TeachWell

Unlocking Playful Learning

# Mental Health and Psychosocial Support Teachers' Training Manual

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## For Teachers in Humanitarian Setting

This material was developed by TeachWell

In partnership with:







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# Foreword

TeachWell is a five-year project (2023 –2028) supported by the LEGO Foundation and Grundfos Foundation, implemented by the International Rescue Committee (IRC)-led NGO consortium, in partnership with the Ministry of Education (MOE) and other government stakeholders. The project seeks to enhance learning outcomes and wellbeing among all primary and junior school teachers for both refugee and host community schools in Turkana and Garissa.

We believe that teachers have a dual role in all settings. First, as facilitators of learning, and secondly, as sources of emotional support, stability and hope for learners. Refugee learners are often dealing with the effects of displacement, trauma and ongoing uncertainty, therefore teachers may be the most stable source of support for learners in refugee settings.

The TeachWell Project understands that there can be no effective nurturing of student's well-being by teachers if the well-being of the teacher is not being supported. The project therefore seeks to enhance teachers' capacity, confidence and emotional resilience in order to create the conditions for transformative learning.

In line with the above premise, the Mental Health and Psychosocial Support (MHPSS) Training Manual was developed to equip teachers in Kenyan refugee camps with practical tools, methods and knowledge to assist the psychosocial well-being of learners while at the same time focusing on their own mental health. The manual contains information regarding how to identify signs of distress in both learners and teachers, how to develop a safe and supportive learning environment, and how to apply appropriate psychosocial intervention in the context of refugee settings.

Based on global best practices and aligned with national guidelines for emergency educational responses in Kenya, this training manual aims to provide assurance that teachers are equipped to address the unique challenges faced by refugee learners in Kenya. Through incorporating MHPSS principles into the daily work of teachers, educators can create learning environments that support safety, connectivity, resilience and hope for learners.

We hope that this manual will be a valuable resource for teachers and empower them to implement the holistic vision of the CBC and contribute to the TeachWell Projects goal of promoting teacher well-being. Supporting the well-being of teachers ultimately contributes to improved instructional quality and enhanced learning opportunities and well-being for — from refugee populations in Kenya.

TeachWell Project Director

# Acknowledgments

The development of this Mental Health and Psychosocial Support (MHPSS) Teachers' Training Manual has been made possible through the collaborative efforts of TeachWell Consortium partners with technical guidance from the Ministry of Education (MoE) and Teachers Service Commission (TSC).

We extend our heartfelt gratitude to:

- The Ministry of Education (MoE) for providing guidance and ensuring alignment with national education policies.
- The Teachers Service Commission (TSC) for technical guidance.
- TeachWell Consortium Partners (RTI International, Lutheran World Federation (LWF), African Population and Health Research Center (APHRC), and FilmAid Kenya) for their expertise and contributions in designing evidence-based training content.
- Humanitarian organizations and NGOs working in refugee contexts, whose insights and field experiences enriched this manual.
- School administrators and teachers in Kakuma and Dadaab refugee camps, who provided valuable feedback and shared their lived experiences to inform the development of the training manual.
- Mental health professionals and education specialists who drafted, reviewed, validated and piloted the content to ensure it meets the best global practices in education in emergencies.
- All individuals and organizations that contributed to the creation of this manual, ensuring that teachers are equipped to support the mental well-being of both themselves and their colleagues.

We extend our appreciation to all stakeholders, including humanitarian organizations, education professionals, and government agencies, who contributed to the development of this resource. Most importantly, we acknowledge the dedication and resilience of teachers working in refugee camps. Your commitment to education and learners' well-being is an invaluable contribution to the future of these young learners.

Your dedication to promoting mental health and psychosocial well-being in education is deeply appreciated.

# Key Terminologies

**Facilitator**: An individual who is trained and skilled in guiding discussions, delivering training, and creating a safe, inclusive, and supportive environment to promote learning and emotional growth. Facilitators ensure participants are engaged and can learn skills for improving mental health and psychosocial well-being.

**Health**: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**Holistic support:** Integrating mental health into education, healthcare, and social services.

**Mental Health**: A state of well-being in which every individual realizes their potential, can cope with normal life stress, can work productively and fruitfully, and can contribute to their community.

**Mental Health and Psychosocial Support (MHPSS)**: A framework aimed at promoting mental health and psychosocial well-being, and preventing or treating mental health conditions, especially in crisis and emergencies. MHPSS interventions may include psychological first aid, support for communities, and interventions for individuals affected by crises.

**Participants**: Individuals who take part in training or activities, with the goal of acquiring knowledge, skills, and strategies to promote mental health and psychosocial well-being, particularly in educational or community settings.

**Psychological First Aid (PFA)**: Psychological First Aid (PFA) is a supportive, humane, and practical intervention designed to help individuals who are experiencing psychological distress following a crisis, disaster, or traumatic event.

**Psychosocial Support (PSS)**: Support that addresses both the psychological and social aspects of an individual's well-being, aimed at restoring a sense of safety, hope, and connection.

**Resilience**: The capacity of individuals, families, or communities to adapt to stress, adversity, or trauma and to recover from negative experiences. Resilience involves the ability to regain emotional equilibrium, health, and functionality after a distressing experience.

**Stress:** Stress can be defined as a state of worry or mental tension caused by a difficult situation . Stress is a natural human response that prompts us to address challenges and threats in our lives.

**Trauma**: The emotional, psychological, and physiological response to experiences that overwhelm an individual's ability to cope. This may result from experiences such as violence, abuse, or loss.

**Well-being**: The state of being comfortable, healthy, or happy, involving emotional, physical, and social health. Well-being is an individual's sense of satisfaction with life, a sense of control, and a sense of purpose in daily life.

## Ethical Considerations in MHPSS

Ethical considerations play a crucial role in ensuring the responsible delivery of mental health and psychosocial support training and services. Facilitators must adhere to the following principles:

- **Respect for Human Rights and Dignity:** Every participant should be treated with respect and without discrimination.
- **Informed Consent:** Ensure that participants understand the objectives and nature of discussions before engaging in any activity.
- **Do No Harm:** Avoid discussions or activities that may inadvertently cause emotional distress or reinforce trauma.
- **Cultural Sensitivity:** Adapt discussions and approaches to fit cultural contexts and individual backgrounds.
- **Empowerment and Participation:** Encourage active participation while respecting personal boundaries.
- **Privacy and Confidentiality:** Participants will be informed that their personal information will be kept confidential.

## Acronyms

| | |
|---|---|
| **ADHD** | Attention-Deficit/Hyperactivity Disorder |
| **ASD** | Autism Spectrum Disorder |
| **CBT** | Cognitive Behavioral Therapy |
| **EAC** | East African Community Affairs |
| **GBV** | Gender-Based Violence |
| **IASC** | Inter-Agency Standing Committee |
| **INEE** | Inter-Agency Network for Education in Emergencies |
| **IPV** | Intimate Partner Violence |
| **IRC** | International Rescue Committee |
| **KICD** | Kenya Institute of Curriculum Development |
| **LWF** | Lutheran World Federation |
| **MHPSS** | Mental Health and Psychosocial Support |
| **MoE** | Ministry of Education |
| **MSP** | Minimum Service Package |
| **NGO** | Non-Governmental Organization |
| **PFA** | Psychological First Aid |
| **PTSD** | Post-Traumatic Stress Disorder |
| **RTI** | Research Triangle Institute International |
| **SN** | Special Needs |
| **TSC** | Teachers Service Commission |
| **UNHCR** | United Nations High Commission for Refugees |
| **WHO** | World Health Organization |

# About this manual

This Facilitator's manual was developed by TeachWell Consortium Partners i.e. IRC, LWF, APHRC, RTI AND FAK led by the IRC in Collaboration with the Ministry of Education (MoE) and Teachers Service Commission (TSC).

It is designed to support trainers of trainers in delivering capacity-building sessions for teachers on **Mental Health and Psychosocial Support (MHPSS) in humanitarian settings.** It provides structured guidance, key concepts, and interactive training methodologies to equip teachers and school administrators with the knowledge and practical skills needed to foster their well-being and that of their learners.

Through this manual, facilitators will be able to:

i. Introduce MHPSS foundational concepts and their relevance in school
ii. Guide teachers in creating safe, inclusive, and supportive learning environments
iii. Equip teachers with strategies for managing stress and promoting resilience
iv. Provide practical approaches for identifying and addressing teachers' psycho-social needs
v. Offer step-by-step instructions for facilitating discussions, role-plays, and group activities

By using this manual, facilitators can effectively train teachers to integrate MHPSS principles into their daily teaching practices, ultimately enhancing their overall well-being and academic success of learners

# How to use this manual

This manual is designed as an interactive and engaging guide for facilitators. To maximize its effectiveness:

- **Familiarize Yourself with the Content** – Review all sections before conducting training.
- **Create a Safe and Inclusive Learning Environment** – Encourage open discussions and respect for diverse perspectives.
- **Use Interactive Methods** – Incorporate case scenarios, group discussions, and role-playing exercises.
- **Adapt Content as Needed** – Modify activities to suit the audience and cultural context.
- **Encourage Self-Reflection** – Allow participants to assess their own mental well-being and coping strategies.
- **Utilize Visual Aids** – Use charts, tables, and diagrams, to enhance understanding.

## Facilitation Approaches

- **Interactive Learning:** Engage participants through discussions, activities, case studies, and role-playing.
- **Experiential Learning:** Incorporate hypothetical examples and practical activities.
- **Collaborative Learning:** The sessions will incorporate peer-to-peer sharing and group work.
- **Self-Reflection:** At the end of the session, guide participants through a reflection exercise.
- **Scenario-Based Learning:** Incorporate hypothetical or real scenarios to apply MHPSS principles.
- **Roleplay:** Engage participants in structured role-playing exercises to simulate real-life situations, allowing them to practice MHPSS skills, explore different perspectives, and receive constructive feedback in a safe learning environment.
- **Audio Visual:** Utilize videos, audio clips, presentations, and other context available multimedia tools to enhance understanding, stimulate discussion, and reinforce key MHPSS concepts through visual and auditory learning.

## Training resources

Training resources should be identified/assigned per session and suited to the context.

