describe this meeting?
ENCOUNTER FORM CASE STUDY: PART 3

You see Daniel again 1 week later. You complete the screening tool with him, and his score is 16/17. While he is still taking care of himself and wants to get better, he is not improving.

QUESTIONS

What else do you want to know and how will you get this information?

Based on what you know, what will you do next?

What interventions that you have learned would be useful at this point?

How will you complete the Encounter Form to describe this meeting?

What did you learn during the 2nd visit (case study part 2) that may have prompted you to refer Daniel for help then?

CASE STUDY: TEAM ROLES

You hear that Rozalie, who lives in a nearby village, has been feeling sad since she gave birth last month. The neighbors say that Rozalie does not even leave her house. They say that she takes care of the baby but she does not cook for family and she does not participate in any of her normal activities. You pay Rozalie a visit because you suspect that she may have severe depression. She is not suicidal, she is not a danger to others, and she is not having a mental health crisis. You use the ZLDSI to evaluate her for depression. Rozalie marks 20 points.

QUESTIONS

• In this case what should you (the mental health worker) do?
• What will the nurse do?
• What will the psychologist or social worker do?
• What will the doctor do?
SESSION 20 Helping Families to Cope With Mental Disorders

Methods: Large group discussion and Case Study

Time: 1 hour

Objective

Participants will be able to:

v. Describe how to help the families of people with mental disorders to manage their stress and support the family member with the mental disorder appropriately.

Preparation

• Review the discussion questions and case study below.

Materials

☐ Family Case Study on pages 77 of the Participant Handbook

☐ Information about supporting families on page 55 of the Participant Handbook

STEPS

15 minutes

1. Tell participants:

• Families often provide most of the support and care for a person with a mental disorder who is living in the community.

• Living with and caring for someone who suffers from a mental disorder can be very stressful for family members. It is important that families receive help and support.

• Often, families do not understand the symptoms of mental disorders. They need information and education about the problems that their family member is experiencing.

• Without help in managing their own stress, families may unintentionally behave in ways that create more stress for the person with the mental disorder, which will have a negative effect on her or his health.

This session is adapted from An Introduction to Mental Health, 86–88.
2. Ask participants the following questions and encourage a discussion:
   • What might be stressful for families about having a family member with a mental disorder?
   • Why is it important that the family understand the mental disorder that the family member is experiencing?
   • What type of problems might occur if family members do not have help to manage their own stress?
   • What are examples of something that family members might do with good intention that could cause more stress for the person with a mental disorder?

3. Add this information if participants have not mentioned it already:
   • Some family behaviors that might increase stress for the person with the mental disorder (even if they are well-intentioned):
     – Critical comments, such as saying that the person is lazy or an embarrassment to the family
     – Using an angry or critical tone of voice
     – Over-protecting the person, for example, treating the person like a child and doing everything for her or him
     – Not giving the person space when the person is tense
   • Families generally respond to their relatives with mental disorders in this way because they care about them and want to help as much as they can, but feel frustrated, and often they do not know the best way to help.

4. Ask participants the following question and encourage a variety of responses:
   • What types of family behaviors might help to decrease stress for a person with a mental disorder and for the family?

5. Add this information if participants have not mentioned it already:
   • Family behaviors that can decrease stress for the person with a mental disorder (and for the family):
     – Communicate in a clear and direct way but avoid being critical or angry.
     – Allow the person to take some responsibility for their own affairs.
     – Give the person some space when she or he is feeling tense and wants to be alone.
     – Remain calm.
     – Be willing to talk about the person’s problems and possible solutions with the person.
6. Divide participants into small groups of 4 to 6 participants each. Ask groups to find the Family Case Study on pages 77 of their handbooks. Explain the small group task:
   - Identify a group member who will read the case study aloud for the group.
   - Identify another group member who will record the group’s answers to the case study questions.
   - Discuss the case study questions and make sure that all group members participate in the discussion.
   - Identify a group member who will report your group’s answers to the whole group.
   - You will have 15 minutes to work.

7. Give small groups 15 minutes to work. As groups are working, circulate and help as needed. Give groups 5- and 1-minute warnings.

25 minutes

8. Ask groups to stop work. Ask one small group to share their answers for the first question. Then ask if other groups have anything to add. Repeat this process for the remaining questions.

9. Summarize by telling participants the main responsibilities of the community health worker toward families of people with mental health disorders:
   - Help the family to find ways of reducing their own stress.
   - Help the family to find ways to support the person with the mental disorder.
   - Let the family know that recovery takes time.
   - Provide information on support groups if they are available.
   - Encourage the family to maintain some of their own interests and not to devote their life exclusively to the person with the mental disorder.
   - Ask the family regularly about their health and how they are feeling, and act as a resource for them.

10. Ask participants to find the information about supporting families on page 55 of their handbook. Remind participants that they can study this information at home.
FAMILY CASE STUDY

Six months ago, a doctor diagnosed Jean Paul with schizophrenia and started him on an anti-psychotic medication, which he was expected to take twice each day. He has now stopped talking to himself and is less frightened and agitated. However, he complains of feeling tired all the time, he sleeps for long periods of the day, and he does not take good care of his appearance and hygiene. When his father returns from work he often finds Jean Paul still in bed at 4 o’clock in the afternoon.

The father is very angry because his wife does not wake Jean Paul up to do some chores around the home. Jean Paul’s mother says that she does not like to disturb Jean Paul. She says, “He is ill and he needs his sleep.” His father says that Jean Paul should change his behavior, and start taking more responsibility and help more in the home. When his father gets angry and says this, it makes Jean Paul upset, and this creates more stress for the whole family.

QUESTIONS

• What is Jean Paul’s father doing that makes the family’s situation more stressful?
• What is Jean Paul’s mother doing that makes the family’s situation more stressful?
• What could you say and do to support this family and help them to handle the situation more effectively?

32 Adapted from An Introduction to Mental Health, 86-88.
SESSION 21 Mental Health Education

Method: Large group discussion and Pair activity

Time: 30 minutes

Objective

Participants will be able to:

- Demonstrate how to educate community members about mental health in order to reduce stigma and discrimination against people with mental health problems and mental disorders.

Preparation

- Review the Mental Health Education checklist below.
- Write this question at the top of a piece of chart paper:
  - What can you say and do to reduce stigma and discrimination against people with mental health problems in your communities?

Materials

- Discussion question written on chart paper
- Mental Health Education checklist on page 58 of the Participant Handbook
- Chart paper
- Markers
- Tape

Tip: If your group is very large, you can divide participants into small groups instead of pairs.

STEPS

15 minutes

1. Remind participants about the discussions earlier in the training about human rights, stigma, and discrimination:

   Earlier in this training, we discussed how people with mental health problems or mental disorders are often stigmatized, and that these stigmas can cause community members to discriminate against people with mental disorders or mental health problems.
We also discussed how, like other health problems such as tuberculosis or malnutrition, mental health problems can be treated. People with mental health problems deserve to receive good medical care, food, shelter, and fair and compassionate treatment, like everyone else. These are basic human rights.

