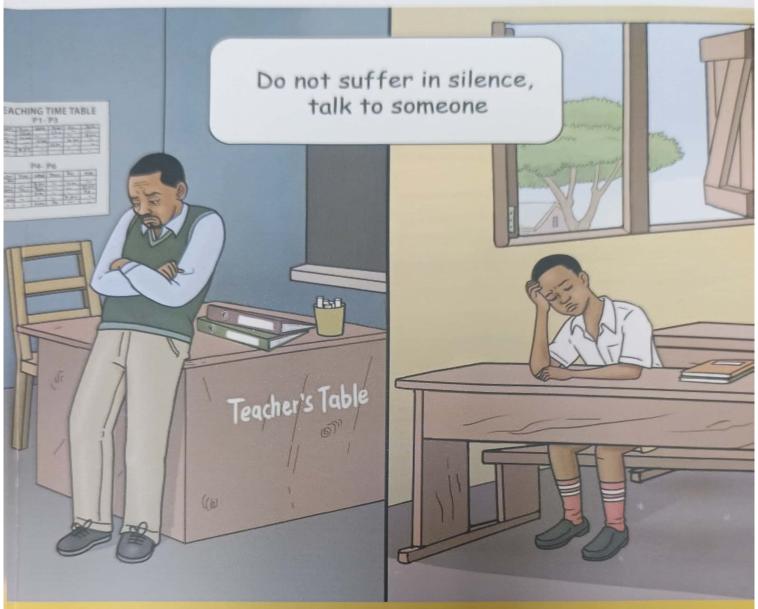




Department of Guidance & Counselling



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TEACHER'S HAND BOOK



Foreword

The health and well-being need of young people is linked to their level of participation in education. Building emotional resilience is a core pillar of education as young people experience physical and emotional challenges associated with the growth stage. The COVID pandemic however disrupted the social setup of learning as staff and learners were exposed to too much undue pressure, anxiety, depression and negative thoughts! The Education sector issued a circular 'Prioritizing mental health in learning institutions' to guide on integrating mental wellbeing in all activities.

Different materials have been developed to support leaner -led interventions on mental wellbeing and peer response. This handbook has been developed to guide teachers to improve both their personal mental wellbeing and that of other people within the learning institutions especially learners to use the wellbeing booklets to build their life skills. It provides a simple understanding of mental health challenges, relevant psychosocial support models, basic counseling skills and how to support different categories of people within a school setting.

I encourage you to use this booklet to enhance your personal resilience to challenging situations, build a supportive teaching learning environment; and contribute to school enrolment, retention, participation and transitioning. Sharing life challenges is not a weakness, but personal strength that should be nurtured in all people we interact with in our learning environments.

Good mental wellbeing is the biggest capital to better performance and quality of life!

JANET K. MUSEVENI

Ma vsereni

FIRST LADY/ MINISTER OF EDUCATION & SPORTS

Acknowledgement

The Education and Sports Sector is grateful to UNESCO for the financial support; and the different MDAs and partners for the technical input that was used to develop 'The Teachers' Handbook on Mental wellbeing and psychosocial support'. The Ministry of Education and Sports would like to appreciate of the following people and organizations for a significant contribution to the development of the teachers' handbook:

MOES: Harriet Ajilong, Enock B. Gumisiriza, Sarah Ayesiga, Rosie Agoi, Peace Busingye, Saidi Mukyawe Nsamba, Rebecca Namakula, Dauda Webiika, Milly Naluyange, Elizabeth Mutumba, Musa Birungi, Sandra Namboze, Angella Nansubuga, Mohammad Kasule, Audrine Kwagala Nabaterega, Bbuye Abubaker, Florence Kyomuhendo and Sabastian Ssempala.

MOH: Dr Hafsa Lukwata, Dr Racheal Beyagira, Dr Kenenth Kalan, Dr Irene Mwenyango, Christine Ninsiima, Dr. Agnes Ssebowa, Dr Justine Nabwire, Dr. Isha Grant and Dr. Allan Kasozi

MOGLSD: Patience Namanya, John Mugisha, Ruth Muguta and Lucy Otto

UNESCO: Charles Draecabo, Teddy Chimulwa, Rosemary Nasaba and Betty Enyipu (consultant)

Partners: UNICEF, Uganda Parliamentary Forum on Mental health, Uganda Counseling Association, Strong Minds Uganda, Raising Voices, Community Concerns Uganda, UNATU, Asante Africa, TAMCH and SOS.

Learning institutions: Kitante SS, Kyambogo College, Nabisunsa Girls, Najjera High, Sir Apollo Kagwa SS, Bishop's SS, Uganda Christian University, Mbale SS, Gulu Prison Primary, Bungantira Central, Kiira College Butiki, Nalinaibi Primary school, Ntare School, Kyenjojo SS, Kammengo Technical institute, Bishop Willis CPTC, Kibuli CPTC, Mubende NTC, Muni NTC, Nyumanzi SS and Makerere University Business school.

I would like to commend the Guidance & Counselling department especially Ms Harriet Ajilong, the Commissioner; and Mr Mukyawe Saidi Nsamba, the MHPSS Coordinator for the tireless effort to have a Teachers' handbook on Mental health and psychosocial support.

Brunny &

Kedrace Turyagyenda, (PhD) PERMANENT SECRETARY

DEFINITION OF KEY TERMS

Anxiety- a mental wellbeing challenge associated with repetitive fear, worry, uneasiness or restless

Child Father- a boy who is below 18 years age who is responsible for a pregnancy or produced another child

Child Mother - a girl below 18 years who gave birth

Counseling - offering professional or deliberate help to another person to resolve a personal challenge.