- Flip chart, markers
- Pre-test questionnaires, and pens.
- Notebooks
- PowerPoint presentation
- Nametags
- Whiteboard
- Projector or TV
- Self-care assessment handouts

# Background

Mental health is a critical component of overall well-being. According to the World Health Organization (WHO), approximately 350 million people globally suffer from depression, with Kenya ranking among the top five African countries affected. WHO further reports that one in every four Kenyans will experience a mental health-related issue at varying severity levels at some point in their lives (WHO, 2001). Mental health challenges, including depression, stress, and anxiety disorders, significantly impact teachers, who often prioritize their learners' well-being over their own.

Research shows that stress is transferable; a stressed teacher may struggle to maintain an engaging and supportive learning environment, which in turn affects student performance and emotional well-being. As such, prioritizing mental health and psychosocial support (MHPSS) within educational institutions is crucial (Ministry of Education, 2020).

Teachers, especially in crisis contexts, face numerous challenges such as anxiety, depression, and post-traumatic stress disorder (PTSD) that make their work extremely difficult. In Kenya, the Ministry of Education (2020) reports that over 30% of teachers have reported experiencing high levels of stress, with a significant number citing poor mental health as a barrier to effectively supporting their learners. Mental health challenges among teachers are often exacerbated by their role as primary caregivers and role models, requiring ongoing attention to their psychological well-being.

Psycho-social well-being is essential for individuals to realize their full potential and lead fulfilling, healthy, and productive lives. Both the school environment and teacher-learner relationships can support a teacher's and learner's psychosocial well-being. Studies highlight the importance of creating a safe, inclusive, and supportive school environment where both teachers and learners can thrive. Providing MHPSS interventions is crucial for both teachers and learners, as it not only enhances individual well-being but also contributes to an improved learning environment (MSP,2017) for the Education Sector

## Scope

This manual is designed for use in school settings to train teachers in refugee hosting counties of Garissa and Turkana on mental health and psychosocial support (MHPSS) strategies. It seeks to equip facilitators with structured training activities, discussion points, and tools to foster mental well-being for teachers and learners.

## Purpose of the Manual

This manual serves as a practical guide for facilitators conducting training on mental health and psychosocial support (MHPSS) for teachers. It provides structured activities, key discussion points, and facilitation techniques to promote mental well-being in school environments.

## Learning Outcomes

By the end of the training, participants should be able to:

a. Understand the importance of mental health in education context.

b. Identify risk factors affecting teachers' mental well-being.

c. Establish myths and misconceptions about mental health.

d. Apply MHPSS strategies to support teachers and learners.

e. Recognize common mental health conditions in emergency settings.

f. Utilize existing referral pathways for mental health support.

## Tangible outcomes

Participants will:

1. Understand mental health issues and how to address them
2. Apply coping strategies to handle workplace stress.
3. Identify, support and refer colleagues and learners to appropriate mental health and psychosocial support services and follow-up care.
4. Foster a supportive and mentally healthy school environment.

## Pre & Post and Training Evaluation Process

Before the Mental Health and Psychosocial Support teachers' Training begins, participants will be asked to complete a pre-test form assessing their expectations and current knowledge about mental health and psychosocial support (MHPSS). This initial test will help facilitators understand the participants' baseline understanding of the topics, allowing them to tailor the training to address specific needs and areas of interest.

Throughout the training, feedback will be gathered to assess the appropriateness and relevance of the content and effectiveness of the training methodologies, the content, teaching methods, and overall experience. Participants will be encouraged to provide input during the session to ensure the training remains relevant, engaging, and impactful. At the end of the training, a post test and final evaluation will be conducted to measure the relevance and applicability of the information shared, the effectiveness of the teaching methods, and the participants' increased confidence in providing psychosocial support to colleagues and learners.

# Session 1: Understanding Mental Health and Psychosocial Support (MHPSS)

**Session Time:** 6 hours

**Session outcomes**.

- Define key MHPSS terms
- Explain the significance of mental health and psychosocial support in education.
- Identify risk factors contributing to mental health issues.
- Understand teachers' role in the IASC MHPSS framework in promoting their wellbeing.

**Training resources**

- Flipcharts
- Marker pens
- Masking tape
- Training notes
- Notebooks
- Biro pens

## Introduction

This session provides participants with foundational knowledge on MHPSS. Through interactive discussions and personal reflections, participants will explore key MHPSS concepts and their relevance to teaching and learning.

Teaching in challenging environments can be both fulfilling and demanding. This session emphasizes the importance of understanding MHPSS with a focus on teacher well-being. By the end of this session, the participant will gain practical insights into maintaining their emotional and mental well-being and understand how a healthy, supported teacher positively impacts learners and the school environment.

## Session Outline

- Understand MHPSS
- Principles of MHPSS
- Stigma
- MHPSS in education
- Understanding IASC pyramid within education

## Activity 1: Personal Well-Being Reflection

1. In pairs, discuss and describe your own well-being by reflecting on what you need to feel well, happy, content, and comfortable.
2. Use prompts such as:

- I have... (e.g., supportive colleagues, a safe work environment)
- I feel... (e.g., valued, motivated, overwhelmed)
- I believe... (e.g., self-care is essential, a positive mindset helps)
- I am able... (e.g., to seek support, to balance work and personal life

**Facilitator Notes:** After the discussion, selected pairs will share key insights with the larger group

## Understanding MHPSS

Mental Health and Psychosocial Support **(MHPSS)** is a comprehensive intervention framework designed to promote mental health and psychosocial well-being, while preventing, reducing, and addressing mental health issues-particularly in contexts of crisis and emergencies. MHPSS interventions encompass a wide range of supports, including psychological first aid, community-based psychosocial support, and specialized services for individuals, families, and communities affected by distress, trauma, or adversity. MHPSS can be localized support (support within the school) and outside the school, that is:

a. Promotive – promotes wellbeing.
b. Preventative – decreases the risk of mental health problems.
c. Curative – helps overcome psychosocial/mental health problems.
d. Rehabilitative-Set of interventions that support recovery and help individuals rebuild functioning and self-reliance after mental health challenges.

## General Principles of MHPSS

- **Holistic support:** Integrating mental health into education, healthcare, and social services.
- **People-centred:** MHPSS should be centered around the needs of the people being served.
- **Human rights:** MHPSS should promote and protect the human rights of all people affected, especially vulnerable groups.
- **Participatory:** People affected by MHPSS should be involved in decisions that affect them.
- **Do No Harm**: MHPSS interventions should adhere to Do No Harm standards and ensure safeguarding.
- **Equity:** MHPSS should ensure that services are available to all people regardless of gender, age, religion, ethnicity, or other factors.
- **Non-discrimination:** MHPSS should promote non-discrimination.

## Dealing with stigma

**Facilitators Note**: Stigma is when people judge or treat someone unfairly because of a mental health conditions. This can lead someone to feel ashamed or rejected.

In some cultures, there is a stigma around mental health, therefore teachers may be afraid to ask for support. You can help them by:

- Using language that they feel more comfortable with and adapting to the local culture.

- Integrating MHPSS services into systems and sectors that do not carry stigma (like existing community/school support mechanisms).
- Engaging with the community to understand, address, and gradually transform beliefs, biases, and concerns related to mental health.
- Actively working to normalize MHPSS by promoting it as a routine and essential aspect of overall health and well-being.

Considering how stigma is different for men and women. In some cultures, male teachers may not ask for help because they believe men should not express feelings or ask for help. To end stigma, you need to understand the cause, the source and the persons affected.

How to deal with stigma in a school setting:

- Normalize mental health conversations in school e.g during staff meetings
- Create safe spaces where teachers can discuss their mental health struggles openly
- Include mental health training among teachers
- Create mental health awareness in a school setting, e.g., through the use of posters
- Heads of institutions, BOMs, and education stakeholders to come up with policies that prioritize the mental well-being of teachers and learners.

## Activity 2: Supporting a Teacher Facing Mental Health & Psychosocial Challenges.

**Case Scenario: Ask the participants to read the script in pairs**

Mr. Lucky, a dedicated and passionate teacher, has recently appeared overwhelmed, exhausted, and withdrawn. He is often late, missing deadlines, and has lost his usual enthusiasm in class. His colleague, Ms. Rembo, notices these changes and decides to check in.

***Role-Play Script***

**Ms. Rembo:** (Gently) "Hey Lucky, I've noticed you've been looking really tired lately, and you've been keeping to yourself more than usual. Is everything okay?"

**Mr. Lucky:** (Sighs, avoiding eye contact) "I'm just really swamped with work. There's so much pressure, and I feel like I can't keep up. I don't even enjoy teaching the way I used to."

**Ms. Rembo**: (Nods empathetically) "I hear you. Teaching can be overwhelming at times. You're not alone in this, and it's okay to feel this way. Have you had any time to rest or do something for yourself?"

**Mr. Lucky:** (Shakes head) "I don't even know where to start. There's just too much to do, and I feel like I'm letting my students down."

**Ms. Rembo:** (Leans in slightly) "I understand. You care deeply about your students, and that's what makes you a great teacher. But your well-being matters too. Maybe we could talk to the school counsellor together or find ways to ease your workload. You don't have to go through this alone."

**Mr. Lucky:** (Hesitates) "I don't know... I feel like asking for help means I'm not good enough at my job."

**Ms. Rembo:** (Shakes head reassuringly) "Not at all. Reaching out for support isn't a sign of weakness, it is an important step toward maintaining wellbeing".

**Reflection Questions**

Divide the participants into groups. To each group, assign one of the questions below and ask them to discuss it for 5 minutes. Then, choose one member from the group to present feedback to the rest of the participants.

i. What signs indicated that Mr. Lucky was struggling with his mental health?
ii. How did Ms. Rembo create a safe space for Mr. Lucky to open up?
iii. What are some situations that you find stressful?
iv. How do we cope with these stressful situations we face?
v. What are some practical ways teachers can support each other in handling stress?
vi. What school-based policies or programs could be put in place to support teachers' well-being

**Facilitator Note:** Give participants 15 minutes to discuss the activity and present the slide with the below information

*What are some of the feelings and behaviours that resonate with you? Let us look at some action steps you can take if your encounter such:*

**Acknowledge the Signs:**

You can acknowledge the red flags by taking a moment of self-reflection.

- Is this normal?
- How is this affecting me?
- Is stress impacting my sleep, relationships, or overall well-being?