2. Ask participants:
   - How does stigma and discrimination affect people with mental health problems?
     *People are isolated, lonely, or treated badly, people do not get the treatment that they need, people lose jobs, experience violence or abandonment, etc.*
   - How does stigma and discrimination affect these people’s families?
     *Families become isolated, lose economic support, experience violence, are shunned by neighbors, etc.*
   - How does stigma and discrimination affect the whole community?
     *The community may become divided or fearful, the community suffers if a person or family cannot contribute fruitfully to community life, etc.*

3. Tell participants:
   As we have discussed, stigma and discrimination hurt people with mental health problems, their families, and the whole community. As community health workers, you must work to reduce stigma and discrimination against people with mental health problems and mental disorders.

   If we reduce stigma and discrimination, people with mental health problems and mental disorders will be treated more fairly and kindly, and can receive the medical help that they need.

4. Divide participants into pairs.

5. Post the question that you prepared and ask a volunteer to read it aloud:
   - What can you say and do to reduce stigma and discrimination against people with mental health problems and mental disorders in your communities?

6. Ask pairs to discuss this question with their pair partners for 10 minutes. Pairs can write answers or simply remember them. They should think of at least 5 things they can say and do to reduce stigma and discrimination

   15 minutes

7. Ask a volunteer pair to stand up, come to the front of the room, and name one thing that they could do to reduce stigma and discrimination. Write the idea onto the chart sheet. If the pair names an idea that is not appropriate, explain why and do not write it on the list. Ask the pair for another idea instead.
8. After the pair has given their idea and you have written it on the chart, ask the pair to remain standing.

9. Ask another volunteer pair to come forward and name another idea. Write that idea onto the sheet. Ask this pair to remain standing also.

10. Repeat this process until pairs have named all of their ideas for reducing stigma and discrimination against people with mental health problems in their communities. If any pairs are still seated and they do not have any more ideas, quickly ask each seated pair to identify an idea from the chart list that they had discussed with their pair partner. Then ask those pairs to come forward and stand with everyone else.

11. Everyone should now be standing. Ask a volunteer to read the chart list aloud or read it aloud yourself. Your list may be much longer than the one below and that is good; this means participants have many ideas for reducing stigma and discrimination in their communities. If any key ideas are missing, add them to the list.

12. Ask participants to look around the room. Tell participants:

   Look at how many people we have standing here.

   If each one of you does just one of the things we named here to reduce stigma and discrimination, you will start to reduce stigma and discrimination against people with mental health problems and mental disorders in our communities.

   If each one of you does many more of these things, our communities will learn much more about mental health, and stigma and discrimination against people with mental health problems may become a thing of the past.

13. Summarize by telling participants:

   Educating community members about mental health and mental disorders is a long, slow process. Sometimes it is difficult to change people’s attitudes and behaviors because they have been taught these things since they were small. But every time we educate someone or help a person with a mental health problem or mental disorder, we help to reduce stigma and discrimination against these people. Education and action are the best ways to make change.

14. If participants named ideas that are not on the checklist below, invite them to add those ideas to the bottom of the checklist on pages 58 of their handbooks.
**Mental Health Education Checklist**

What to Do

- Be aware of your own prejudices against people with mental health problems and work to change them.
- Be a role model in your community by treating people with mental health problems fairly, respectfully, and compassionately.
- Treat families who have people with mental health problems kindly, compassionately, and respectfully.
- Educate the families that you work with about mental health and mental disorders.
- Recognize the symptoms of mental disorders.
- Respond appropriately and compassionately to people with mental health problems or mental disorders.
- Refer people with mental disorders to the health center when needed.

What to Say

- Part of good health is good mental health.
- Like other health problems such as tuberculosis or malnutrition, mental health problems can be treated.
- All people are born free and equal in dignity and rights. No one should be treated cruelly or degradingly. All people have the right to good food, clothing, housing, and medical care. This includes people with mental health problems.
- People with mental health problems or mental disorders are often stigmatized or discriminated against, and are sometimes treated unfairly or cruelly.
- People with mental health problems or mental disorders should be treated kindly, compassionately, and fairly.
- People with mental health problems can get help and treatment from doctors, nurses, social workers, and community health workers.
SESSION 22 Post-Test 2

Method: Assessment

Time: 30 minutes

Objective
Participants will be able to:
• Assess what was learned during the training.

Preparation
• Correct the pre-tests from the beginning of this training.
• Get the pre-tests ready to hand back to participants.

Materials
- Pencils or pens for all participants
- Photocopies of the Post-Test

STEPS

30 minutes

1. Explain that participants will now take a “post-test.” The purpose of this post-test is not to judge participants, but rather to make sure this training addressed their needs. The post-test will also help assess the effectiveness of this training and improve it for future trainings.

2. Give each participant a photocopy of the post-test.

3. Before the post-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date that she or he became a community health worker, tell her or him to write the year that she or he became a community health worker and record the day as “30” and the month as “6.” This information should match what they wrote on the pre-test.

4. Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their post-tests.

5. Tell participants that if they do not know the answer to a question, they should leave it unanswered.
6. Read the first question and possible answers aloud.

7. Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.

8. Read the rest of the post-test questions and possible answers aloud slowly, one at a time. Repeat questions and possible answers as needed. After you read each question, give participants time to circle the answer.

9. Tell participants that they are going to compare the post-test to the pre-test they took at the beginning of this training. Give a corrected pre-test to each participant.

10. Ask participants to look over their corrected pre-test and their recent post-test to see where they have improved and what they have learned. Tell participants that they should not make any changes to their post-tests. This is very important.

11. Ask participants if they have any questions about the tests, and clarify them if necessary.

12. Collect the pre- and post-tests.

Tip: After the training, look at the results of the pre- and post-test to see the areas where participants scored most poorly. This information will help you make future trainings more effective. For example, if many participants got a particular question wrong on the post-test, you may need to explain the topic in more detail the next time you do the training.
POST-TEST 2

Your name: ____________________________________________ Date: ___________________

Health Center: ____________________________ CHW ID#: ____________________________

When did you start to work as a community health worker or Accompagnateur? ____ / ____
   Month Year

Circle the best answer for each question.

1. What are the signs of a mental health crisis?
   a. The person is thinking of committing suicide.
   b. The person is acting violently or threatening to hurt others.
   c. The person is so depressed or anxious that she or he cannot get out of bed, speak, or leave the house.
   d. All of these things.

2. If a person tells you that she or he is thinking about committing suicide, what should you do?
   a. Ask family members to watch the person carefully so that she or he does not commit suicide.
   b. Do not leave the person alone and take the person to the health center immediately.
   c. Give the person medication immediately to help the person calm down.
   d. Leave the person alone until the person calms down.

3. If you see a person having an epileptic seizure, what should you do?
   a. Turn the person onto her or his side gently and watch over her or him.
   b. Put something into the person’s mouth so that she or he does not bite her or his tongue.
   c. Hold the person’s arms and legs down until the seizure passes.
   d. Give the person some aspirin or other medication.

4. When you are counseling someone with a mental health problem, what should you do?
   a. Give advice respectfully and tell the person what she or he should do.
   b. Make decisions for the person because she or he might not be capable of making them by herself or himself.
   c. Be respectful, show empathy, and ask questions to learn the person’s story.
   d. Tell the person about your own personal and religious beliefs in order to help the person with her or his problems.
5. In order to listen actively while you are counseling someone, what should you do?
   a. Do not ask questions or look at the person because this may bother the person.
   b. Show that you are listening with your facial expressions and ask open-ended questions to learn more.
   c. Take many notes while the person is talking so that you have a record of everything.
   d. Find out as many details as you can about the person’s life.