Depression - a mental disorder that involve repeated loss of interest in things that were once pleasurable

Disability – All persons with long term physical, mental, visual impairment which limit their optimal participation in daily activities

Gender Based Violence – all forms of violence based on unequal power relations between boys and girls, men and women. Violence because of one's sex

Mental health - the state of wellbeing in which an individual is able to function well or cope with the normal demands of life

Peer- a person within similar age bracket, abilities, social position or colleagues/ classmates

Psychological First Aid - emergency support to reduce emotional, cognitive dysfunction due to an event. Emergency resilience to respond to anxiety

Psychosocial support – support given by others to facilitate mental, emotional and social **recovery** needed for optimal performance within a given setting

Referral – deliberate attempt by the teacher to seek for relevant services that are not within the school necessary for total recovery of an individual

Special population – all persons in school that require extra support to meaningfully participate in teaching learning process. The definition is limited to persons with disability, persons living with HIV, survivors of Gender based violence, refugees, child mothers and child fathers.

Substance use – the use of inducing liquids, fluids, solids or all that affect brain functioning and behaviors

Teacher counselor - a teacher who is known to offer skilled emotional support to others to be able to cope with the life challenges

Facilitation Methods and Techniques

The MHPSS teachers' handbook is designed to enhance staff and learners' psychosocial well-being, using the different activities to build resilience and necessary support system. The following participatory methods have been suggested for the teacher to relate problems, identify unique solutions, strengths and weaknesses to facilitate a supportive learning environment. The methods may include:

- a) **Presentation**: focusing on topics, providing a brief explanation (information) about the subject, and creating an understanding of the topic.
- b) Facilitated Discussions: creating a discussion forum or helping participants to discuss among themselves and share their experiences related to their reactions and coping skills.
- c) Group work: group activities will teach versatile and powerful techniques for structuring group conversations and finding consensus.
- d) **Self-reflection**: encouraging participants to look inside themselves and reflect on their feelings, thoughts, and experiences.
- e) Role Play: role play requires the acting skill of the participants to bring attitude change and raise motivation.
- f) **Brainstorming**: challenging, motivating and initiating pop answers to unlock the abilities and skills of participants.
- g) Case studies: using familiar scenarios that provoke critical thinking
- h) **Think, Pair and Share:** a collaborative learning strategy where participants are expected to think individually, in pairs, and in groups to solve a problem.
- i) Learning corner: a safe space within the school environment where information is displayed and provided. It can be a room, a shade or space for peer-led activities.
- j) Community outreach: an outing within the school neighborhood intended to facilitate learning, reflection, school-community bonding, or challenge negative community practices
- k) Community dialogues: a deliberate facilitated discussion outside school involving parents, community leaders and learners on social emotional challenges affecting teaching and learning process.

The School Environment

The teacher should create a fun, safe, and inclusive environment essential for a participatory and therapeutic process. The environment is the foundation for developing trust and empathy that provides the basis for psychosocial activities to promote well-being and resilience. The teacher is a role model and is responsible for creating a supportive environment both for peers and learners. The key focus for school environment should be:

Fun

Laughter and fun have benefits that support learning and make it therapeutic. They ease anxiety. fear, relieve stress and tension, to improve the mood of participants. It also has social benefits as it strengthens relationships, enhances teamwork, helps defuse conflict, and promotes group bonding. A teacher should mix the emotional, social, or cognitive challenges with fun. The more you encourage creativity and tap into the participants' sense of fun, the easier to introduce even greater challenges. Some people think of play and fun as the opposite of work, but children just like adults learn best when they are having fun. A good teacher balances playfulness, creativity, and seriousness in their routine activities.

Safe

A teacher should be aware of the safety issues and concerns within the environment. These may include:

- Physical safety: This looks at the safety of the area, activities, and venues for the psychosocial services, including counseling location and route to ensure privacy and comfort of the participants.
- Moral safety: appropriateness of the psychosocial support activities to the norms and culture
 of the participants especially avoiding activities that may embarrass yourself and others.
- Social-emotional safety: Set clear rules that do not allow mocking or bullying individuals or group members, and respond immediately if someone is excluded or treated disrespectfully. Handle strong emotions in the group accordingly, avoid unexpected events. Keep a clear structure, be well-prepared, and adhere to time schedules, enhancing the participants' feeling of safety.

Inclusiveness

Model inclusive learning and behavior by ensuring that all persons considered more vulnerable are attended to in the sessions, opinions are respected, the needs of people with disabilities, PLHIV, survivors of GBV or child mothers and fathers are addressed, and no one is intimidated.

OVERVIEW OF MENTAL HEALTH AND PSYCHOSOCIAL ISSUES IN LEARNING INSTITUTIONS

Health wellbeing needs of young people are linked to their ability to participate in and attain education (AU, 2023)¹. Mental health and wellbeing have received increasing recognition following COVID-19, though challenges continue to exist within the Education sector. Education plays an important role in promoting and protecting the mental and psychosocial wellbeing of teachers and learners. Mental wellbeing has become a key focus in Education sector because of increasing evidence that point to the relationship between education, health and wellbeing and the teaching-learning outcomes.²

Children need adults who look after them, look out for them and protect them (REPSI, 2019). In Uganda, teachers and non-teaching staff play a critical role in shaping the well-being and overall development of children and adolescents. Schools serve not only as centers for education but also as key support systems for students' mental health and psychosocial well-being. However, with increasing challenges such as poverty, displacement, trauma from conflict, violence, family disruptions, and the ongoing socio-economic pressures exacerbated by the COVID-19 pandemic, many children are vulnerable to mental health and psychosocial issues.

Emotional distress, work-life balance, substance use, chronic conditions like HIV, Asthma, hypertension; inactivity, bullying, violence at home or school, learner pregnancies and multiple loans continue to impact the teaching- learning outcomes. Available evidence indicate that learning outcomes and mental wellbeing cannot be separated as each impact the other. The health well-being is linked to teaching learning outcomes in education (AU, EHW; 2023) as schools serve to be crucial platforms for the acquisition of knowledge, socio-emotional resilience and laying the foundation for a healthy lifestyle.

According to the World Health Organisation (WHO), mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, and work well, as well as to effectively contribute to their community.