**Practical suggestion (15 minutes):**

**Delegate:** You have realized you spend a lot of time on routine schoolwork, and it is affecting your mental well-being and productivity. You can delegate these tasks to another teacher, freeing you time to focus on class work

Example

You could have lunch with a colleague, *Ms. Fatuma, and express your concerns. "Ms. Fatuma, I'm feeling overwhelmed lately with the workload and constant pressure. I'm worried it's affecting my ability to lead effectively. Have you ever experienced anything similar?"* Opening it to Ms. Fatma will generate a discussion that could be of help to you.

**Talk to someone:** Reaching out for support is crucial. You could confide in a trusted colleague, perhaps a fellow supportive teacher, school head-teacher or school counsellor. Sharing your experiences can help you feel less alone and gain valuable perspectives.

**Set Healthy Boundaries:** Clearly define work hours and personal time. Avoid working after school hours to ensure you have time to unwind and spend time with family. Make good use of your weekends, leave days or school holidays to rest, regain energy and engage in non-school work-related activities. This will help you strike more work-life balance and connect with the world, including family members.

**Establish and/or Join peer support programs:** Establishing or joining an established peer support network within and outside the school environment would help you share and address school work-related challenges and personal issues. This initiative can help reduce feelings of isolation, reduce stress levels and foster a sense of community.

**Developing a Supportive School Culture:** Help teachers understand the importance of creating a positive school culture that promotes well-being for everyone. This can be achieved through working with colleagues, school leaders and community organizations to strengthen the school support system.

## Importance of mainstreaming MHPSS in Education

Education is not just about academics; it also plays a vital role in mental and emotional well-being. In challenging situations, schools serve as safe spaces where learners and teachers can receive psycho-social support. By integrating MHPSS in education, schools can:

- Provide teachers with coping strategies to manage stress.
- Foster a supportive school environment.
- Identify and address mental health challenges early.
- Strengthen teacher-learner relationships.
- Enhance learning outcomes by improving the mental wellbeing of teachers and learners.

## Importance of teachers taking care of their mental health

a. Mental Health care is crucial for teachers because they face unique challenges that impact their wellbeing and ability to teach effectively.

b. Helps in managing trauma and stress. Many teachers in crisis contexts have experienced displacement, conflict, or personal loss. MHPSS helps them process trauma and build emotional resilience.

c. Helps in preventing burnout. MHPSS interventions provides coping strategies to prevent exhaustion and emotional fatigue.

d. Helps in enhancing teaching effectiveness. MHPSS interventions ensures they can create a positive and stable learning environment.

e. Help in supporting learners' well-being. When teachers receive MHPSS services, they are better equipped to provide emotional support and recognize learners' mental health needs.

f. Helps in promoting community mental wellbeing. By receiving MHPSS services, teachers can contribute to social cohesion, healing, and a sense of normalcy in the communities.

## Take away points

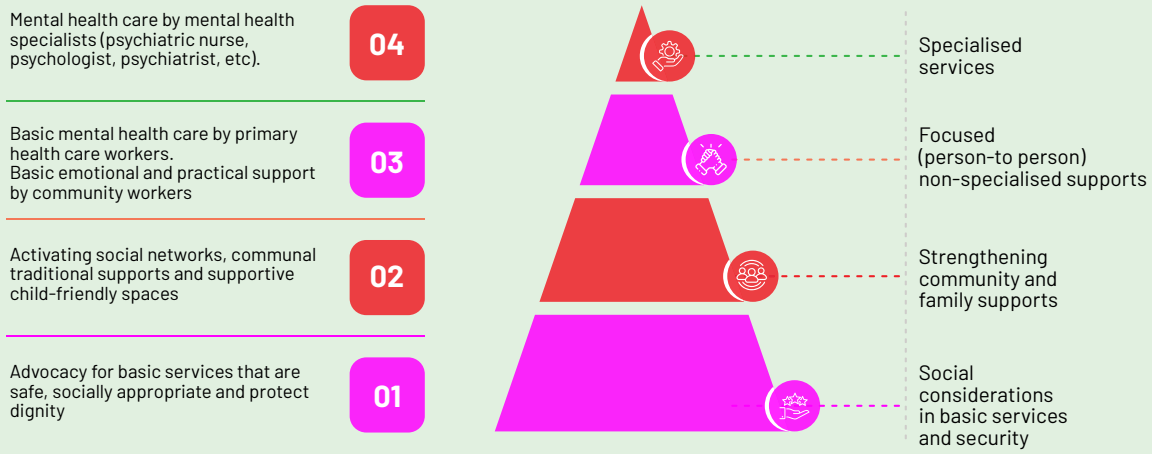
- Teachers need to be cognizant of their mental health status.
- Teachers play a crucial role in identifying their colleagues who may need mental health and psychosocial support.
- Active listening, empathy, and nonjudgmental communication encourage teachers to open up.
- Schools should have clear referral pathways for teachers in need of professional support.
- Creating a safe and inclusive working environment helps all teachers feel supported.

## Contextualization of the Inter-Agency Standing Committee (IASC)MHPSS pyramid in the school setting

The Inter-Agency Standing Committee (IASC)- Mental Health and Psychosocial Support (MHPSS) Pyramid is a structured framework used in emergency and education settings to guide the design and delivery of MHPSS interventions. It organizes support into four interrelated layers, ranging from basic services and security at the base, to community and family support, focused non-specialized support, and specialized mental health services at the top. In educational settings, the pyramid helps ensure that teachers and education personnel receive appropriate, coordinated, and needs-based psychosocial support-prioritizing broad preventive actions while ensuring access to more specialized care when required. (IASC. 2007. Guidelines on Mental Health and Psychosocial Support in Emergency Settings).

## Activity 3: Application of the IASC MHPSS Pyramid to teachers' wellbeing

*Figure 1: Intervention pyramid*




## Activity 3: Brainstorming

1. Divide participants into groups of between 5-8 participants depending on the total participants, assigning each group one layer of the MHPSS pyramid
2. Each group brainstorms and lists real life examples of activities or interventions that fit their assigned layer with a school setting.

**Facilitators note:** The activity will help teachers apply the MHPSS Pyramid concept in educational settings by identifying appropriate interventions at each level.

**Guiding questions for each group**

Layer 1 - what basic services should schools provide to support teacher wellbeing in emergencies?
Layer 2 - how can schools act as a bridge between teachers, their families and community?
Layer 3 - what additional support might vulnerable teachers require to manage stress and trauma?
Layer 4 - when and how should teachers be referred for specialized mental health services?

3. Groups to present findings to the larger group and the facilitator to summarize with the table below

*Table 1: Support Layers in Education*

| LAYER | ROLE IN EDUCATION | EXAMPLES |
|---|---|---|
| **LAYER 1: Social Consideration in Basic Services and Security** | Ensures that education settings provide inclusive, safe and secure environments with access to basic services that support well-being (WHO & UNICEF, 2021). | • Creating safe spaces within the school for teachers to de-stress<br>• Developing school safety and security plans<br>• Providing secure and well-maintained classrooms and staffrooms<br>• Providing information about available social services and resources<br>• Incorporating disaster risk reduction initiatives |
| **LAYER 2: Strong Community and Family Support** | Promotes community-based mental health and psychosocial interventions to strengthen peer support networks (WHO & UNICEF, 2021). | • Facilitating regular meetings for teachers to share experiences, offer peer support, and discuss challenges.<br>• Creating opportunities for social activities and team-building exercises for teachers<br>• Organizing regular meetings and workshops to improve communication and collaboration between teachers and parents<br>• Involving teachers in community-based initiatives |

| | | |
|---|---|---|
| **LAYER 3: Focused Non-Specialized Supports** | Provides structured psychosocial support activities and targeted interventions for at-risk groups (WHO & UNICEF, 2021). | • Providing access to school-based counseling services (facilitated by qualified counsellors or trained paraprofessionals)<br>• Mental health awareness campaigns<br>• Equipping teachers with skills and knowledge to identify, manage stress triggers and refer mental health issues<br>• Organizing art therapy, music therapy, or sports activities to promote emotional expression and relaxation among teachers<br>• Providing targeted support for vulnerable groups (e.g., teachers with disabilities, survivors of GBV, those with a trauma history)<br>• Training teachers in Psychological First Aid (PFA) and stress management. |
| **LAYER 4:**<br>**Specialized Services** | Establishes referral pathways to specialized mental health care for individuals with severe mental health concerns (WHO & UNICEF, 2021). | • Establishing clear referral pathways to mental health professionals.<br>• Ensuring access to professional support from trained counsellors, social workers, psychologists, and psychiatrists<br>• Creating confidential reporting and follow-up mechanisms for serious mental health concerns.<br>• Providing crisis intervention services for teachers experiencing acute mental health crises. Developing emergency protocols for responding to suicidal ideation or other mental health emergencies. |

# Session 2: Common Mental Health Conditions

**Session Time:** 12 hours

**Session outcomes.**

By the end of this module, participants should be able to:

- Identify common mental health conditions
- Define different types of mental health conditions
- Explain the causes of mental health conditions
- Understand mental health support and prevention

**Training resources**

- Flipcharts
- Marker pens
- Masking tape

## Introduction

Welcome to session 2. In this session, we will learn about some commonly experienced mental health conditions.

## Session Outline

- Common mental health conditions
- Causes of mental health conditions
- Reflection

### Common mental health conditions:

1. Stress
2. Psychotic conditions
3. Epilepsy
4. Suicide/Self/ harm
5. Depression and Anxiety
6. Alcohol & Substance Abuse (Substance use and addictive disorders)
7. Post-Traumatic Stress Disorders (PTSD)

**Ice Breaker:**

- Ask participants to describe the signs & symptoms of a person with any specific mental health condition.
- Common Myths & Misconceptions about mental illness - Ask the participants to mention common myths and misconceptions on mental health disorders.

### Causes of Mental Health Conditions

There is no single cause of mental health conditions, rather a combination of several factors as shown below;

1. **Genetic Factors**: A family history of mental illness can increase the risk of developing similar conditions.
2. **Biological Factors**: Imbalances in brain chemicals, hormonal changes, and physical health conditions can contribute to mental health issues.
3. **Environmental Factors**: Stressful life events, trauma, abuse, and exposure to violence or chronic stress can trigger mental illnesses.