6. Which is an example of an open-ended question?
   a. Has someone close to you died?
   b. Did you go to the funeral?
   c. Are you feeling sad?
   d. How are you feeling?

7. To use the technique of interpersonal assessment with someone who may be depressed, what should you do?
   a. Give the person advice about her or his personal problems.
   b. Use the screening tool to see if the person might be depressed.
   c. Ask questions to find out what might be causing the person’s depression.
   d. Tell the person to visit a social worker, who will interview the person.

8. To use the technique of behavioral activation to help someone with depression feel better, what should you do?
   a. Tell the person how to behave in order to overcome her or his depression.
   b. Observe the person’s behavior and then make recommendations about how she or he should change it.
   c. Tell the person to stay active and exercise in order to feel better.
   d. Help the person to identify activities that she or he can do that bring her him peace and make her him feel better.

9. When a person under care is taking medication for a mental disorder problem, what are the community health worker’s main responsibilities?
   a. Pick up the person’s prescription at the health center and bring it to the person’s house.
   b. Ask about serious side effects and encourage the person to take the medication as prescribed.
   c. Bring the person’s medication to his house and educate the person about side effects.
   d. Decide when and for how long the person should take the medication.
10. Which are serious side effects of medications that require immediate referral to the health center?
   a. Suicidal thoughts, confusion, muscle stiffness or spasms, fainting.
   b. Nausea, dry mouth, constipation, drowsiness.
   c. Trembling, memory problems, skin rashes, muscle stiffness.
   d. Nausea, memory problems, skin rashes, restlessness.

11. What should the family of a person with a mental disorder do to handle their stress and treat the person appropriately?
   a. Protect the person constantly and do not let the person do normal activities.
   b. Tell the person to get out of bed and behave normally in order to feel better.
   c. Allow the person to take some responsibility for everyday affairs.
   d. Do not allow the person to go outside or communicate with people outside of the family.
SESSION 23 Evaluation and Anonymous Question Box

Methods: Large group discussion or Written evaluation

Time: 30 minutes

Objective
Participants will be able to:
• Provide feedback on the training.

Preparation
• If you plan to conduct the evaluation orally, write the evaluation questions from step 3 on chart paper or notebook paper. Leave space after each question so that you can record participants’ responses.
• Have the Anonymous Question Box ready.

Materials
☐ Evaluation questions written on chart or notebook paper (if you plan to conduct the evaluation orally)
☐ Evaluation form on page 80 of Participant Handbook (if you plan to have participants do a written evaluation)
☐ Chart paper or notebook paper
☐ Markers

Tip: You can conduct the evaluation orally (steps 1–3) or ask participants to tear out and complete the written evaluation form in their handbooks.

The advantages of conducting an oral evaluation are: Even participants with very limited literacy skills can participate easily; asking the questions orally may generate useful discussion; oral evaluation may take less time than written evaluation.

The advantages of asking participants to complete a written evaluation are: Shy participants are more likely to give feedback in writing than orally; participants may give more honest feedback if they are answering privately in writing, instead of in front of the whole group.
**STEPS**

30 minutes

1. Thank participants for being engaged and active in today’s training.

2. Tell participants that you would like to know what they thought of this training. You will use their comments and feedback to gauge, revise, and improve future trainings if needed.

3. If you chose to conduct the evaluation orally, ask participants the following questions and record responses on chart paper (or notebook paper):
   - What training activity did you like most? Why?
   - What training activity did you like least? Why?
   - What did you learn that was valuable and that you will use in your work?
   - Was there anything you did not understand? Give specific examples.
   - What are your recommendations to improve this training? What would you change? (For example, what activities, illustrations, etc. would you change?)
   - What additional comments do you have?

4. If you chose to have participants complete the written evaluation, ask participants to find the evaluation form on page 80 of their handbooks and tear it out. Read the evaluation questions aloud. Ask participants to complete the evaluation. As participants work, circulate and help as needed.

5. Take down and save the responses from the oral evaluation, or collect and save the written evaluation forms.

5 minutes

6. Congratulate participants on having completed this training session.

7. Ask participants what remaining questions they have about their responsibilities and answer accordingly, or have experienced participants answer.

5 minutes

8. Take the questions out of the Anonymous Question Box and answer them appropriately (either with the whole group or with individuals after the training).

9. Thank the participants for participating in the training. Thank them for the important work that they do every day.
**EVALUATION FORM**

What training activity did you like the most? Why?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What training activity did you like the least? Why?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What did you learn that was valuable and that you will use in your work?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Was there anything you did not understand? Give specific examples.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
What are your recommendations to improve this training? What would you change? (For example, what activities, illustrations, etc. would you change?)

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

What additional comments do you have?

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Thank you for completing this evaluation.
REVIEW SESSION INSTRUCTIONS

**Method:** Game  

**Time:** 30 minutes  

**Objective**  
Participants will be able to:  
• Review all unit objectives.  

**Preparation**  
• Read through the game questions ahead of time.  
• If you will use game option 2, create a ball by crumpling a sheet of chart paper. Write each review question on a small card or slip of paper. Tape the cards or slips of paper to the ball.  

**Materials**  
- Review questions  
- Chart paper  
- Markers  
- Tape  

**Tip:** For variety, you may use other types of games for review instead of those below. For example: Ask participants to compete in pairs instead of teams; instead of asking teams questions one at a time, give the list of questions to teams and see how many they can answer correctly by giving answers to a designated person within a certain amount of time; write the questions on cards, put them in a bag or box, pass the bag or box, and ask participants to select and answer questions, etc.  

**STEPS**  
30 minutes  

**GAME OPTION 1**  
1. Divide participants into 4 teams by having them count off in 4s (1, 2, 3, 4, etc.).  
2. Ask participants to rearrange themselves so that all of the 1s are sitting together, all of the 2s together, etc.  
3. Explain the rules of the game:
• Each team gets 1 question at a time.
• Teams will have 30 seconds to discuss their answer.
• If the team answers correctly, they receive 1 point.
• If the first team’s answer is incorrect, the next team has a chance to answer the question.
• If the next team answers correctly, they receive 1 point.
• If all teams answer incorrectly, nobody receives the point and the facilitator gives the answer.
• The next question goes to the next team.

When the game is over, the team with the most points wins the game.

4. Start the game and play until all questions have been answered (or until you have played for 30 minutes or so).

5. Keep score on a sheet of chart paper. At the end of the game, announce the winner.

6. On the last day of the training, tally each team’s points and announce the winning team.

GAME OPTION 2

1. Ask participants to stand and form a circle.

2. Show the ball you prepared and explain the rules of the game:
   • We will toss the ball around until someone drops it. The person who drops the ball must remove one of the questions, read it aloud, and answer it.
   • If the person has trouble answering, she or he can ask others for help.
   • We will continue tossing the ball until all of the questions have been asked and answered correctly.

3. Start the game and play until all questions have been answered correctly (or until you have played for 30 minutes or so).

CHOICE GAME NUMBER 3

1. Chose a person to come in front of the room. (Chose ahead of time.) Ask the participant to act like the facilitator and present the main signs, symptoms, causes and treatment for depression.