Note:

The term mental wellbeing and psychosocial support services in Education setting is however limited to the emotional distress, common mental health conditions, substance use and social environmental challenges that compromise participation in teaching-learning process.

 $^{^{1}\,\}underline{\text{https://healtheducationresources.unesco.org/library/documents/au-continental-strategy-education-health-and-well-being-young-people}$

^{2.} https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response#:~:text=School-based%

Background to mental wellbeing and psychosocial support interventions in Education sectorin Uganda

World Health report (2019) indicate that 35 in 100 Ugandans are struggling with some form comental health challenge! 70% of those seeking mental health medication in Butabika Psychiatri hospital are adolescents and young people of school going age. Teachers' capacity to delive 'Transformative Education' build on emotional resilience to withstand adversities, support peer to manage self-regulation. Transformative and social emotional learning is only possible illearners are safe, well-nourished, healthy, and free from violence and discrimination.

The COVID-19 pandemic further aggravated mental health challenges, with heightened levels o stress, anxiety, and depression among students (UNICEF, 2021). Learners and staff have been exposed to domestic and gender-based violence, teenage pregnancies, HIV, stigma & discrimination, harmful cultural practices, parental abandonment and family separations! Recent incidents of school fires and suicides among learners and teachers further underscore the urgency of addressing mental health challenges. Learners and some staff adapt negative coping like alcohol and substance use, and at worst some contemplate self-harm /suicide as response to overwhelming life demands.

Mental wellbeing in Education is compounded by the environmental factors including sexual reproductive health challenges (teenage pregnancies, sexual molestation and HIV), disability, gender-based violence, the socio-economic pressure, substance use, humanitarian and other emergencies. Access to a safe and supportive learning environment has been correlated with improved health outcomes, reduced anxiety, depression and risks of alcohol and substance abuse, sexual reproductive health challenges, better academic achievement and a reduction in school dropout. Uganda's National Child Policy (2020) highlights the need for schools to become safe spaces where children can access mental health and psychosocial support services as part of their overall growth and development.

Learning institutions play a critical role in enhancing life skills and individual self-regulation. The Government of Uganda has prioritized Education as a strong driver for peace and sustainable development with focus on FIVE Fundamental Rights for children and young people that include: Access to Education; Protection from Harm, Abuse & Exploitation; Play & Physical Exercise; Participation & Involvement; Health & Wellbeing.

Recognizing the impact of poor mental health and psychosocial support gaps on teaching-learning outcomes, the Ministry of Education and Sports instructed all learning institutions to *Prioritize mental health of both learners and staff.* Different materials have been developed to improve mental wellbeing for better learning outcomes. The materials include Learners' booklets on Mental health for primary and post primary; Learners' booklets on prevention of alcohol and substance use; Teachers' module on Self-care and Mental well-being; and Guidelines being developed to support school based MHPSS implementation. This Teacher's Handbook is designed to help school leaders and teachers to offer mental health and psychosocial support to students and other staff.

Basic principles underlying the MHPSS Teachers' Handbook

The process of developing this handbook has been guided by:

- i) Provision of continuous psycho-education to facilitate early identification of mental health challenges within the learning institutions;
- ii) Strengthening peer to peer support as the first line in identification, response and emotional recovery of affected persons;
- iii) Avoiding further harm to anyone who is emotionally challenged through direct or indirect stigma, discrimination or bullying;
- iv) Building strong partnerships with the different actors and service providers within the community,
- v) Collaboration and linkages to specialized services points especially for clinical management;

The Handbook provides users with basic information and explanations about key issues concerning mental wellbeing and psychosocial support approaches necessary for the learning institutions. It will be used alongside Mental health & psychosocial support Flipchart for basic counselling.

UNDERSTANDING MENTAL HEALTH AND WELL-BEING

Mental health is the appropriate brain function including memory, thinking & actions that everyone would love to have. Mental illness on the other hand is the opposite. It involves more severe symptoms that persist over time and significantly impair an individual's ability to function. Mental illnesses require professional diagnosis and treatment, which may include therapy, medication, or a combination of interventions. Understanding the distinction between mental health and mental illness is crucial for promoting mental well-being and addressing the needs of those with mental health conditions

Understanding Mental Health and Illness

Mental wellbeing lies on a continuum of health and illness. A person cannot be with very good mental health and have mental illness. A teacher will facilitate a discussion on mental health, wellbeing and illness within learning institutions.

- 1.1.Start with a brief introduction of why it is important to understand mental health and mental illness. Ask the participants to give feedback on why they think that understanding mental health and mental illness is important.
- 1.2. Create case scenarios or create case studies relevant to school setting and ask the participants to discuss the questions in groups
- 1.3. Go through the various Mental Health and Illness concepts and emphasize the importance of early recognition of symptoms and intervention in mental health and wellbeing
- 1.4. Wrap up by encouraging participants to reflect on their own mental health and how it affects their daily work.

Causes of Mental Illness

Mental illness is not caused by a single factor. Instead, it is usually the result of of genetic, biological, environmental, and psychological factors:

- a) Genetic Factors: Family history of mental health issues can increase the likelihood of developing a mental illness
- b) Biological Factors: Neurotransmitter imbalances, brain structure abnormalities, and other biological factors can contribute to mental illness
- c) Environmental Factors: Traumatic life events, such as abuse, loss, or chronic stress, can trigger mental illness
- d) Psychological Factors: Early life experiences, coping mechanisms, and personality traits also play a role in the development of mental illness

Why is Mental Health well-being important?

Just like our physical health, our mental health can have **ups and downs**. If our mental health is good, we are able to rise up and cope with life's challenges. If it's not, then we can easily get knocked down by them.

It is important to emphasize the need for early recognition and intervention for mental health challenges to be supported back to normal for optimal performance.