4. **Psychological and social factors**: An Individual's coping mechanisms, early life experiences, and socioeconomic disadvantages, for example, homelessness and unemployment, play a significant role in mental health.
5. **Lifestyle and Substance Abuse**: Unhealthy habits, for example, poor sleep, inadequate nutrition, and the use of drugs and alcohol, can exacerbate or lead to mental health problems.

## Activity 1: TRUE OR FALSE

**Question 1:** Mental health conditions respond poorly to psycho-social support (PSS) or treatment

**Question 2:** People with mental health conditions can understand information about their condition.

## Understanding Mental Health Conditions

According to the World Health Organization (WHO), mental disorders are conditions characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior, usually associated with distress or impairment in important areas of functioning. Affecting nearly 1 in 7 people globally, these conditions include anxiety, depression, bipolar disorder, and schizophrenia, which can cause severe disruption to daily life.

## Stress:

### Introduction

We all experience stress, and some stresses are good for our well-being. Although most reactions are self-limiting and do not become a mental disorder, people with severe reactions are likely to get overwhelmed and ask for help.

### Signs of Stress

a. Physical fatigue
b. Frequent headaches
c. Low energy
d. Emotional burnout
e. Feelings of frustration, irritability,
f. Difficulty sleeping
g. Decreased concentration & memory issues like forgetting lesson plans

## Post Traumatic Stress Disorder (PTSD)

This is a mental health condition that occurs after more than one month of exposure to a traumatic event. A traumatic event is any threatening or horrific event, such as physical or sexual violence (including domestic violence), witnessing an atrocity, or major accidents or injuries.

- After exposure, most people will experience acute stress, but will not develop a condition that needs treatment
- Acute stress symptoms are considered relevant when they develop **within the first month** after a traumatic event. These symptoms include.

i. Sleep problems
ii. Behavioral changes (e.g., crying spells, social isolation)
iii. Physical sensations (e.g., aches, pains, and numbness),
iv. Extreme emotions (e.g., extreme sadness, anxiety, anger, despair) or being in a daze

For most people, these symptoms don't last long, but for others, if the symptoms exceed one month they may suffer a mental health condition known as post-traumatic stress disorder.

### Signs and Symptoms of PTSD

1. **One** experiences a trauma within one month of the event
2. **Flashbacks**: Recurrent and disturbing dreams like a remembrance of the event, including images, thoughts, or perceptions.
3. **Avoidance**: Efforts to avoid thoughts, activities, places, feelings, or conversations associated with the trauma.
4. **Alertness/Hypervigilance**: A state of being constantly on guard and alert for potential danger.

### Activity 1 -Case scenario

Ms. Evans, a high school teacher, witnessed a violent altercation between learners at her school. In the following weeks, she experienced recurrent nightmares of the incident and intrusive flashbacks during class, causing her to feel detached and anxious. She began avoiding school events and became irritable with learners. Ms. Evans found it difficult to concentrate on lesson planning and often felt on edge, startled by sudden noises. Her sleep was disrupted, and she frequently called in sick, overwhelmed by persistent fear and emotional distress.

**Facilitators note:** Divide participants into groups to discuss whether Ms. Evans's case presents as Acute Stress or PTSD, providing a rationale for their selection based on the case details and symptoms.

## Depression and Anxiety

### Depression:

Depression is a mental health condition that presents with sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep, low energy, and poor concentration

### Signs and symptoms:

- Low energy, fatigue, sleep problems
- Multiple persistent physical symptoms with no clear cause (e.g. aches and pains)

- Persistent feeling of sadness.
- Little interest in or pleasure from activities you once used to like.
- Having trouble concentrating or remembering details
- Feeling guilty, worthless, or helpless
- Difficulty with daily functioning
- Thinking about suicide or hurting yourself

## Anxiety:

Anxiety is a mental health condition characterized by excessive, uncontrollable, and irrational fear or worry about everyday situations, lasting for at least several months.

## Signs and symptoms:

- Feeling nervous, restless or tense.
- Having a sense of impending danger, panic or doom.
- Having an increased heart rate.
- Breathing rapidly (hyperventilation).
- Sweating.
- Trembling.
- Feeling weak or tired.

**IMPORTANT** Ask for thoughts or plans of self-harm or suicide

**Facilitator Note**; Explain that it's particularly important to ask questions on suicidal thoughts and Alcohol and substance abuse because they both often accompany depression and anxiety

## Activity 2: The hand technique for strengthening social support

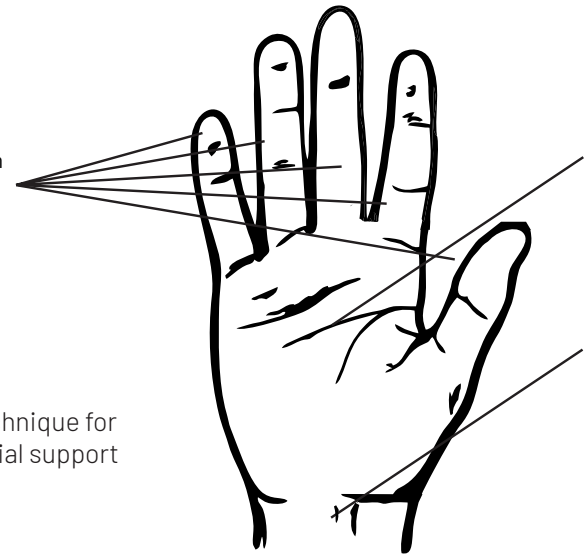



Figure 2: Hand technique for strengthening social support

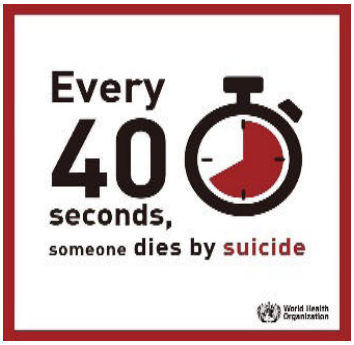
*Source: Kakuma MHPSS Technical working group*

| Social mobilization | Behavioral activation | Positive Affirmation |
|---|---|---|
| Identify people or organizations you can visit and share your problems | Identify activities that can relax your mind and give you happiness for example joining community self-help groups | Speak nice words about yourself for example, i am not a failure, I am strong, I have faith, etc. |

**Facilitator**: Help participants memorize this technique for 5 mins, focusing on the three domains of strengthening social support, i.e. social mobilization, behavioral activation, and positive affirmation.

# Suicide

## Introduction:




Suicide is defined as death caused by self-inflicted injury with the intent to die. A suicide attempt might not result in death or injury.

Mental health conditions, acute emotional distress, and hopelessness are common in humanitarian settings and such problems may lead to suicide or acts of self-harm. Many people mistakenly fear that asking about suicide will provoke the person to attempt suicide.

On the contrary, talking about suicide often reduces the person's anxiety around suicidal thoughts, helps the person feel understood, and opens opportunities to discuss the problem further.

## Presenting complaints of a person at risk of suicide or self-harm

- Feeling extremely upset or distressed
- Profound hopelessness, sadness and worthlessness.
- Past attempts at self-harm (e.g. acute pesticide intoxication, medication overdose, self-inflicted wounds).

# Brainstorm

## True or False question

Asking participants if they have ideas or plan of harming themselves gives them the idea and desire to attempt suicide

## Activity 3-Case scenario

Michael has been struggling emotionally for months after the recent death of his father. Over the past few weeks, his colleagues have noticed that he seems withdrawn and has been posting concerning messages on social media, including "I don't think I can go on much longer." In the staff room he has been very quiet and isolating himself.

### Teacher's Role & Action:

- The fellow teachers recognize the red flags of suicidal ideation and immediately approach Michael in a private, calm manner after class, saying, "I've noticed you seem down lately. I care about you, and I just want to check in to see how you're doing."
- Michael initially brushes it off, but the colleague gently probes with open questions: "Sometimes when people are feeling overwhelmed, they think things might never get better. Have you been feeling that way?"
- The fellow teacher listens empathetically and doesn't minimize his feelings, ensuring Michael knows it's okay to talk about difficult emotions.
- The colleague assesses whether Michael is in immediate danger (e.g., by asking directly, "Are you thinking about harming yourself?"). If Michael admits to having suicidal thoughts, the teacher assures him he is not alone and immediately involves the school counselor, calling in other mental health professionals if necessary.
- The colleague arranges for Michael's relatives to be informed, respecting confidentiality but ensuring his safety is the top priority.

### Take away points

- Recognize signs of suicidal ideation such as withdrawal, hopelessness, and verbal or written cues.
- Don't be afraid to ask direct, non-judgmental questions about suicide.
- Take all threats of suicide seriously and immediately involve professional support and the teacher's family.
- These scenarios help teachers recognize early warning signs, provide initial support, and ensure that the right resources are in place to help colleagues facing mental health challenges

### Recap on how to talk about suicide or self-harm

1. Create a safe and private atmosphere for the person to share thoughts.

- Do not judge the person for being suicidal

2. Use a series of questions where any answer naturally leads to another question. For example,

- [Start with the present] How do you feel?
- [Acknowledge the person's feelings] You look sad/upset. I want to ask you a few questions about it.
- How do you see your future? What are your hopes for the future?
- Do you think about hurting yourself?

- Have you made any plans to end your life?
- If so, how are you planning to do it?
- Do you have the means to end your life?
- Have you considered when to do it?
- Have you ever attempted suicide?

3. If the person has expressed suicidal ideas, take the following steps:

- Maintain a calm and supportive attitude
- Do not make false promises.
- Refer immediately 


# Psychosis

## Introduction

Psychosis is a mental health condition that affects how a person perceives and understands reality. Individuals experiencing psychosis may firmly believe things (delusions- strong beliefs that are not based on reality) or have sensory experiences (hallucinations-such as hearing or seeing things that are not real). These beliefs and experiences are often viewed as unusual or abnormal by family members or the wider community. Individuals with psychosis are frequently unaware that they have a mental health condition, which can make it difficult for them to seek help. Without appropriate support and treatment, psychosis can significantly affect a person's daily functioning, making it difficult to maintain relationships, succeed in education or work, and carry out everyday activities.