2. The other participants should ask the facilitator questions.

3. Continue to do that for the other major illnesses that we presented before this training. Chose a new volunteer for each illness.
REVIEW QUESTIONS

**Tip:** Questions with multiple answers may be asked multiple times (asking for one answer each time). In addition, facilitators can alter the existing review questions or make up their own questions to use during the training.

Review Questions

1. What does it mean to have good mental health?
2. Name one example of a human right.
3. Which human rights are people with mental health problems entitled to?
4. Give an example of how a person with a mental health problem might be stigmatized or discriminated against in our communities.
5. Name one of the 3 main factors that make a person more likely to develop a mental disorder and give an example of it.
6. What is collaborative stepped care for mental health?
7. What is the community health worker’s main role in the mental health care pathway?
8. Name one of the 5 main types of symptoms that people with mental health problems might have.
9. What are the 2 common mental disorders that we learned about?
10. What is an example of a severe mental disorder?
11. What is depression?
12. Name one of the main features of depression.
13. What is anxiety disorder?
14. Name one of the main features of anxiety disorder.
15. What is psychosis?
16. Name one of the main features of psychosis.
17. After you complete the depression screening with someone, what should you do (in general)?
18. If a person’s depression screen score is between X and X, what should you do? (Ask this question for several ranges of scores, for example 0-12, 13-17, 18+.)

19. For what range of depression screen scores should you refer someone to the health center for mental health care?

20. Give one example of a mental health crisis.

21. If a person is threatening to commit suicide, what should you do?

22. If a person is a danger to others, what should you do?

23. If a person is suffering from acute psychosis, what should you do?

24. If a person has a seizure, what should you do?

25. Name one of the basic counseling skills that you should always use when you communicate with people with mental health problems.

26. What is empathy?

27. What is one thing that you should do in order to listen actively?

28. Give an example of an open-ended question.

29. Name one thing that you should not do when counseling someone.

30. When you are educating someone who may be depressed, what should you do? Name one thing.

31. Name one of the 4 interpersonal problem areas that can cause depression.

32. Give an example of a question that you might ask in order to find out more about the death of a loved one.

33. Give an example of a question that you might ask in order to find out more about a disagreement or ongoing dispute.

34. Give an example of a question that you might ask in order to find out more about a life change or a role transition.

35. Give an example of a question that you might ask in order to find out more about loneliness.

36. What is behavioral activation?
37. Give an example of how you would use behavioral activation with someone who is suffering from depression.

38. Demonstrate how to take someone through a relaxation exercise.

39. To help a person who is feeling better to re-evaluate her or his situation, what should you do? Name one thing.

40. What are the community health worker’s main responsibilities when helping a person who is taking medication for a mental disorder? Name one responsibility.

41. Name one serious side effect of medications that requires immediate referral to the health center.

42. In order to help the family of a person with a mental disorder, what should the community health worker recommend? Name one thing.

43. Name one thing that you can say or do in order to educate community members about mental health and reduce stigma and discrimination against people with mental health problems.
Circle the best answer for each question.

1. If a person has **good health**, the person:
   a. Has no diseases at all.
   b. Is strong and can work productively.
   c. Is well physically, socially, and mentally.
   d. Does not need any medications.

2. If a person has **good mental health**, the person:
   a. Is intelligent and has studied a lot.
   b. Does not behave in strange ways.
   c. Does not need any medications.
   d. Can cope with stress, work well, and contribute to community life.

3. A person with mental health problems:
   a. Is not normal and cannot have the same human rights as everyone else.
   b. Has the same human rights as everyone else.
   c. Is entitled to many human rights but not all of them.
   d. Must recover from the mental health problem before she or he can have the same human rights as everyone else.

4. An example of stigma and discrimination against a person with mental illness is:
   a. People are afraid of the person and do not let her or him participate in community life.
   b. People think that the person should go to a priest or hougan for help.
   c. People treat the person the same way that they would treat anyone else.
   d. People treat the person kindly and compassionately.
5. What are 2 main factors that can cause a person to have a mental health problem?
   a. Punishment from God, lack of will power.
   b. Lack of will power, social factors such as poverty.
   c. A chronic illness, social factors such as poverty.
   d. Punishment from God, social factors such as poverty.

6. The team of health care providers who can treat people with mental health problems includes:
   a. Psychologists and social workers.
   b. Physicians and pharmacists.
   c. Nurses and community health workers.
   d. All of these.

7. What are the main roles of the community health worker in the care and treatment of people with mental health problems?
   a. Interview people to determine whether or not they are suffering from depression.
   b. Refer people with mental health problems to the health center.
   c. Check with people who are taking medications for mental disorders to see if they are experiencing serious side effects.
   d. All of these things.

8. What are 2 common mental health disorders?
   a. Depression and anger.
   b. Depression and anxiety.
   c. Anxiety and psychosis.
   d. Psychosis and jealousy.

9. What are some of the main symptoms of depression?
   a. Fatigue, feeling sad and miserable, hopelessness about the future, problems with sleep.
   b. Fatigue, hearing voices that others do not hear, problems with sleep, aggressive behavior.
   c. Fatigue, feeling sad and miserable, feeling very scared, trembling and shaking.
   d. Fatigue, aggressive behavior, trembling and shaking, problems with sleep.

10. What are some of the main symptoms of anxiety?
    a. Trembling and shaking, feeling sad and miserable, hearing voices that others do not hear, aggressive behavior.
    b. Trembling and shaking, feeling very scared, worrying excessively, problems with sleep.
    c. Trembling and shaking, aggressive behavior, thinking about suicide, problems with sleep.
    d. Trembling and shaking, feeling very scared, seeing things that others do not see, hearing voices that others do not hear.
11. What should you do after you use the depression screening tool with someone?
   a. Refer the person to the health center.
   b. Give the person advice about her or his depression.
   c. Use the screening tool score to decide what next steps should be.
   d. Conduct counseling sessions with the person.

12. Which of these screening tool scores means that you must refer the person to the health center for treatment?
   a. A score between 1 and 4.
   b. A score between 5 and 9.
   c. A score higher than 9.
   d. A score higher than 14.

13. Who must keep a patient’s information secret?
   a. Doctors and Nurses.
   b. Psychologists and Social workers.
   c. Community Workers, Health Agents and Archivists.
   d. All of these people.

14. In which situation is it NOT good to keep information secret?
   a. If the person has mental problems and he tells you that someone put their hands on him.
   b. If the person has mental problems and he tells you that he is selling his medication.
   c. If the person tells you that he is going to kill himself or someone else.
   d. All of the answers are good.

15. Which of these situations could cause depression?
   a. Someone who has no importance in his life or someone who is his enemy has died.
   b. If he loses his job.
   c. If he had severe diarrhea and lost a lot of bodily fluids.
   d. If he is not comfortable where he is living.
POST-TEST 1

Your name: ____________________________________________ Date: ___________________
Health Center: ____________________________  CHW ID#: ____________________________

When did you start to work as a community health worker or Accompagnateur? ___ / ____
Month Year

Circle the best answer for each question.

1. If a person has good health, the person:
   a. Has no diseases at all.
   b. Is strong and can work productively.
   c. Is well physically, socially, and mentally.
   d. Does not need any medications.