How poor mental health affect teaching-learning process

- 1. Engagement: Anxiety and depression can make participating in class, or even going for lessons more difficult. Learners experiencing mental health challenges may find it hard to engage with the subject content, contribute to discussions and complete their class work.
- 2. Focus: Mental health difficulties make it harder for teachers and learners to focus. Loss of concentration is a common symptom of depression, and getting stuck in a negative feedback cycle can make things worse. Lack of engagement caused by depression leads to a loss of motivation and focus which makes it harder to concentrate.
- **3.** Content coverage: teachers with mental health challenges do not cover the syllabus content as planned. Their motivation is very low and ignore attending to self and their learners
- **4. Attainment:** Learners who are struggling with their mental health may experience a drop in their grades and find it hard to cope with the pressures of exam season. High expectations put more pressure on teachers and learners to do well, which can cause anxiety, stress and depression.
- **5. Progression:** People experiencing mental health difficulties often find it hard to think about the future dreams. Long-term goals like choosing a career may seem too overwhelming or just pointless in the face of anxiety or depression.
- **6. Social support:** Learners with mental health challenges often struggle to make new friends and struggle to have a support network to fall back on

Understanding Common Mental Health Conditions

Mental health conditions encompass a wide range of disorders that affect mood, thinking, and behavior. These conditions are among the most prevalent health issues worldwide, affecting people of all ages, races, and socioeconomic backgrounds. In this session, we will explore some of the most common mental health conditions, with a particular focus on drug abuse, anxiety, depression and the link between mental health conditions and suicide.

For teachers to effectively support someone, they need to:

- Be patient and respectful
- Listen to their wishes
- Encourage them to seek help
- Help them to talk about it with a skilled person
- Offer practical help, like with errands or assignments tasks
- Reassure them that they will feel better with time and treatment
- Keep lines of communication open
- Avoid minimizing or dismissing their feelings

Anxiety

In 2019, 301 million people were living with an anxiety disorder including 58 million children and adolescents (WHO, 2020). Anxiety disorders are characterized by excessive fear, worry and related behavioral disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. There are several different kinds of anxiety disorders, such as: generalized anxiety disorder (excessive worry), panic disorder (panic attacks), social anxiety disorder (excessive fear and worry in social groups), separation anxiety disorder (excessive fear of separation from those individuals to whom the person has a deep emotional bond).

Anxiety disorders are among the most common mental health challenges within learning institutions, negatively impacting daily school activities.

Common symptoms of anxiety include:

- Excessive worry or fear
- Restlessness or feeling on edge
- Fatigue
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbances

N.B Any 4 reported or identified within two weeks indicate anxiety

Causes of anxiety

Occasional anxiety is often a response to uncertainty about the future or worry about something that happened in the past. In a learning setting, a person may feel anxious about taking a test, or worry they have made a decision they might regret.

The causes of anxiety disorder are more complex and can involve several factors, including psychological and physical factors:

- Current situation: Life events that cause ongoing stress may contribute to the
 development of an anxiety disorder. Examples of these include financial struggles, being
 under pressure at work, or experiencing discrimination.
- Past trauma: Traumatic events are incidents that cause an actual or perceived threat to a
 person's safety. Even if these events happened a long time ago, they can still affect people
 years later.
- Substance use: Some substances, such as stimulant drugs, can cause anxiety. Other substances may cause anxiety when a person experiences withdrawal.
- Brain structure or function: People with anxiety disorders have heightened stress as the brain responds to danger.
- Genetics: Some people may have a genetic or inborn attributes that increase the likelihood of anxiety.
- Medical factors: Sometimes, anxiety is the product of a physical illness, such as HIV or a long- term illness, medical treatment that may cause hormonal imbalance. It can also be the side effects of some medications, or a result of experiencing long-term pain or other symptoms.

First level treatment for anxiety that can be provided in school including:

- 1) **Professional help**: Medical or other professional can help identify the cause of the anxiety and suggest the best treatments.
- 2) Therapy: Cognitive behavioral therapy (CBT), which helps individuals to identify and change negative thought patterns and behaviors. It is an effective treatment for anxiety disorders.
- 3) Support groups or clubs: In-person support groups can help people with anxiety relate to others, share experiences, and learn better coping strategies.
- 4) Stress management: Techniques like meditation, breathing exercises, and mindfulness can help manage anxiety.
- 5) Exercise: Regular exercise can help improve well-being and reduce anxiety.
- 6) Healthy habits: Limiting or avoiding caffeine and alcohol can help reduce anxiety.
- 7) Sleep: Getting enough sleep can help reduce anxiety.
- 8) Education: Learning about anxiety and educating others can help everyone better understand their condition.
- 9) Journaling: Keeping a journal can help identify what causes stress and what helps feel better.

Depression

Depression is another common mental health condition that significantly affects mood, behavior and physical health of both school staff and learners irrespective of geographical locations. Depression goes beyond typical feelings of sadness or low energy; it is a persistent condition the can severely impair one's ability to function.

In 2019, 280 million people were living with depression, including 23 million children an adolescents. Depression is different from usual mood fluctuations and short-lived emotions responses to challenges in everyday life. During a depressive episode, the person experience depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for more of the day, nearly every day, for at least two weeks. Several other symptoms are also present which may include poor concentration, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about dying or suicide, disrupted sleep, changes in appetite or weigh and feeling especially tired or low in energy. People with depression are at an increased risk conscience. Yet, effective psychological treatment exists, and depending on the age and severity medication may also be considered.

Depression affects how the adolescent feels, thinks, and behaves and can lead to several emotional social, and physical problems. This implies that an adolescent with depression can have considerable difficulty with daily functioning including school attendance, interaction with per and family, and doing house chores among others. In Uganda, the prevalence of depression among adolescents ranges from 15-33%. Generally, girls have a higher risk of developing depression accompared to boys due to biological, social, and cultural factors.