## Activity 4

### Look at this picture

1. What do you think is happening to this person?

2. What could be the cause of what they are experiencing?

Pair participant near you and discuss your answers. Share your thoughts to your group/class

### Signs and symptoms of psychosis

- Abnormal behavior (e.g. strange appearance, self-neglect, incoherent speech, wandering aimlessly, mumbling or laughing to self)
- Strange beliefs
- Hearing voices or seeing things that are not there
- Extreme suspicion
- Lack of desire to be with or talk with others; lack of motivation to do daily chores and work.
- Neglecting personal hygiene

> **Facilitator Note:** Review the symptoms of psychosis and emphasize that it is important to recognize that symptoms appearing as psychosis may be caused by substances such as alcohol or other drugs, and by medical conditions. This makes referral crucial.

## Brainstorm – True or False

- People with psychosis are violent and dangerous.
- Most people with psychosis pose no threat to others.
- Psychosis is a permanent state.
- Psychosis is a personal weakness or failure.
- People with psychosis cannot lead normal lives.

> **Facilitators note**; Debunk all these as myths as untrue

# Alcohol and Substance Abuse

### Introduction

Drugs and Substance Abuse refer to the harmful or hazardous use of psychoactive substances, including alcohol, illicit drugs, and the misuse of prescription medications. Substance abuse can negatively affect a person's physical health, mental well-being, behaviour, and relationships. In many cases, it increases vulnerability to mental health conditions, worsens existing psychological distress, and impairs an individual's ability to function effectively at home, work, or in the community. The prevalence of harmful alcohol or drug use may increase during humanitarian emergencies as adults and adolescents may try to cope with stress, loss or pain by self-medicating (using drugs, alcohol, or other substances to cope with emotional pain, stress, trauma, or mental health symptoms without medical guidance).

### Signs and symptoms of an individual abusing alcohol and other substances

- Habitual smelling of alcohol and looking intoxicated.
- Being agitated, restless, having low energy, slurred speech, unkempt appearance
- Recent unexplained injuries

- Unexplained habitual neglect of duties
- Signs of intravenous drug use (injection marks, skin infection)
- Frequent requests for sleeping tablets or painkillers.

### Drugs and substance abuse can lead to the following problems:

- **Dependence:** Development of uncomfortable symptoms in the absence of drug or alcohol. This causes an inability to control substance use.
- **Withdrawal:** Physical and mental symptoms that occur upon cessation or significant reduction.
- **Harmful use:** The use leads to physical and mental disorders or other significant problems in the person's life.

## Brainstorm

What legal and illegal substances are commonly used in your community?

Do these substances have other names in the community?

## Activity 5 – case scenario

Juk, a 46-year-old high school teacher, has always been a good staff and hard working. Recently, his new group of friends started experimenting with alcohol and marijuana at parties. One evening, they pressured him into trying it, saying, "Come on, it's just for fun. Don't be bored." Juk feels torn—he doesn't want to disappoint his friends, but he also knows it could affect his performance at school.

### Discussion Questions:

Divide participants into groups and discuss the following:

- What are the potential risks if Juk gives in?
- How can Juk resist pressure from colleagues?
- What role do teachers play in preventing such situations?

### Reflection

Alcohol and drug abuse causes harm to mental/physical health or general well-being:

- Medical problems or injuries because of use
- Continued use despite advice to stop
- Financial or legal problems
- Work and occupational problems
- Difficulty caring for children or dependents
- Violence towards others
- Relationship / marital problems
- Drop in academic or work performance for both learner and teachers
- Having problems with teachers and learners

# Epilepsy

## Introduction

Epilepsy is a condition that causes sudden body shaking or stiffness. During fits, a person may shake uncontrollably, become rigid, bite their tongue, or accidentally lose control of urine or stool. Epilepsy involves recurrent unprovoked seizures; unprovoked means without an acute cause.

## Activity 6 – True or false

**In groups, discuss the following and share with the rest**

1. Everybody with a convulsive seizure meets the criteria for epilepsy.
2. Epilepsy can be assessed and first Aid given by anybody

**Facilitators note:** Allow participants to deliberate on the questions and explain the following

1. Epilepsy involves 2 or more unprovoked convulsive seizures on 2 different days in the last 12 months.
2. People with epilepsy can be assessed and managed by non-specialists people including teachers

## Exercise on what to do in case you encounter someone experiencing epileptic convulsions

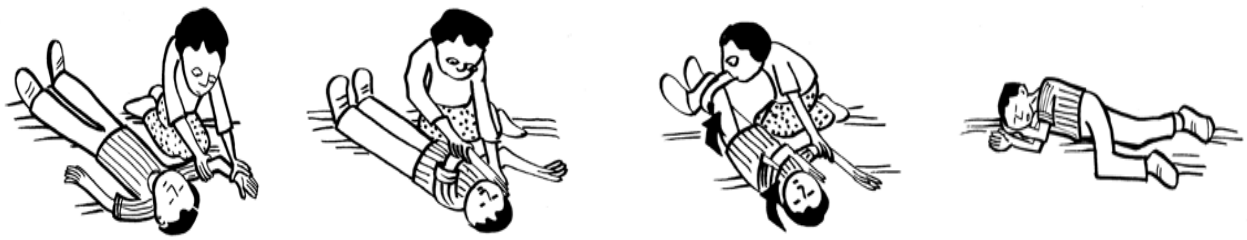


Figure 3: Hand technique for strengthening social support

*Source: mhGAP Humanitarian Intervention Guide*

1. Kneel on the floor on one side of the person. Place the arm closest to you at a right angle to their body with the person's hand upwards towards the head.
2. Place the other hand under the side of the person's head, so that the back of the hand is touching the cheek.
3. Bend the knee furthest from you to a right angle. Roll the person carefully onto his or her side by pulling on the bent knee.
4. The person's top arm should be supporting the head, and the bottom arm will stop the person from rolling too far.

**Facilitator Note:** Take participants through illustration and explain that this maneuver moves the tongue out of the airway and helps the person breathe better and prevents choking.

## As a first case responder, you should not do the following:

- Do not try to restrain or hold the person to the floor.
- Do not put anything in the person's mouth.
- Move any hard or sharp objects away from the person to prevent injury.

**ALWAYS** stay with the person until the seizure stops and they regain consciousness. Ask whether they are taking any medications, and if they are not, refer them to a health facility for further care.

### Take Away

There are still a lot of stigmas associated with Epilepsy, and this prevents many people from seeking health care.

## Reflection

On the whiteboard, list common challenges teachers face when supporting fellow teachers with epilepsy and strategies to overcome them.

## What to do as a helper

1. **Offer psychoeducation –** the process of providing information and guidance to individuals and their carers about mental health conditions, their effects, and ways to manage them. Its purpose is to increase understanding, reduce stigma, promote coping strategies, and empower people to take an active role in their recovery.

**Key messages by helper to the person and the carers:**

- Mental health conditions are very common and can affect anybody at any time in their life.
- The occurrence of mental health conditions does not mean that the person is weak or lazy.
- The negative attitudes of people with mental health conditions tend to have unrealistically negative opinions about themselves, their life, and their future.
- Even if it is difficult, the person should try to do as many of the following as possible, as they can all help to improve mood:
    - ✓ Try to start again (or continue) previously pleasurable activities.
    - ✓ Try to maintain regular sleeping and waking times.
    - ✓ Try to be as active as possible.
    - ✓ Try to eat regularly despite changes in appetite.
    - ✓ Try to spend time with trusted friends and family.
    - ✓ Try to participate in community and other social activities as much as possible.

- The person should be aware of thoughts of self-harm or suicide. If they notice these thoughts, they should not act on them but should tell a trusted person and come back for help immediately.

2. **Offer psychosocial support on reducing stress and strengthening social support**

- Offer basic helping skills for reducing stress
- Help the person activate previous social networks. Identify prior social activities that, if reinitiated, would have the potential for providing direct or indirect psychosocial support (e.g., family gatherings, visiting neighbors, or participating in community activities).

# Session 3: Psychological First Aid (PFA)

**Session Time**: 6 hours

**Session outcomes**.

By the end of this module, the participants should be able to:

- Define the term Psychological First Aid (PFA)
- Explain why PFA is important to the well-being of teachers
- Demonstrate understanding of the four principles of PFA
- Understand the use of basic helping skills in PFA

**Training resources**

- Flipcharts
- Marker pens
- Masking tapes

## Introduction

PFA aims to help affected individuals feel safe, calm, supported, and connected to available resources. It can be delivered by trained professionals as well as non-specialists, making it a widely accessible approach in emergency and humanitarian settings. The intervention respects individuals' dignity, culture, and capacity to cope, while encouraging healthy coping strategies and recovery.

### What is PFA?

Psychological First Aid (PFA) is a supportive, humane, and practical intervention designed to help individuals who are experiencing psychological distress following a crisis, disaster, or traumatic event. It is not a form of professional counselling or psychotherapy; rather, it focuses on providing immediate emotional and practical support to reduce initial stress and promote adaptive functioning.

## Session Outline

- Introduction to PFA
- PFA principles
- Basic helping skills
- Reflection

## Introduction to Psychological First Aid (PFA)

### Activity 1: Brainstorming

**Facilitators' note:** Assume you are a teacher at a sports event, and suddenly a fellow teacher falls and faints. How would you react? What action will you take? Discuss on how you would use First Aid skills to help the teacher.

### Activity 2: Brainstorming

Ask the participants to share the kinds of stressful events they have encountered in life or at work that affected them or other people around them. Training resources: flip charts and marker pens.

| PFA is | PFA is not |
|---|---|
| • Immediate practical care & support<br>• Addresses basic needs and concerns<br>• Active Listening,<br>• Comforting and calming the individual<br>• Links the individual to services and social support<br>• Prevents further harm & injury<br>• Gives a clear understanding of the situation | • Limited to professionals<br>• Professional counseling<br>• "Psychological debriefing"<br>• A narration of the events |

## Ethical considerations ("rules") when offering PFA

- **Safety:** Ensure safety for self and the individual in distress depending on the incidence.
- **Dignity:** Treat the individual with respect according to their cultural and social norms.
- **Rights:** Treat all individuals fairly without discrimination based on gender, age, religion & culture.
- **Confidentiality:** Maintain confidentiality where possible. However, confidentiality may be broken in the following circumstances:
    - When the teacher or learner's life is in danger
    - When another person's life is in danger due to a client's behavior
    - When required by the authority
    - When children are involved in abuse/risk
    - Seeking consent to offer help
- Act in the **best interest** of the individual.
- Maintain **professiona**l boundaries

## Activity 3: Group activity

**Facilitator's notes:** To help the team understand how to deliver PFA while taking into consideration the social, cultural, and religious factors that could affect the delivery of PFA.