2. If a person has good mental health, the person:
   a. Is intelligent and has studied a lot.
   b. Does not behave in strange ways.
   c. Does not need any medications.
   d. Can cope with stress, work well, and contribute to community life.

3. A person with mental health problems:
   a. Is not normal and cannot have the same human rights as everyone else.
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5. What are 2 main factors that can cause a person to have a mental health problem?
   a. Punishment from God, lack of will power.
   b. Lack of will power, social factors such as poverty.
   c. A chronic illness, social factors such as poverty.
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   a. Psychologists and social workers.
   b. Physicians and pharmacists.
   c. Nurses and community health workers.
   d. All of these.

7. What are the main roles of the community health worker in the care and treatment of people with mental health problems?
   a. Interview people to determine whether or not they are suffering from depression.
   b. Refer people with mental health problems to the health center.
   c. Check with people who are taking medications for mental disorders to see if they are experiencing serious side effects.
   d. All of these things.

8. What are 2 common mental health disorders?
   a. Depression and anger.
   b. Depression and anxiety.
   c. Anxiety and psychosis.
   d. Psychosis and jealousy.

9. What are some of the main symptoms of depression?
   a. Fatigue, feeling sad and miserable, hopelessness about the future, problems with sleep.
   b. Fatigue, hearing voices that others do not hear, problems with sleep, aggressive behavior.
   c. Fatigue, feeling sad and miserable, feeling very scared, trembling and shaking.
   d. Fatigue, aggressive behavior, trembling and shaking, problems with sleep.

10. What are some of the main symptoms of anxiety?
    a. Trembling and shaking, feeling sad and miserable, hearing voices that others do not hear, aggressive behavior.
    b. Trembling and shaking, feeling very scared, worrying excessively, problems with sleep.
    c. Trembling and shaking, aggressive behavior, thinking about suicide, problems with sleep.
    d. Trembling and shaking, feeling very scared, seeing things that others do not see, hearing voices that others do not hear.
11. What should you do after you use the depression screening tool with someone?
   a. Refer the person to the health center.
   b. Give the person advice about her or his depression.
   c. Use the screening tool score to decide what next steps should be.
   d. Conduct counseling sessions with the person.

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15. Which of these situations could cause depression?
   a. Someone who has no importance in his life or someone who is his enemy has died.
   b. If he loses his job.
   c. If he had severe diarrhea and lost a lot of bodily fluids.
   d. If he is not comfortable where he is living.
PRE-TEST 2

Your name: ____________________________________________  Date: ____________________

Health Center: ____________________________  CHW ID#: ____________________________

When did you start to work as a community health worker or Accompagnateur? ____ / ____

Month Year

Circle the best answer for each question.

1. What are the signs of a mental health crisis?
   a. The person is thinking of committing suicide.
   b. The person is acting violently or threatening to hurt others.
   c. The person is so depressed or anxious that she or he cannot get out of bed, speak, or
      leave the house.
   d. All of these things.

2. If a person tells you that she or he is thinking about committing suicide, what should you do?
   a. Ask family members to watch the person carefully so that she or he does not commit
      suicide.
   b. Do not leave the person alone and take the person to the health center immediately.
   c. Give the person medication immediately to help the person calm down.
   d. Leave the person alone until the person calms down.

3. If you see a person having an epileptic seizure, what should you do?
   a. Turn the person onto her or his side gently and watch over her or him.
   b. Put something into the person’s mouth so that she or he does not bite her or his tongue.
   c. Hold the person’s arms and legs down until the seizure passes.
   d. Give the person some aspirin or other medication.

4. When you are counseling someone with a mental health problem, what should you do?
   a. Give advice respectfully and tell the person what she or he should do.
   b. Make decisions for the person because she or he might not be capable of making them by
      herself or himself.
   c. Be respectful, show empathy, and ask questions to learn the person’s story.
   d. Tell the person about your own personal and religious beliefs in order to help the person
      with her or his problems.
5. In order to listen actively while you are counseling someone, what should you do?
   a. Do not ask questions or look at the person because this may bother the person.
   b. Show that you are listening with your facial expressions and ask open-ended questions to learn more.
   c. Take many notes while the person is talking so that you have a record of everything.
   d. Find out as many details as you can about the person’s life.

6. Which is an example of an open-ended question?
   a. Has someone close to you died?
   b. Did you go to the funeral?
   c. Are you feeling sad?
   d. How are you feeling?

7. To use the technique of interpersonal assessment with someone who may be depressed, what should you do?
   a. Give the person advice about her or his personal problems.
   b. Use the screening tool to see if the person might be depressed.
   c. Ask questions to find out what might be causing the person’s depression.
   d. Tell the person to visit a social worker, who will interview the person.

8. To use the technique of behavioral activation to help someone with depression feel better, what should you do?
   a. Tell the person how to behave in order to overcome her or his depression.
   b. Observe the person’s behavior and then make recommendations about how she or he should change it.
   c. Tell the person to stay active and exercise in order to feel better.
   d. Help the person to identify activities that she or he can do that bring her him peace and make her or him feel better.

9. When a person under care is taking medication for a mental disorder problem, what are the community health worker’s main responsibilities?
   a. Pick up the person’s prescription at the health center and bring it to the person’s house.
   b. Ask about serious side effects and encourage the person to take the medication as prescribed.
   c. Bring the person’s medication to his house and educate the person about side effects.
   d. Decide when and for how long the person should take the medication.
10. Which are serious side effects of medications that require immediate referral to the health center?
   a. Suicidal thoughts, confusion, muscle stiffness or spasms, fainting.
   b. Nausea, dry mouth, constipation, drowsiness.
   c. Trembling, memory problems, skin rashes, muscle stiffness.
   d. Nausea, memory problems, skin rashes, restlessness.

11. What should the family of a person with a mental disorder do to handle their stress and treat the person appropriately?
   a. Protect the person constantly and do not let the person do normal activities.
   b. Tell the person to get out of bed and behave normally in order to feel better.
   c. Allow the person to take some responsibility for everyday affairs.
   d. Do not allow the person to go outside or communicate with people outside of the family.
POST-TEST 2

Your name: ____________________________ Date: ___________________

Health Center: ____________________________ CHW ID#: ____________________________

When did you start to work as a community health worker or Accompagnateur? ____ / ____

Month Year

Circle the best answer for each question.

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   c. Be respectful, show empathy, and ask questions to learn the person’s story.
   d. Tell the person about your own personal and religious beliefs in order to help the person with her or his problems.
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   b. Tell the person to get out of bed and behave normally in order to feel better.
   c. Allow the person to take some responsibility for everyday affairs.
   d. Do not allow the person to go outside or communicate with people outside of the family.
Appendix

On December 10, 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Following this historic act, the Assembly called upon all Member countries to publicize the text of the Declaration and “to cause it to be disseminated, displayed, read, and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories.

The Universal Declaration of Human Rights

PREAMBLE
Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both
among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

**Article 1**
All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

**Article 2**
Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

**Article 3**
Everyone has the right to life, liberty and security of person.

**Article 4**
No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

**Article 5**
No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

**Article 6**
Everyone has the right to recognition everywhere as a person before the law.

**Article 7**
All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

**Article 8**
Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

**Article 9**
No one shall be subjected to arbitrary arrest, detention or exile.

**Article 10**
Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.
Article 11
(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defense.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12
No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13
(1) Everyone has the right to freedom of movement and residence within the borders of each state.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14
(1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15
(1) Everyone has the right to a nationality.