Symptoms of Depression

- Persistent feelings of sadness, hopelessness, or emptiness
- Loss of interest in activities once enjoyed
- Changes in appetite or weight
- Sleep disturbances (insomnia or oversleeping)
- Fatigue or loss of energy
- Difficulty concentrating, making decisions, or remembering
- Physical symptoms, such as headaches or digestive issues, without a clear cause
- Thoughts of death or suicide

Things that can make one get depressed

- Death/loss of a loved one
- Unrealistic academic pressure
- Heredity
- Setting unrealistic goals
- Negative thinking
- Cyber bullying and bullying by peers
- Lack of support from family and friends
- Peer pressure
- Engaging in unhealth relationships
- Drug and substance abuse

Things that one can do to overcome depression

- Build self esteem
- Making healthy lifestyle choices can improve his mood
- Eating right
- Getting regular exercise
- Getting enough sleep have been shown to make a huge difference when it comes to depression
- Avoiding illegal drugs, alcohol, and tobacco which increase feelings of anxiety and agitation
- Learning relaxation exercises (abdominal breathing and muscle relaxation techniques)
- Through referral given by a counsellor sending you for medical treatment at the nearest health center

Teacher's notes	

Drug use and Mental Health

Substance use disorders, including drug use and addiction are closely linked to mental health. Dru use refers to taking of unprescribed medicine or substances that affect thinking, reasoning, memory. Many individuals with mental health conditions turn to drugs or alcohol as a way to self medicate or cope with their symptoms. According to Butabika hospital (2024), most of the patients are below age 24 years; and their mental wellbeing has been worsened by use of alcohol or other narcotic substances. However, substance abuse can trigger new mental illnesses, leading to a repeated cycle of dependency, deteriorating performance and poor learning outcomes of school dropout

Relationship between drug use and learning outcomes

Classroom Concentration/Attention **Student Participation** Makes students to lose interest in academic Lack of concentration of learners may find it difficult to activities. during lessons Isolation from others Affects the students' memory, mal Conflict and fighting with peers difficult for learners to remember Limited participation in co-curricular they study. activities Breaking school rules Disrespect to teachers and others Attainment Progression Poor academic performance Poor decisions making School dropout Poor academic performance. Repetition of class Involvement in risky behavior Frequent absenteeism Irregular classroom attendance Killing academic and career dream Suspensions, expulsions and school dropout achievements Arrest and imprisonment Illness, sickness and pre-mature dea

Effects of alcohol or drug use on the body?

Over time, excessive use of alcohol can lead to development of chronic conditions such as;

- High Blood Pressure: High blood pressure can lead to heart attack or stroke.
- Cancer of the mouth, and the entire alimentary canal or digestive system including damage to the gums leading to gum disease and tooth decay
- The liver is destroyed most. There are many diseases the liver can get for example steatosis
 or fatty liver, alcoholic hepatitis and liver cirrhosis
- Alcohol also damages the brain. It affects part of the brain responsible for controlling balance, memory, speech and judgement. When the brain is not able to function normally, it results to injuries and many other negative outcomes such as risky sex and one ends up acquiring deadly Sexually Transmitted Infections such as HIV.

How to support a person using alcohol or narcotic substances

- Talk to them as to why they use alcohol or substances
- Provide information on the likely dangers of drugs and narcotic substances to the body and future dreams
- Express empathy as you discuss how to gradually reduce use especially among staff
- Discuss the relevant support network including school, home or community
- Share positive coping mechanisms including use of sports for therapy
- Share possible professional support
- Discuss referral pathways

Teacher's notes			
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Suicide and Mental Health

Suicide is a tragic outcome that is often linked to untreated or poorly managed mental a challenges, particularly depression, anxiety, and substance abuse. It is a leading cause of worldwide among young people, with more than 700,000 people dying each year. The Educ sector has not been an exception, with several suicide cases of both learners and teachers rep especially after the COVID lockdown.

Suicide is often the result of a combination of factors, including mental illness, a history of the or abuse, substance abuse, and significant life stressors, such as loss or financial difficulties

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- Everyone is a potential to be suicidal regardless of age, gender
- Suicidal thoughts are short term and situational and can therefore be prevented
- experience to the one who dies by it and their family and loved ones
- Parents who lose their children by suicide remain with an incurable pain
- By seeking support, suicide can be prevented
- If you or someone you know feels suicidal, it is important that you seek support from a trusted person

What are the risk factors for suicide?

- Physical, emotional, and sexual abuse
- Academic pressure
- Unhealthy relationships
- Drug and Substance abuse
- Gambling
- Family neglect
- Exposure to domestic violence
- Mental illness
- Poor parenting

What are the Signs and Symptoms suicidal tendencies?

- Sadness and hopelessness
- Neglect of personal appearance
- Repeated withdrawal from family
- Loss of interest in previously pleasure activities
- Dying by suicide is a painful Talking and searching information at suicide
 - Self-destructive and reckless behaviors
 - Symptoms of depression
 - Violent actions, rebellion, or running at
 - Feeling unworthy
 - Drug and alcohol use

How to handle suicidal tendencies

- Suicide is an emergency, so take suici ideas and behavior seriously
- Seek for immediate assistance from person you trust
- Remember that there is a solution to ev problem other than suicide
- Don't hesitate to share the problems have with the person you trust
- Get prompt referral for profession treatment in extreme cases

Stigma and Discrimination for persons with mental health challenges

Stigma refers to the negative attitudes and beliefs that lead to discrimination against people with mental health conditions. Persons with Mental health challenges are often stigmatized or discriminated in society. In schools, stigma can create an environment where students and staff feel ashamed or reluctant to seek help, further worsening their mental health challenges.

Types of Stigma

- Public Stigma: The general population's discriminatory attitudes towards those with mental health conditions
- Self-Stigma: Internalized negative beliefs that individuals with mental health issues may hold about themselves
- Institutional Stigma: Policies or practices within organizations that, intentionally or unintentionally, limit opportunities for individuals with mental health conditions

Impact of Stigma in Schools

Stigma can have profound effects on students and staff, including:

- Reduced interest to seek help
- Increased feelings of isolation and helplessness
- Poor academic or work performance due to untreated mental health conditions.