Divide the participants into  groups. Assign each group the subtopic below to discuss and share with the rest of the team on the social and cultural factors to consider when offering PFA

The subtopics are

- **Dressing**
- **Language**
- **Gender, Age & power**
- **Contact (touch & behavior)**
- **Beliefs and practices**

# PFA Principles

| | |
|---|---|
| Prepare  | • Learn about the crisis event<br>• Learn about available services and supports<br>• Learn about safety and security concerns<br>• Learn the social cultural and religious beliefs and practices in the community you work |
| Look  | • Observe for safety<br>• Observe for people with obvious urgent basic needs<br>• Observe for people with serious distress reactions |
| Listen  | • Make contact with people who may need support<br>• Ask about people's needs and concerns<br>• Listen to people and help them feel calm |
| Link  | • Help people address basic needs and access services<br>• Help people cope with problems<br>• Give adequate and accurate information on the issue and available services and resources<br>• Connect people with loved ones and social support<br>• Refer and follow up people in need of other/more or specialized services |

*Table 2: PFA Principles*

# Techniques to be used while providing PFA

## Activity 4: Guided calming techniques

Facilitator's note: Guide the learners to practice these techniques as you observe and share their experience.

### 1. Breathing Exercises

- Stand or sit in a comfortable position, leaving your hands by your side
- Through your nose, slowly take a deep breath, bringing your hands up around your hips to be aware of your abdomen (not chest) expanding.
- Hold your breath for five seconds
- Then slowly exhale all the air through your mouth, while slowly pushing your hands back down
- Repeat 3 times and then breathe normally.

https://www.youtube.com/watch?v=75PUjUsGs00

### 2. Tapping exercises

- Sitting down, place the feet on the floor and acknowledge the security the floor offers your body;
- Tap your fingers or hands on your lap – just gently and with minimal noise;
- Next, tap two fingers from one hand gently against the back of the other hand. You can also shift the tapping to the thighs or other parts of the body.

**Reflection:** Ask participants if this is applicable in a school setting.

# Basic Helping Skills

## Introduction

These are tools that help one to communicate with and help teachers in distress. They help;

- In establishing rapport and trust in the relationship.
- Protect the individual from further harm.
- Creating an enabling environment to disclose their experiences of distress.

They include.

## 1. Communication

Communicating concerns to your client is an important skill. It is important to understand your colleague's situation and emotions without becoming too involved and taking on their feelings, as this can lead to stress and overburden you. The following statements can be used to communicate concern:

- "This experience appears to have been very challenging, upsetting, or frightening for you."
- "Your facial expressions indicate how painful this experience was."
- "It seems that you have encountered many difficult situations."
- "You appear to have gone through a great deal."
- "I can imagine how sad or frightening this experience was for you."

## 2. Non-Verbal Skills

Non-verbal skills are the act of conveying information or meaning without using spoken words, often through body language, facial expressions, gestures, eye contact, posture etc.

These include maintaining culturally appropriate eye contact, culturally appropriate nodding of your head, and, in most cultures, keeping your posture open. (S-Sit squarely, O-Open posture, L-Lean forward, E-Eye Contact, and R-Relaxed).

Use of brief verbal indications that you are listening, such as "uh-huh", "okay", "I see" and "mmm" are also important

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https://www.youtube.com/watch?v=Wemm-i6XHr8

### 3. Praising Concern

To help your colleague feel comfortable talking about personal, difficult, or embarrassing topics, try to thank or even genuinely praise them for being so open.

Some examples are shown below

- "Thank you for sharing that".
- "You were very courageous in sharing those intimate feelings with me".
- "Although it may have been difficult to talk about that with me, I think it will be very helpful for your recovery."
- "I can see that you are really trying to practice managing stress regularly."
- Use local proverbs: e.g., "You double happiness and half your sorrow by sharing what's on your mind."

### 4. Emotional Validation

Emotional validation is acknowledging and accepting a person's inner experience, thoughts, feelings, and behavior without judgment. It means that you are letting your colleagues know that their reactions are understandable.

Some examples of validating are;

- "You have been through a very difficult experience, and it's not surprising that you would be feeling stressed".
- "What you have just described is a common reaction for people to have in these situations".
- "Many people I have worked with have also described feeling this way".
- The reactions you have described are very common.
- I am not surprised that you are so scared

### 5. Putting aside your values

Respect others' values and beliefs without judgment.

## Activity 5: Roleplay

**Facilitators notes:** In the staffroom, you recognize Mr. Kibor's blank stare and head-shaking as signs of distress and approach him to offer assistance as you have been trained on PFA. Role-play how you will approach him and offer support.
Ask participants what basic helping skills they have taken note of.

The participants to use the checklist provided

*Table 3: Basic helping skills observation checklist*

| Skill | Tick if you noticed it |
|---|---|
| Observation | |
| Recognition of signs of distress | |
| Offering assistance | |
| Active listening | |
| Providing comfort | |
| Encourage communication | |
| Validating feelings | |
| Offering support | |
| Positive reinforcement | |
| Follow up | |
| Putting aside your values | |

## Important Note.

As you conclude Psychological First Aid (PFA), assess the situation, the person's needs and your wellbeing.

If appropriate:

- Explain that you are leaving.
- Introduce the next point of contact.
- Inform them of what to expect in the services they have been linked.
- Provide details on follow-up.
- End on a positive note by wishing them well.

## Reflection

PFA is important for teachers and learners who have experienced crisis and traumatic events. It helps promote mental well-being, preventing the development of mental health complications. When providing this, basic helping skills should be observed for optimal outcomes.

PFA can be provided by anyone and not necessarily a trained mental health professional

# Session 4: Teachers' Wellbeing

**Session Time:** 3 hours

**Session outcomes.**

By the end of this session, the participants should be able to:

- Describe teachers' wellbeing
- Identify selfcare strategies
- Explain different practical selfcare skills that can be used by teachers to support their well-being

**Training resources**

- Flip charts
- Marker pens
- Self-care assessment handouts

## Introduction

A teacher's wellbeing is an important aspect in the day-to-day functioning and influences learning outcomes. It includes a feeling of satisfaction, fulfillment, healthy psychological functioning, low stress levels, and absence of burnout. Additionally, it's a combination of personal, physical, and emotional factors.

A teacher's wellbeing has a significant impact on interpersonal relationships, the learners and the entire school community. Thus, prioritizing teachers' wellbeing is important for enhancing the quality of education, reducing teacher attrition and fostering a positive and effective learning environment.

## Session Outline:

1. Definition of teachers' wellbeing.
2. Self-care strategies
3. Practical self-care skills

## Activity 1: Brainstorm

What affects your well-being as a teacher?

**Facilitator Note:** Have an open discussion on the question while noting down responses from participants on a flipchart

## Self-care strategies for teachers.

Teachers' wellbeing is fundamental for effective teaching and learning. The daily realities of teaching in crisis affected areas are entailed with trauma, limited resources, and the constant pressure to provide a conducive learning environment which can take a significant toll on teachers. Without proper self-care the emotional and physical toll of teaching can lead to burnout, fatigue and diminished teacher wellbeing.

Self-care is taking charge of your own well-being. It is the daily habit of staying healthy, preventing sickness, and managing existing health issues either on your own or alongside professional advice. This session explores practical self-care strategies to help teachers maintain their wellbeing, sustain their motivation, and enhance their effectiveness in the classroom.

**Facilitators' note:**

- Invite participants to share their experiences as follows:
- Write the following statement on a flip chart and give time for every participant to share
- "When I feel upset/angry/frustrated/sad because of ....., I do..... to feel better.
- Let all participants share

## Key self-care skills include

**Physical Well-being**

- Establish a regular sleep schedule with an average of 7 to 8 hours.
- Engage in regular physical activity and simple exercises, like walking, stretching, jogging.
- Take breaks during the day to rest and recuperate.
- Practice deep breathing or mindfulness techniques.

**Emotional Well-being**

- Recognize and validate your emotions, both positive and negative.
- Focus on the positive aspects of your life and practice gratitude.
- Engage in mindfulness or meditation to reduce stress and improve emotional regulation.
- Write down your thoughts and feelings to process experiences and gain clarity.
- Talk to trusted colleagues, friends, or family members about your experiences.
- Learn to say "no" to excessive demands and prioritize your own needs.
- Consider counseling if needed.

**Social Well-being**

- Spend time with supportive friends, family, or colleagues.
- Create or join a supportive community of people who understand the demand of your work and offer needed encouragement and assistance.
- Participate in activities like swimming, hiking, playing and watching games that bring you joy and connect you with others.
- Talking to other teachers can help normalize your experiences and reduce feelings of isolation

**Professional Well-being**

- Set realistic expectations:
- Avoid overcommitting and prioritizing important tasks.
- Enhance your skills through training and professional development.
- Collaborate with colleagues on work related activities.
- Share resources and support each other.
- Acknowledge and celebrate your accomplishments.
- Appreciate your impact in others' lives.

https://www.youtube.com/watch?v=6kVVrE_sCNA

## Activity 2: Reflection

Share the handouts for participants to work on their self-care assessment.

# Self-care Assessment

**Self-care** activities are the things you do to maintain good health and improve well-being. You'll find that many of these activities are things you already do as part of your normal routine.

In this assessment you will think about how frequently, or how well, you are performing different self-care activities. The goal of this assessment is to help you learn about your self-care needs by spotting patterns and recognizing areas of your life that need more attention.