(2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16
(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17
(1) Everyone has the right to own property alone as well as in association with others.
(2) No one shall be arbitrarily deprived of his property.

**Article 18**
Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

**Article 19**
Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

**Article 20**
(1) Everyone has the right to freedom of peaceful assembly and association.

(2) No one may be compelled to belong to an association.

**Article 21**
(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

(2) Everyone has the right of equal access to public service in his country.

(3) The will of the people shall be the basis of the authority of government; this shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

**Article 22**
Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

**Article 23**
(1) Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favorable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.
Article 24
Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25
(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26
(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27
(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28
Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29
(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order
and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

**Article 30**

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

**Source:** www.un.org/en/documents

**The Convention on the Rights of the Child** offers a framework and four strategic principles for children's rights and development.

The first principle is that the *best interests of the child* must be a primary consideration in all decisions and actions that may affect the child, and must reflect a balance between the child's short- and long-term interests. Relevant factors in such a determination must include the child's level of development and expressed wishes or feelings, as well as the availability of resources necessary for the child's survival, development, and participation.

The second principle is *non-discrimination*. All children—female or male, poor or rich, with disabilities or without—must be regarded as equally entitled to human rights, because human rights are universal.

The third principle is the *right to life, survival, and development*. It is crucial to take into account the issue of accessibility, which seeks to guarantee the right to basic services and equality of opportunity for all individuals to achieve their full development. This is based on distributive justice, which implies adopting positive measures to ensure that policies and programs reach all members of a society.

The fourth principle is *respect for the views of the child*. This principle calls for the views and voices of children to be heard and respected. It is closely linked to the best interest of the child, because it stresses that children's opinions are important and their views must be taken into account concerning the realization of their rights. They should participate in decision-making processes that affect them, in a manner appropriate to their evolving capacities. Two important considerations are embedded in this notion. First, as the child grows or develops, she or he must be accorded greater autonomy in the determination of her or his short-term and long-term interests. Second, participation must contribute to the child's development and to build its evolving capacities.

**The Convention on the Elimination of All Forms of Discrimination Against Women** enshrines the special, need-based rights of women. CEDAW seeks to promote gender equality by removing gender-based disparities, and to foster the full development, participation, and advancement of women.
The Convention seeks to ensure that women can enjoy human rights without suffering discrimination. To attain such equality, CEDAW requires compliance with certain strategic principles that are also important for a human rights approach to programming. Gender-based disparities must be identified and eliminated. Consequently, another strategic principle is that affirmative measures must be systematically implemented to assist women to realize their rights. Removal of social injustice and barriers brought about by unjust construction of gender roles must be a focus of interventions. This will also help girls to realize their rights more quickly. This, CEDAW notes, demands the prohibition of practices that demean women. In the same vein, services must be available to safeguard the well-being of women as women in their own right. Similarly, CEDAW requires the deliberate prioritization of actions/protection measures that improve the quality of life and status of deprived or vulnerable women and girl children.

CEDAW’s last strategic principle is that women’s rights to participation in all spheres of life must be enforced, to advance their role in development and their strategic interests.

LARGE GROUP DISCUSSION

A large group discussion is a dialogue between the facilitator and the whole group of participants, with participants responding to questions the facilitator has prepared ahead of time. During discussions, new questions may also surface. To start the discussion, the facilitator must give clear instructions. During the discussion, the facilitator must manage the discussion, by keeping participants focused, eliciting participants’ responses, and limiting participants who like to talk a lot.

To facilitate a large group discussion, what should you do?

- Set a time limit and keep track of time.
- Explain that participants who want to speak should raise their hands.
- Keep the discussion on target.
- Keep the discussion moving and flowing.
- Encourage everyone to participate.
- Look around the room and make sure you call on everyone who raises her/his hand.
- Limit participants who like to talk a lot.
- Manage the flow of the discussion.
- If participants do not respond to a question, try asking the question a different way.
- Ask questions to encourage more responses to a question, for example: “What else?” “What other ideas do you have?”
- Wrap up the discussion; repeat and summarize main points.

What are the benefits of using large group discussions?

- Everyone has the chance to participate.
- Everyone hears everyone else’s ideas.
- Hearing many ideas can stimulate further discussion.
- Participants who do not feel comfortable speaking in a large group can participate by listening.
What are the challenges of using large group discussions?

- More talkative or assertive participants tend to dominate large group discussions.
- Shy or less-experienced participants may not feel comfortable speaking in a large group.
- Large group discussions can get off track if there are many competing ideas.

**SMALL GROUP DISCUSSION**

A small group discussion is a dialogue among a small group of participants (usually 3–6 participants per group), with participants responding to questions the facilitator has prepared ahead of time. During discussions, new questions may also surface. To start the discussion, the facilitator must give clear instructions before dividing participants into small groups. As small groups are discussing, the facilitator must circulate among the groups to make sure that they are keeping the discussion on target and eliciting all group members’ participation.

To facilitate a small group discussion, what should you do?

- Before you divide participants into small groups, give clear instructions about what participants are expected to discuss. Writing and posting instructions on chart paper is a good way to do this.
- Instruct small groups to make sure that all group members participate.
- Ask small groups to choose a facilitator and timekeeper for their groups.
- Keep track of time and give small groups half-time, 5-minute, and 1-minute warnings.
- As small groups are working, move from group to group to make sure participants have understood the task and are making progress.

What are the benefits of using small group discussions?

- Many people feel more comfortable speaking and participating in a small group than in a large group, so small groups tend to elicit more ideas and participation from everyone.
- For sensitive topics, participants may share ideas in a small group that they would be reluctant to share in a large group.
What are the challenges of using small group discussions?

- Effective small group discussion depends on group members facilitating and participating, and some small groups may do this better than others.
- Small group discussions may get off track if group members do not manage the discussion well.

**REFLECTION JOURNEY**

A reflection journey is guided thinking and reflection about personal experiences. Facilitators use reflection journeys to allow participants to think about experiences from the past or present—events, situations, people, or feelings—that are connected to the training topic. Reflection journeys work best when participants feel comfortable and safe and trust each other and the facilitator.

To facilitate a reflection journey, what should you do?

- Ask participants to relax and close their eyes.
- Use a short series of statements, questions, or a brief story to guide the reflection journey.
- Read each statement or question slowly and clearly, and pause for several seconds between each so that participants have time to think and reflect.
- Depending on the topic, a reflection journey can raise strong emotional reactions. The facilitator must be aware of this and respond sensitively.
- After a reflection journey, participants might want to write their thoughts or share their thoughts with a partner or the large group.

What are the benefits of using reflection journeys?

- Participants learn best if they can connect new information to their own experiences.
- Reflection journeys allow participants to think about their own experiences in an organized way.
- Reflection journeys can be used to introduce a topic, identify issues or challenges, or generate new ideas.
What are the challenges of using reflection journeys?

- Reflection journeys can raise strong emotions. It is important to be aware of this and respond sensitively.
- Participants who like to talk a lot may find it challenging to be quiet for several minutes.

FACILITATOR PRESENTATION

The facilitator presents information by speaking to the whole group, sometimes using visuals such as slides, posters, pictures, or a flipchart. Facilitator presentations are a traditional teaching and training method. Most people who went to school are very familiar with facilitator presentations because most teachers in primary, secondary, and university-level classes teach in this way. Presentations work well for introducing new information, but they should be short and accompanied by visuals and discussion.