Combating Stigma and Discrimination

Creating an inclusive school environment is essential for combating stigma. Strategies include:

- Education and Awareness: Implement school-wide programs to educate students and staff about mental health, challenging myths and stereotypes
- Promoting Mental Health Literacy: Ensure that everyone in the school community understands that mental health conditions are common and treatable
- Creating a Supportive Environment: Encourage open dialogue about mental health, and provide resources and support systems for those in need
- Policy Implementation: Develop and enforce anti-discrimination policies that protect the rights of individuals with mental health conditions

Encouraging Help-Seeking Behavior within learning institutions

One of the most effective ways to combat stigma is by normalizing help-seeking behavior. To diffuse stigma, schools should:

- Promote counseling services as a resource for everyone, not just those in crisis
- Encourage peer support groups where students and staff can share experiences and support one another
- Create inclusive games, activities or events
- Train teachers and staff to recognize the signs of mental health issues and to respond appropriately

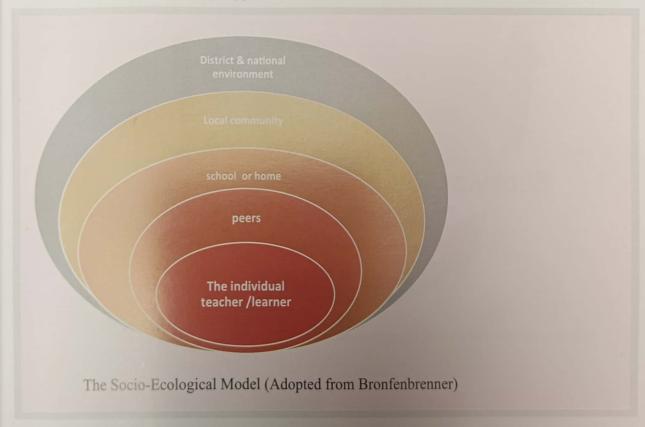
PSYCHOSOCIAL SUPPORT (PSS)

Effective delivery of relevant teaching and life-long learning is based on the approach used by the teacher to identify and unlock the cognitive, affective and psychomotor components of the learner. Psychosocial support is the consideration of the social and environmental issues that influence the person's mental well-being and behaviors. Effective school interventions to enhance the resilience of should consider the context and environment where the staff or learner lives. This section is to enable teachers to appreciate the psychosocial support system relevant in learning environment. There are different models that can be used within the school setting:

Social Ecological models

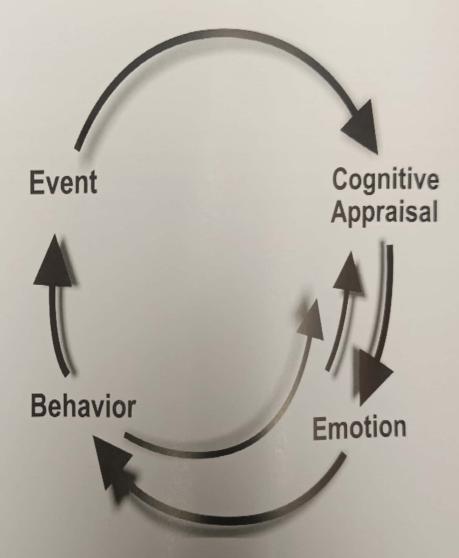
According to the socio-ecological model, a person (learner or any other) is not an isolated individual but belongs and interacts with the community. Various layers foster teacher or learner well-being. Accordingly, the individual is at the center, making it a suitable framework for implementing psychosocial support in educational settings.

The model emphasizes that human behavior is the product of individual and the environment where they stay. Therefore, a teacher should be able to understand the issues surrounding the individual for appropriate support. It is important to consider those people both within the school and home that can offer social support during emotional distress or mental illness.



Mindfulness Cognitive Behavioral Therapy (MCBT)

The model assumes that coping with the challenges requires understanding how the even interpreted by the different people and the interplay between thoughts, feelings and behadanxiety, depression, distress and negative coping behaviors differ from one person to another within the same environment and exposure to similar events. The model is relevant to lead institutions because anxiety, depression, grief or dealing with loss are common emotional, being issues. The specific strategies for supporting school stakeholders include the psychologists Aid, psycho-education, behavioral activation techniques, thought coping and restructional and problem-solving strategies.



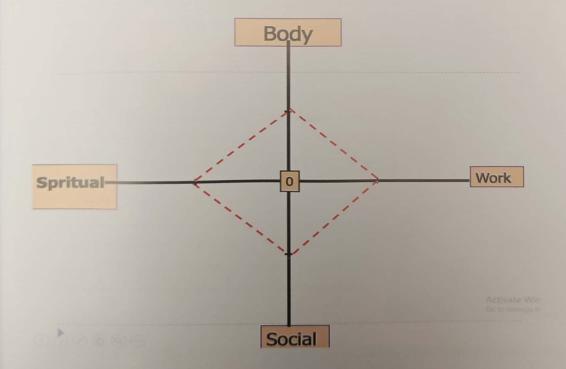
Mindful cognitive behavioral therapy model

Positive and Cross-Cultural Model

This model considers the cultural dynamics, gender relations and the environment in influencing individual thoughts. It assumes that emotional challenges among individuals is caused by gender or cultural expectations of individuals that strain them beyond their capacity to function normally. Gender based violence for example is attributed to traditional, cultural beliefs and practices of what is expected of girls and boys, men and women. It assumes further that emotional challenges emerge due to individual failure to balance all components of fulfilling life. A positive and cross-cultural therapy technique is used to demonstrate the practical activities guided by the following principles:

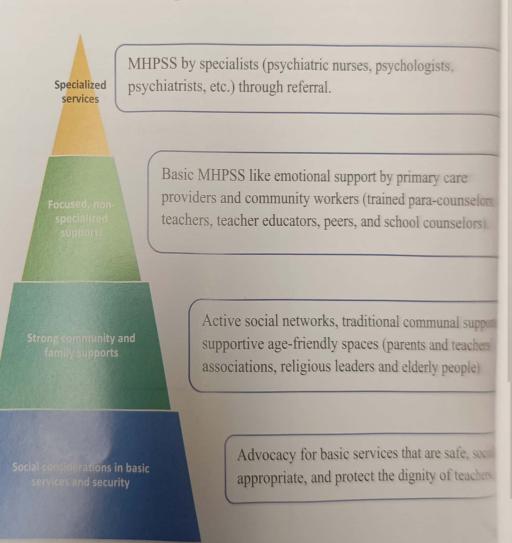
- 1. The principle of hope: The model comprehends people as a positive conception of being, considering any mental health and psychosocial problems as not necessarily disorders, rather they are capabilities (positive) within every human being which can contribute to resilience. Therefore, while working with teachers provoke them to explore and utilize their capabilities and resources to avert threats and life challenges.
- 2. The principle of balance: The model considers body (health and well-being), achievement work/study, social interaction and spirituality as key pillars of life that must be considered not only to maintain life-work/study balance but also to cope with adversities.

The overall principle is that individual behavior is influenced by a balance between work/ academic/ studies, the religious components, the physical body and social/ family life. Any imbalance in one affects other components of the individual.



Inter-Agency Standing Committee (IASC) Pyramid Model

The Inter-Agency Standing Committee (IASC) developed a psychosocial support impyramid, which is a helpful tool used to integrate mental health and well-being in system. This model considers approaches to mainstreaming MHPSS in the education the types of services at each layer. It emphasizes systematic delivery of psychosocial services from the basic, protection and stigma free supportive environment, through of family and peer to peer support, to linkage to nearest service/facility points to psychiatric centers. The models pre-suppose availability of some services and support communities/ learning institutions, which if maximized can reduce incidences of mentand emotional distress. However, it also observes the level of expertise to handle emotional distress. Teachers should acknowledge their limitations and refer what is becaused to address. For example, teachers are not competent to conduct psychosocial support to the support of school to address. For example, teachers are not competent to conduct psychosocial support of school to address. For example, teachers are not competent to conduct psychosocial support of school to address.



PSS Intervention Framework (INEE, 2018)

Basic Counseling Skills

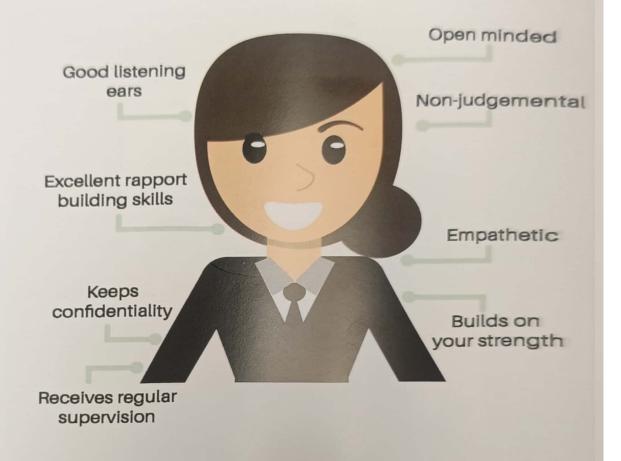
Teachers are key resource persons that influence behavior of children and their peers beyond the learning institution. They are in privileged position to be looked to by their learners, peers and parents in the neighboring communities for guidance or counseling on a number of issues. Basic counseling skills are interpersonal and technical traits that a teacher need to use to better understand, listen and support those that look up to them for comfort, support or guidance whenever challenged.



The following traits make a teacher a pillar of psychosocial support both for the school staff or learners. The teacher needs to keep reflecting on them to maintain the trust of both the peers and

learners:

8 Traits of a Good Counsellor



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Counseling is a deliberate process to support persons who are challenged by life event overcome them to function well. A deliberate process is guided by deliberate actions know skills. The following are the key skills a teacher should develop to become an effect counselor/skilled helper:

Attending

Attending is about how you sit as you listen to the life challenges of another person. In most cases, the teacher should follow the SOLER for good attending:

S - Face clients squarely; O- Open posture

L- Lean forward; E- Eye contact

R-relaxed

Active listening

Listening skills make the speaker feel worthy, appreciated, and respected. When we give someone all our attention, the speaker responds positively by interacting at a deeper level, perhaps by disclosing personal information or becoming more relaxed. Active listening involves:

- Giving attention to both verbal and nonverbal messages, and the things that are not expressed/said/.
- Listening and understanding the context of his/her social settings
- o Listening with empathy which involves attending, observing, listening.
- o Listening to and interpreting the client's non-verbal messages
- o Reading facial expression (smile, frowns, raised eye brows, twisted lips), voice related behaviors (tone, pitch, voice level, intensity, inflection, spacing of words, emphases, silences and fluency)

When a teacher counselor pays particular attention to what is being said, they encourage a person to continue talking, as well as ensuring communication remains open and positive.

Questioning and probing

Counseling is incomplete without asking relevant questions for clarity from the person seeking or referred for emotional support. Questioning should focus on:

- o Encourage clients to express their feelings and share information more deeply.
- o Open ended questions that do not require a short answer like 'YES' or 'NO'
- o The general situation: What did you want to talk about?
- o The facts: What happened?
- o Feelings: How did you feel?
- o Reasons: What made you do that?
- o Specifics: Please could you explain that more?

Summarizing or paraphrasing

This is intended to show understanding of what has been said by the person seeking for some lifting it is done well, the teachers gain trust of the learners or peers, but if not done well, there are of trust and the person will look for another person for support. The paraphrasing involve:

- o Repeating the key points of what a client has said back to him/her.
- It is the ability to understand what others experience, and communicate it with the or statement.
- o It is the skills in understanding teachers and developing empathy.
- o A skill of helping teachers to become more in touch with their inner self

Purpose of paraphrasing is to make sure that s/he has understood the client correctly, show client that s/he has been listening actively, encourages those who want to share their paraphrasing experiences and gain greater clarity about his situation or feelings. Examples of paraphrasing Client: I am getting myself into this mess. Better to leave this job and flee somewhere but

Teacher Counselor: You are blaming yourself and want to move somewher?