There are no right or wrong answers on this assessment. There may be activities that you have no interest in, and other activities may not be included. This list is not comprehensive, but serves as a starting point for thinking about your self-care needs.

| | | |
|---|---|---|
| **1** | I do this poorly | I do this rarely or not at all |
| **2** | I do this OK | I do this sometimes |
| **3** | I do this well | I do this often |
| ★ | I would like to improve at this | I would like to do this more frequently |

| 1 | 2 | 3 | ★ | **Physical Self-Care** |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | Eat healthy foods |
| ☐ | ☐ | ☐ | ☐ | Take care of personal hygiene |
| ☐ | ☐ | ☐ | ☐ | Exercise |
| ☐ | ☐ | ☐ | ☐ | Wear clothes that help me feel good about myself |
| ☐ | ☐ | ☐ | ☐ | Eat regularly |
| ☐ | ☐ | ☐ | ☐ | Participate in fun activities (e.g. walking, swimming, dancing, sports) |
| ☐ | ☐ | ☐ | ☐ | Get enough sleep |
| ☐ | ☐ | ☐ | ☐ | Go to preventative medical appointments (e.g. checkups, teeth cleanings) |
| ☐ | ☐ | ☐ | ☐ | Rest when sick |
| ☐ | ☐ | ☐ | ☐ | Overall physical self-care |

# Self-care Assessment

| 1 2 3 ★ | **Psychological / Emotional Self-Care** |
|---|---|
| ☐☐☐☐ | Take time off from work, school, and other obligations |
| ☐☐☐☐ | Participate in hobbies |
| ☐☐☐☐ | Get away from distractions (e.g. phone, email) |
| ☐☐☐☐ | Learn new things, unrelated to work or school |
| ☐☐☐☐ | Express my feelings in a healthy way (e.g. talking, creating art, journaling) |
| ☐☐☐☐ | Recognize my own strengths and achievements |
| ☐☐☐☐ | Go on vacations or day-trips |
| ☐☐☐☐ | Do something comforting (e.g. re-watch a favorite movie, take a long bath) |
| ☐☐☐☐ | Find reasons to laugh |
| ☐☐☐☐ | Talk about my problems |
| ☐☐☐☐ | Overall psychological and emotional self-care |

| 1 2 3 ★ | **Social Self-Care** |
|---|---|
| ☐☐☐☐ | Spend time with people who I like |
| ☐☐☐☐ | Call or write to friends and family who are far away |
| ☐☐☐☐ | Have stimulating conversations |
| ☐☐☐☐ | Meet new people |
| ☐☐☐☐ | Spend time alone with my romantic partner |
| ☐☐☐☐ | Ask others for help, when needed |
| ☐☐☐☐ | Do enjoyable activities with other people |
| ☐☐☐☐ | Have intimate time with my romantic partner |
| ☐☐☐☐ | Keep in touch with old friends |
| ☐☐☐☐ | Overall social self-care |

# Self-care Assessment

| 1 2 3 ★ | **Spiritual Self-Care** |
|---|---|
| ☐☐☐ ☐ | Spend time in nature |
| ☐☐☐ ☐ | Meditate |
| ☐☐☐ ☐ | Pray |
| ☐☐☐ ☐ | Recognize the things that give meaning to my life |
| ☐☐☐ ☐ | Act in accordance with my morals and values |
| ☐☐☐ ☐ | Set aside time for thought and reflection |
| ☐☐☐ ☐ | Participate in a cause that is important to me |
| ☐☐☐ ☐ | Appreciate art that is impactful to me (e.g. music, film, literature) |
| ☐☐☐ ☐ | Overall spiritual self-care |

| 1 2 3 ★ | **Professional Self-Care** |
|---|---|
| ☐☐☐ ☐ | Improve my professional skills |
| ☐☐☐ ☐ | Say "no" to excessive new responsibilities |
| ☐☐☐ ☐ | Take on projects that are interesting or rewarding |
| ☐☐☐ ☐ | Learn new things related to my profession |
| ☐☐☐ ☐ | Make time to talk and build relationships with colleagues |
| ☐☐☐ ☐ | Take breaks during work |
| ☐☐☐ ☐ | Maintain balance between my professional and personal life |
| ☐☐☐ ☐ | Keep a comfortable workspace that allows me to be successful |
| ☐☐☐ ☐ | Advocate for fair pay, benefits, and other needs |
| ☐☐☐ ☐ | Overall professional self-care |

**Facilitators Note:** The goal of this assessment is to help you learn about your self-care needs by spotting patterns and recognizing areas of your life that need more attention. There are no right or wrong answers to this assessment. This serves as a starting point for thinking about your self-care needs.

## Activity 3: Reflection

Teacher-Wellbeing Personal Plan

Ask each teacher to develop a simple personal action plan by writing down at least three practical strategies they commit to implement to support their own well-being (e.g. stress management, peer support, self-care, or classroom practices).

Ask teachers to voluntarily share their strategies with the group to promote peer learning, accountability, and collective support.

# Session 5: Referral pathways

**Session Time:** 1.5 hours

**Session Outcomes.**

By the end of this module, the participants should be able to:

- Understand referral and referral structurers
- Identify key issues that require referral for specialized services
- Outline the process of referral for teachers and support staff, including documentation, consent, confidentiality, and follow-up procedures.

**Training resources**

- Training evaluation form
- Flip charts
- Marker pens

## Introduction

In school setups, teachers may require services that are beyond the expertise or scope of work of the current service providers. A referral can be made to a variety of services, such as health, protection, livelihood services, etc.

In refugee settings, there exist a number of humanitarian organizations that provide various services to people affected by challenges, including those with mental health issues. This therefore requires a coordinated approach to the response mechanism, thus the need for an efficient referral structure/ mechanism.

## Session Outline

1. Explore the meaning and importance of referrals in professional practice.
2. Identification of situations making referrals if appropriate.
3. Key steps involved in referrals and referral process

## Why Refer

A teacher may require a referral when.

i. A teacher needs treatment for specific conditions that require expertise outside their current teacher's scope
ii. The teacher and school counselor don't have the specific expertise needed to support a teacher
iii. There is language or cultural barrier
iv. There is dual relationship or other ethical considerations

## Who is to be referred

- Teachers with protection concerns
- Teachers showing signs and symptoms of a mental health condition
- With suicidal tendencies (Thoughts/ Ideations/Plans)
- Experiencing gender based violence (GBV) or Intimate Partner Violence (IPV) in their homes

## How to make a referral

Step 1: Identify the need (e.g., withdrawal, absenteeism).
Step 2: Use Psychological First Aid (PFA) skills to listen and provide initial support where possible.
Step 3: Obtain informed consent for the referral.
Step 4: Complete the referral using the MOH 100 form.
Step 5: Ensure accurate filing and documentation.
Step 6: Conduct follow-up to monitor progress and provide additional support if needed.

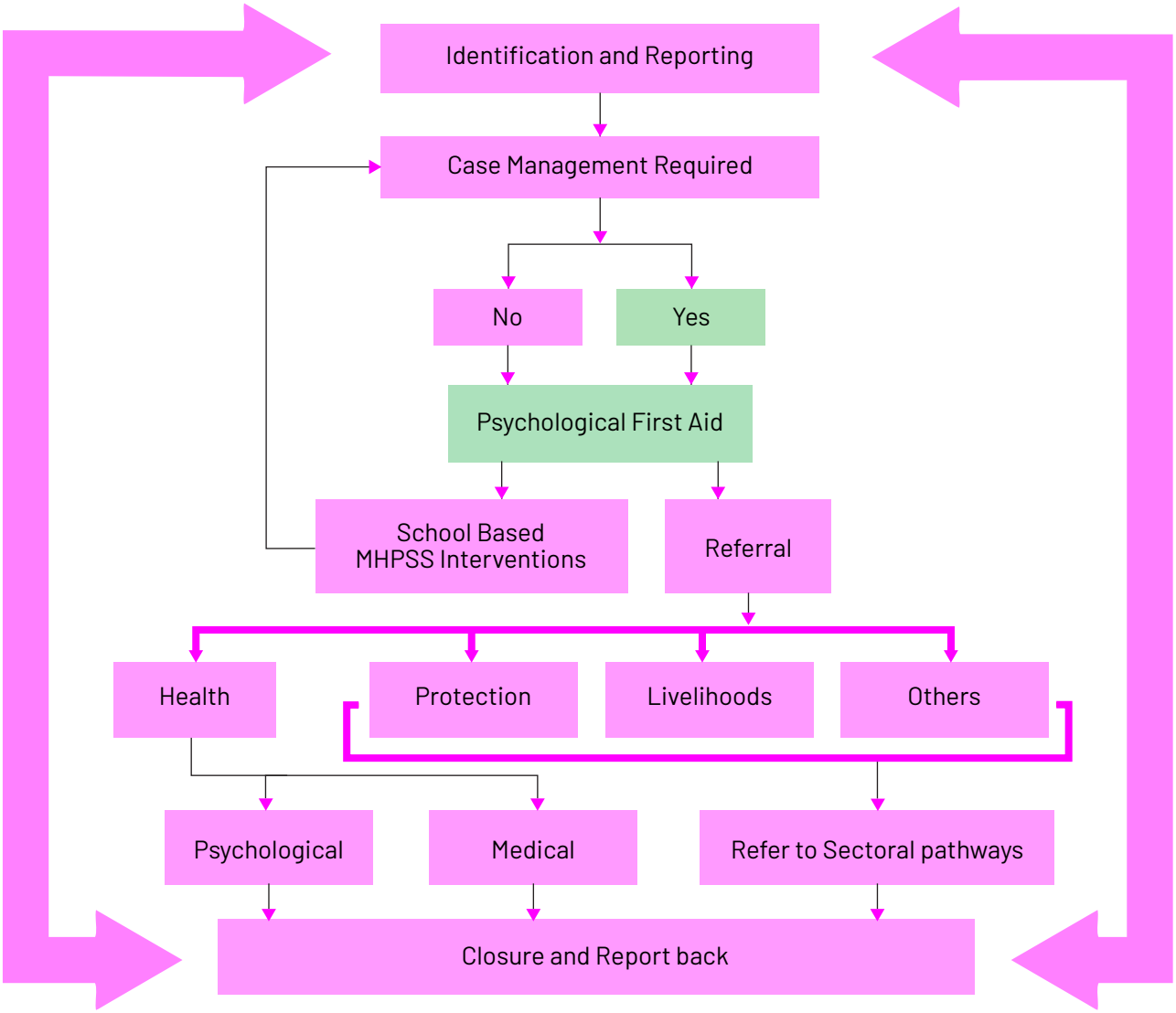
## Who refers

1. Head of Institution
2. School counsellor
3. MHPSS Champion

## The Referral Process

The figure below summarizes the referral process.

*Figure 4: MHPSS referral pathways*



**Facilitator's Note:** Ensure that participants understand referral pathways which are essential for effective teacher's and learner's support. This process ensures teachers and learners receive appropriate, timely assistance when their needs extend beyond classroom-level interventions.