To do a facilitator presentation, what should you do?

- Prepare and organize your presentation ahead of time so that it is clear and easy to follow.
- Check any equipment (slide projector, flipchart) ahead of time to make sure it is working properly.
- Keep the presentation short, between 5 and 15 minutes if possible.
- Use simple, clear language that participants will understand.
- Use questions during the presentation to engage participants in the material you are presenting.
- Use open body language and a friendly, clear tone of voice.
- Watch participants during the presentation; if they look confused or bored, ask questions or move along more quickly.
- Move around the room as you present (if possible).
- Face participants when you are explaining a visual (do not face the visual).
- To wrap up your presentation, summarize and repeat the main points.
What are the benefits of using facilitator presentations?

- Presentations work well for introducing new information quickly and succinctly.
- Sometimes participants need to have new information presented before they can use or practice it.
- Most participants who went to school are familiar and comfortable with presentations.

What are the challenges of using facilitator presentations?

- Presentations are not as active or engaging as small groups, role plays, or other, more participatory activities.
- Sometimes participants stop paying attention.
- If the facilitator is not well-organized, participants will not learn the information effectively.

**BRAINSTORMING**

Brainstorming is a method in which the facilitator asks a question or poses a problem and asks participants to give as many ideas as they can in response. Facilitators can use brainstorming with large or small groups. Brainstorming is a good way to quickly generate lots of new ideas. The purpose of brainstorming is not to get only one correct answer to the question or problem, but to generate as many ideas as possible.

To facilitate brainstorming, what should you do?

- Explain that the purpose of brainstorming is not to arrive at one correct answer, but to generate as many ideas as possible.
- During brainstorming, take one idea per participant, one at a time.
- Accept all ideas and do not judge or criticize any ideas.
- Encourage participants to let their ideas flow.
- Keep the pace lively.
- Encourage all participants to give ideas. Do not rely on a few participants to give all the ideas.
- One person should facilitate the brainstorming and another person should record the ideas.
• After the brainstorming, the facilitator and participants can use the list of ideas to address a problem, prioritize ideas, put ideas into categories, etc.

• For example, if participants have brainstormed possible solutions to a particular problem, the next steps may be to review each possible solution, choose the top 3 solutions (as a group), discuss them further, and perhaps finally choose the most appropriate solution.

What are the benefits of brainstorming?

• Participants generate lots of ideas quickly.

• Brainstorming can be engaging and energizing.

• Because there are no correct or incorrect answers, participants usually feel comfortable giving ideas.

What are the challenges of brainstorming?

• Some participants may offer ideas that are not appropriate.

• More talkative participants may dominate.

**ROLE PLAY**

A role play is a brief, informal performance where participants act roles in order to show a particular situation and feel what it is like to be in those roles and situation. Role playing is informal – participants do not need to memorize “lines” or perform perfectly. The point is to illustrate a problem, situation, or idea with acting. Role plays give participants the opportunity to act a real-life situation and practice handling it. Participants can use role plays to illustrate ideas and information for patients and community members. Role plays also help participants learn and practice communication and counseling skills, empathetic behavior, and proper ways to approach community members. Role plays can be improvised and informal or more formal. They can be done in small or large groups.

To facilitate a role play, what should you do?

• Plan enough time for participants to prepare and perform role plays.

• Explain clearly what the role play is, how participants will prepare, and what the role play should show.

• If participants are not familiar with role plays, model the role play to show how it is done.

• Set a time limit for role play performances and manage time well.
• Remind participants that role plays are not perfect performances, but rather an opportunity to practice handling situations that participants encounter in reality. It is okay to make mistakes during a role play.

• After a role play performance, lead a discussion about the ideas shown in the role play. Focus the discussion on the important issues raised by the role play, not participants’ acting skills.

What are the benefits of using role plays?

• Role plays engage participants and give them the opportunity to think, feel, and act.

• Role plays give participants a chance to practice skills in a safe setting and get feedback.

• You can use two short role plays to show 1) the wrong way to handle a situation; and 2) the right way to handle a situation.

• Role plays can raise many issues and lead to useful discussions.

What are the challenges of using role plays?

• Role plays take a lot of time.

• Some participants may be uncomfortable performing in front of the group.

• Participants may not be familiar with doing role plays.

**LARGE GROUP ACTIVITY**

The facilitator leads the whole group in an activity together. Examples of large group activities include voting, sorting pictures, learning songs, etc. Large group activities often work best for groups of 10–25 participants, but with good planning and organization, facilitators can successfully lead large group activities with much larger groups.

To facilitate a large group activity, what should you do?

• Set a time limit and keep track of time.

• If participants need to move around the room during the activity, make sure that chairs and tables are moved away.

• Explain the activity clearly.

• Keep the activity moving along.
• Encourage everyone to participate.

• Highlight key points throughout the activity if appropriate.

• Wrap up the activity by repeating and summarizing main points.

What are the benefits of using large group activities?

• Large group activities involve everyone and can be energizing.

• Large group activities require less intense participation than small group activities, and can be alternated with small group activities so that participants do not grow too tired.

What are the challenges of large group activities?

• Some participants may not participate as actively as they would in a smaller group.

• Large group activities require lots of energy from the facilitator.

• Large group activities can be challenging to manage if the group is very large.

SMALL GROUP ACTIVITY

The facilitator divides participants into small groups to do an activity. Examples of small group activities include small group discussions, case studies, planning role plays, solving problems, and looking at picture stories. Small groups allow each person to participate more than they would in a large group activity. Small group activities also help participants get to know each other and experience working with different people.

To facilitate a small group activity, what should you do?

• Explain the small group activity clearly.

• Tell small groups how they will share their small group work with the large group. For example, will they write information on chart paper to share with the group, report information orally, or perform a role play?

• Divide participants into small groups. Small groups of 4–6 participants work best, but some activities may require groups of 3, or larger groups of 10–12.

• Divide participants into small groups according to the task to be completed. For example, for gender-sensitive topics such as reproductive health, you might group men with men and women with women.
• If the topic does not require any particular kind of grouping, you can divide participants by asking them to count off, “1, 2, 3, 4, etc.” Then group ones together, twos together, etc.

• Group participants so that they are not always working with people they know well. Counting off is a good way to do this.

• If the small group activity requires reading or writing, make sure that at least one participant in each group has sufficient literacy skills.

• Tell groups how much time they will have to work. Then help groups manage time by giving periodic time warnings, for example, a half-time warning, 5-minute warning, and 1-minute warning. If you see that time is almost up and groups are not finished yet, you can allow groups more time to work if your schedule permits.

• While small groups are working, circulate around the room, observe the work to make sure that groups understand the task and are making progress, help, and answer questions as needed.

• Manage time during small group reports or presentations. For example, give each small group 5 minutes to present and a few minutes to respond to questions or comments.

What are the benefits of using small groups?

• Small groups allow everyone to participate more than in a large group.

• Many people feel more comfortable speaking in small groups.

• Small groups often enable more in-depth learning and discussion because everyone is engaged.

What are the challenges of using small groups?

• Small group work takes more time than some other methods.