## Coordination

Beyond health, referrals will leverage existing coordination mechanisms. Protection, GBV, Youth, and Livelihoods Technical Groups, alongside community leaders, will manage diverse needs. This ensures holistic support, addressing safety, protection concerns, livelihood opportunities, and social well-being. Cases requiring specialized interventions will be channeled through these established coordination networks, fostering efficient resource allocation and community-driven solutions.

# Pre and Post-Test

**Purpose:** Evaluate participant knowledge uptake on core MHPSS concepts.

The **MHPSS Training Pre- and Post-Test** assesses participants' understanding of key mental health and psychosocial support(MHPSS) concepts before and after the training. The results are used to evaluate learning gains and identify areas for further emphasis.

**Instructions for Participants**

- Read each question carefully.
- Select only one best answer for each question.
- Answer all the questions.
- There are no penalties for incorrect answers.

## Section A: Demographic Information

<table>
<tr><th colspan="5">Setting Information</th></tr>
<tr><td>1. County<br>Garissa<br>Turkana</td><td colspan="2">2. Sub-county</td><td>3. Teachers' School Name</td><td>4. Name of Respondent</td></tr>
<tr><td>5. Designation:<br>Head of institution<br>Deputy Head of institution<br>Senior teacher<br>Teacher</td><td>6. Gender<br>Male ☐<br>Female ☐<br>Other ☐</td><td colspan="3">7. Phone number<br>8. School levels Grade<br>Lower grade ☐<br>Upper grade ☐<br>Junior school ☐<br>9. Setting<br>Refugee camp ☐<br>Host community ☐</td></tr>
</table>

*Table 4: Demographic Information*

## Section B

| Q# | Question | a) | b) | c) | d) |
|---|---|---|---|---|---|
| 1 | What is mental well-being? | A state where an individual can cope with stress and function effectively | The absence of any negative emotions | Ignoring problems and avoiding stress | Being happy all the time |
| 2 | Why is taking care of mental well-being important? | It helps individuals cope with challenges and perform better | It ensures people never feel sad or stressed | It allows people to avoid their emotions | It makes work completely stress-free |
| 3 | What is a common cause of mental health challenges among teachers? | Having supportive colleagues | Heavy workload and lack of resources | Receiving regular professional training | Having enough teaching materials |
| 4 | Which of the following is a common mental health condition among teachers? | Hypertension | Depression | Tuberculosis | Malaria |
| 5 | What is one-way a teacher can take care of their mental health? | Seeking social support and professional help | Avoiding talking about their problems | Working longer hours to distract themselves | Keeping emotions bottled up |
| 6 | Which of the following is a major cause of stress for teachers in refugee camps? | Large class sizes and inadequate resources | Supportive school leadership | Having a balanced workload | Access to frequent training sessions |
| 7 | What is a sign of a teacher experiencing distress? | Increased absenteeism and emotional exhaustion | Increased job satisfaction | Better focus and motivation | Improved physical health |
| 8 | Which of the following is an effective way to manage stress? | Practicing relaxation techniques like deep breathing | Avoiding all social interactions | Keeping problems to oneself | Ignoring the signs of stress |

| | | | | | |
|---|---|---|---|---|---|
| 9 | How can schools support teachers' mental well-being? | Providing access to counseling and peer support | Increasing workload without resources | Ignoring teachers' concerns about stress | Expecting teachers to handle stress alone |
| 10 | What is a healthy way for teachers to deal with workplace conflict? | Engaging in open communication and problem-solving | Avoiding discussions and ignoring conflicts | Blaming colleagues for the issues | Quitting the job immediately |
| 11 | What is Psychological First Aid (PFA)? | Giving medication | Providing emotional support | Physical first aid | A type of therapy |
| 12 | Why is teacher well-being important? | For maintaining discipline | To manage classroom supplies | To support learning outcomes | To report more often |
| 13 | What is one self-care strategy for teachers? | Ignoring stress | Practicing mindfulness | Working longer hours | Avoiding students |
| 14 | Which of the following is a component of MHPSS? | Grading exams | Psychological support | Financial training | Constructing classrooms |
| 15 | When should a teacher refer a learner for further psychosocial support? | When the learner is noisy | If stress symptoms persist | When they ask questions | After punishment |
| 16 | Which of the following best describes mental health? | Absence of emotions | Ability to cope with stress | Being happy all the time | Staying isolated |
| 17 | Which of the following would be a red flag for referral? | Student laughs in class | Persistent sadness and withdrawal | Asking many questions | Talking to peers frequently |

**Scoring:** 1 for each correct answer, 0 otherwise.

## Section C: True/False Questions

| # | Question | Response |
|---|---|---|
| 1 | Teachers who prioritize their mental well-being are more effective in the classroom. | **True/False** |
| 2 | Ignoring signs of stress can lead to improved mental health | |
| 3 | Mental health challenges only affect teachers in high-stress environments like refugee camps | |
| 4 | A teacher who is frequently absent and tired may be showing signs of emotional distress | |
| 5 | Teachers should never talk about their mental health struggles with others | |
| 6 | Regular self-care practices can help prevent burnout in teachers | |

# MHPSS Training Evaluation

## Section A: Content Clarity, Relevance, and Cultural Appropriateness

**Purpose:** Gather feedback on manual content and delivery style.

Likert scale: 1 = Strongly Disagree,2=Disagree, 3=Neutral, 4=Agree, 5 = Strongly Agree

| # | Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 1 | The content of the training manual was clear and easy to understand. | | | | | |
| 2 | The examples used in the manual were relatable and culturally appropriate. | | | | | |
| 3 | The topics were relevant to my work as a teacher in this refugee context. | | | | | |
| 4 | The language used in the manual was appropriate and respectful. | | | | | |
| 5 | The training increased my confidence in offering psychosocial support to teachers and learners | | | | | |
| 6 | I could apply what I learned to real-life situations in my classroom. | | | | | |

*Table 5: Content Clarity, Relevance, and Cultural Appropriateness*

## Section B: Training Delivery & Methodology

**Purpose:** Gather participant feedback on training facilitation.

| # | Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 1 | The facilitators delivered the content effectively. | | | | | |
| 2 | The training approach was participatory and interactive. | | | | | |
| 3 | The group activities helped me understand MHPSS concepts better. | | | | | |
| 4 | The training environment was supportive and conducive for learning. | | | | | |
| 5 | The time allocated for each session was adequate. | | | | | |

*Table 6: Training Delivery & Methodology*

# MHPSS Training Program

| | |
|---|---|
| | **DAY 1** |
| **09:00- 9:30am** | **Introduction and Opening Remarks** |
| **09:30-11:00am** | Pre Assessment Introduction to MHPSS<br>• Key terminologies and concepts<br>• Ethical considerations<br>• General Principles of MHPSS |
| **11:00-11:30am** | Tea Break |
| **11:00– 1:00 pm** | Understanding Mental health and psychosocial support |
| **1:00-2:00 pm** | Lunch Break |
| **2:00-4:00 pm** | Importance of Mainstreaming MHPSS in Education Activities<br>Why is it important for teachers to take care of their mental health?<br>Contextualization of the IASC MHPSS Pyramid in the schools |
| | Tea Break & End of day 1 |
| | **DAY 2** |
| **09:00-9:30 am** | **Day 1 Recap** |
| **09:30-11:00 am** | Introduction to common mental health conditions and causes |
| **11:00 am-11:30 am** | Tea Break |
| **11:00 – 1:00 pm** | Stress |
| **1:00-2:00 pm** | Lunch Break |
| **2:00-3:00 pm** | Post-Traumatic Stress Disorder (PTSD) |
| **3:00-4:00 pm** | Depression |
| | Tea Break & End of day 2 |
| | **DAY 3** |
| **09:00-9:30 am** | **Day 2 Recap** |
| **09:30-10:30 am** | Suicide |
| **10:30 am-11:00 am** | Tea Break |
| **11:00-12:00 pm** | Psychosis |
| **12:00 – 1:00 pm** | Alcohol and Substance Abuse |
| **1:00-2:00 pm** | Lunch Break |
| **2:00 -3:00 pm** | Epilepsy |
| **3:00-4:30 pm** | What to do as a helper |
| | Tea Break & End of day 3 |

*Table 7: Training Delivery & Methodology*

| | |
|---|---|
| | **DAY 4** |
| **09:00-9:30am** | **Day 3 Recap** |
| **09:30 - 11:30 am** | Introduction to PFA<br>Ethical considerations ("rules") when offering PFA |
| **11:00 - 11:30 am** | Tea Break |
| **11:30 – 1:00pm** | Techniques to be used while providing PFA |
| **1:00-2:00 pm** | Lunch Break |
| **2:00-4:00 pm** | Basic Helping Skills |
| | Tea Break & End of day 4 |
| | **DAY 5** |
| **09:00-9:30am** | **Day 4 Recap** |
| **09:30 - 10:30 am** | Self-care strategies for teachers<br>Key self-care skills |
| **10:30 - 11:00 am** | Tea Break |
| **11:00 – 12:30 pm** | Referral Pathways |
| **12:30-2:00 pm** | Lunch Break |
| **2:00 -4:00 pm** | Action Planning & Next Steps<br>Post Assessment |
| | Tea Break & End of 5 |

# REPUBLIC OF KENYA
# MINISTRY OF HEALTH
## MOH 100: COMMUNITY REFERRAL FORM

| SECTION A: Patient/ Client Data | |
|---|---|
| Date: | Time of referral: |
| Name of the patient: | |
| Sex: ☐ Male ☐ Female | Age: |
| Name Village: | |
| **Reason(s) for Referral** | |
| Main Problem(s) | |
| Treatment given | |
| Comments: | |
| **CHV Referring the Patient:** | |
| Name of the CHV: | Mobile No: |
| Village/Estate: | Sub Location: |
| Location: | Ward: |
| Name of the community unit: | |
| Name of Link Health Facility: | |
| **Receiving Officer:** | |
| Date: | Time: |
| Name of the officer: | |
| Profession: | |
| Name of the Health facility: | |
| Action taken: | |
| **SECTION B: Referral back to the Community** | |
| Name of Officer: | Mobile No: |
| Name of CHV: | Mobile No: |
| Name of the Community Health Unit: | |
| Call made by referring officer: | |
| Kindly do the following to the patient:<br>1.<br>2.<br>3. | |

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