• Some small groups find it hard to work together or stay on task. If you observe a small group having difficulty, help them re-focus, give examples, explain the task again, etc.
CASE STUDY

A case study is a brief story or scenario that presents a realistic situation for participants to discuss and analyze. Case studies give participants the opportunity to use newly acquired knowledge to discuss, analyze, and solve problems related to the training topic. For example, a case study might describe a sick person’s symptoms, and then ask participants to identify the symptoms and discuss what they would do for the sick person. Depending on the size of the group, case studies can be discussed and analyzed in pairs, small groups, or a large group. The goal of using case studies is to help participants generate possible solutions to issues that may arise in the course of their work.

To facilitate a case study, what should you do?

- Read the case study aloud (or ask a volunteer to read aloud) so that even participants with limited literacy skills will understand the case study.

- Explain clearly what participants should do with the case study: for example, discuss the case study questions or solve a problem represented in the case study, etc.

- If you write your own case studies, make them simple. Write a short, realistic situation that is similar to situations that participants face. Give essential information. Do not include too many unnecessary details. Provide questions to guide participants in analyzing the case study.

What are the benefits of using case studies?

- Case studies give participants the opportunity to use information that they have learned in a realistic way.

- Case studies give participants the opportunity to practice handling problems that they might encounter during their work.

What are the challenges of using case studies?

- Case studies require problem-solving, which can be challenging and require more time than traditional presentations or simple discussions.

- Participants with limited literacy skills may be intimidated by case studies.
DEMONSTRATION

The facilitator or an experienced participant shows and tells participants how to do something step by step, and then asks participants to practice the steps themselves. Examples of demonstrations might include how to use male and female condoms, how to mix infant formula, how to do mid-upper arm circumference (MUAC) measurement, or how to mix Oral Rehydration Solution.

To do a demonstration, what should you do?

• Before the training, gather all materials and equipment that you will use during the demonstration.

• Make sure that all participants will be able to see the demonstration. Ask them to stand and move forward or gather around you, if needed.

• Explain each step slowly and clearly as you demonstrate it.

• Demonstrate 2 or 3 times if needed.

• After the demonstration, ask a volunteer to repeat the demonstration in front of the whole group. The facilitator and other participants can provide positive feedback and correct the volunteer if needed.

• Then divide participants into small groups or pairs and ask them to practice what you and the volunteer have just demonstrated.

• As participants are practicing, circulate around the room and help or answer questions as needed.

What are the benefits of using demonstrations?

• Demonstrations are the best way to teach hands-on skills.

• Demonstrations give participants the opportunity to practice a skill before they have to do it in real life.

What are the challenges of using demonstrations?

• In large groups, it may be challenging to do a demonstration that everyone will be able to see and hear well. If needed, divide large groups into 2 or 3 smaller groups and demonstrate to each of the smaller groups.

• In large groups, it may be challenging to gather enough materials and equipment for all pairs or small groups to practice at the same time. If this is the case, ask pairs or small groups to take turns until everyone has practiced.
PICTURE STORY

A picture story is a short series of pictures that depict a story or situation. Picture stories usually do not contain words. Picture stories can be used to assess participants’ knowledge or to identify issues or challenges related to a given topic.

To use a picture story, what should you do?

- Give clear instructions so that participants understand what they are supposed to do and how they should do it.
- Make sure that participants understand the sequencing of the pictures and how to “read” the story, for example, how to distinguish between a thought bubble and a speech bubble.
- After participants have “read” the story, lead a discussion by asking a set of guiding questions.

What are the benefits of using picture stories?

- Picture stories engage participants visually.
- Even participants with very limited literacy skills can “read” picture stories.

What are the challenges of using picture stories?

- If pictures are not clear, the picture story may not convey content effectively.

PEER TEACHING

The facilitator asks participants to learn content in small groups and then present it to their fellow participants (instead of the facilitator presenting the content). Participants may use slide or flipchart images during their presentations, or they may prepare information on chart paper.

What are the benefits of using peer teaching?

- Peer teaching helps participants learn and remember information more effectively because they have to master it in order to teach it to others.
- Peer teachers often communicate information effectively to their fellow participants because they share the same background and experience.

What are the challenges of using peer teaching?

- Peer teaching takes more time than facilitator presentation because participants need time to prepare.
• If the content is not clear and simple, participants may have trouble understanding it well enough in order to teach it.

• Some participants may be uncomfortable presenting in front of the group.

**ICEBREAKER**

An icebreaker is a short activity used to help participants relax and get to know each other or get used to working together. Icebreakers are usually used at the beginning of trainings. They often use training themes or content. Examples of icebreakers are: asking participants to introduce the person next to them, describe what they like best about their work, or name expectations they have for the training.

To facilitate an icebreaker, what should you do?

• Explain the icebreaker instructions clearly.

• Give an example of what you would like participants to do during the icebreaker.

• Keep the pace moving.

• Keep the icebreaker short, no more than 15–20 minutes.

• Do not ask participants to share very personal information during icebreakers.

What are the benefits of using icebreakers?

• Icebreakers help to “break the ice” at the beginning of a training session. They help participants to relax, share something about themselves, and learn something about other participants.

• In groups where participants do not know each other well, icebreakers can help participants feel more comfortable with each other.

What are the challenges of using icebreakers?

• Shy participants may not feel comfortable introducing themselves in front of a large group.

• If the group is very large, icebreakers can take too much time. If your group is very large, consider dividing participants into small groups to do an icebreaker. Then small groups can each share 1 or 2 items with the large group if there is time.
ENERGIZER

An energizer is a short, fun activity that involves physical movement. Energizers are used to raise participants’ energy levels when they are tired, or when they need a break after a long activity. Energizers do not have to be related to training content. Energizers can help build rapport among participants because the activities are fun and involve interaction. Examples of energizers are dancing, singing, clapping, imitating a leader’s movements, stretching, and physical games.

Facilitators should plan for at least 4 or 5 energizers per day of training. This manual does not include examples of energizers, but facilitators can find many good examples in 100 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community, by the International HIV/AIDS Alliance, www.aidsalliance.org, published by Progression, www.progressiondesign.co.uk. Energizers can be very simple, for example, asking a participant to lead the group in a song or dance.

To facilitate an energizer, what should you do?

- Explain the energizer instructions clearly.
- Keep the pace moving quickly.
- Use humor and encourage laughter.
- Stop when enough energy has been generated, 5–10 minutes maximum.
- Use energizers frequently, at least every hour or so.
- Choose energizers that will not make participants uncomfortable or embarrassed. For example, do not choose energizers that involve touching other people if participants will be uncomfortable with this.
- Choose energizers that everyone will be able to do, for example, no complicated or difficult movements.
- Make sure that participants have enough space to do the energizer. Move chairs and tables away if needed.

What are the benefits of using energizers?

- Energizers raise participants’ energy level.
- Energizers help participants refocus and feel ready to learn more.
- Energizers make training fun.
What are the challenges of using energizers?

- If your group is very large, you may not have enough room to do certain types of energizers. Plan energizers that can be done in the space that you have.

GAMES

Training activities occasionally include games, usually to help participants review content they have already learned. The game usually requires dividing participants into teams, asking teams questions, and keeping score. If no game is provided in the Facilitator Manual, facilitators can prepare their own review games by creating lists of questions based on unit content.