Client: Part of me saying drop out of school and the other part of me says pursue your educe even in this difficult situation.

Teacher counselor would say

WORKING WITH SPECIAL POPULATIONS

Special populations in teaching-learning process are those staff or learners that have been overwhelmed by life events including Persons living with HIV, Sickle cell, Asthma; persons abled differently, survivors of sexual and gender based violence; learners identified to be pregnant, child mothers and fathers.

Gender-based Violence (GBV)

Communicate that GBV is not only an abuse against men and women, boys and girls, but it also accelerates mental distress among survivors. GBV affects effective teaching and learning as it limits participation. Learning institutions should therefore pay attention to any possible likelihood of GBV as it promotes double vulnerability to mental disorders among children and school staff.

Causes of Gender Based Violence

The causes of GBV can be grouped into four:

- 1. Cultural factors: Patriarchal and sexist views legitimize violence to ensure the dominance and superiority of men. Equally, culture expects men to prove so, exposing them to 'silent abuse'. Other cultural factors include normative expectations of femininity and masculinity, the socialization of gender, an understanding of the family sphere as private and under male authority, and a general acceptance of violence as part of the public sphere (e.g., street sexual harassment of women), and/or as an acceptable means to solve conflict and assert oneself. Religious and historical traditions have created entitlement and ownership of women, and this concept of ownership, in turn, legitimizes control over women's sexuality, resources including access to services and power.
- 2. Economic factors: The lack of economic resources and denying access to them makes women, vulnerable to violence and inequality. It creates patterns of violence and poverty that become self-perpetuating, making it extremely difficult for the victims to extricate themselves. When unemployment and poverty affect men, this can also cause them to assert their masculinity through violent means.
- 3. Legal factors: Being a victim of GBV is perceived in many societies as shameful and weak, with many women still being considered guilty of attracting violence against themselves through their behavior. This partly accounts for enduring low levels of reporting and investigation among boys & men, girls and women.
- 4. Political factors: The under-representation of women in power and politics means that they have fewer opportunities to shape the discussion and to affect changes in policy or to adopt measures to combat GBV and support equality.

Supporting survivors of Sexual Gender-based Violence (SBGV)

Sexual gender- based violence is both a violation of fundamental Rights, a form of exp and a harmful practice that worsen likelihood of unintended pregnancies, sexually traidiseases and infections, and depression. SGBV greatly affect the mental wellbeing of the secause of the cultural rigidities that limit opening up or reporting especially in school communities.

A teacher counselor should:

Teacher's notes

- o Create a conducive environment for opening up experiences of sexual violence with than 72 hours;
- o Emphasize the importance of confidentiality
- Linkage to other services outside school such as legal, health services or community systems;
- o Avoid stigma towards the SGBV survivor

Psychosocial Support for Persons Abled differently

Persons with disability tend to be more vulnerable to mental health challenges, with very limited psychosocial support services. Adults and children with disabilities report experiencing frequent mental distress almost five times compared to those without disabilities (Cree,2020). This session is on improving the physical and social-emotional well-being of people with disabilities by increasing inclusion in programming for better teaching learning outcomes. The difference in disabilities makes it more difficult to provide relevant and appropriate interventions.

Working with persons abled differently

Design activities to equip school staff and learners with skills for providing psychosocial support and counseling to persons with different disabilities identified.

- 3.1. Provide a background on why it is important to target persons with physical disabilities as a special group.
- 3.2. Facilitate Focus Group Discussions to help participants to recognize mental wellbeing challenges among persons with disability

Note:

- Do not assume that impairment is the most immediate concern of the individual.
- Never startle individuals by suddenly touching them or their adaptive device.
- When supporting visually impaired persons, orient them to the environment around them
- Make sure the counseling room is accessible and convenient. Remove any obstacles and dangerous barriers to maneuvering
- Find out if the individual needs guidance before you can assist. For some, holding hands is okay, while others prefer to find their way
- Treat persons with disabilities as human beings (with dignity) rather than as per their disability
- Have self-awareness of your own attitudes and biases which may affect the counseling Relationship
- Recognize that most persons with disabilities do not live their lives "focusing" on their disability and limitations.

Supporting Persons Living with HIV

Persons living with HIV continue to face social stigma that affect their viral suppressa healthy life. A supportive school environment enables PLHIV to maximize their make great contribution to teaching learning outcomes. Teachers should pay attempting and discrimination that affect identification, enrolment and viral suppression plant. Deliberate actions should be done by the teacher to build capacity of learnest to support PLHIV within the school system. The teacher should focus on strengths system, minimizing mental health challenges and facilitating adherence and viral among staff and learners LHIV.

The teacher should integrate positive and supportive information about HIV in activities. Such information may include:

- Having HIV does not mean having AIDS
- ART helps to fight the multiplication of the virus in the body that give chance
- Having AIDS is being bedridden because the body has weak immune system
- Good ART adherence enables a person to avoid getting sick

Supporting ART among persons living with HIV

Support learners and staff to detect school related emotional and behavioral barradherence among PLHIV, or identify actions that demonstrate psychosocial supportant ART adherence among PLHIV in learning institutions.

Highlight the following mental health challenges among PLHIV in schools:

- Feelings of sadness, hopelessness or overwhelming situations
- Sleeping too much or too little
- Changes in appetite and eating habits
- Persistent worries that one cannot get rid of
- Feeling of self-harm or that you would be better
- Unable to have fun or derive pleasure from activities that provided pleasure in
- Frequent nightmares
- Inability to recover from an experience of personal loss
- Drug or alcohol use that is interfering with normal life

Explain the 5As approach (Assess, Advise/give information, Assist, Agree & Arrange)

- Assess the person's knowledge about ART, the available support and what is not
- Advise/ provide information to fill the mental /emotional gap to ART
- Assist the PLHIV to identify support needed within the learning institution
- Agree on utilizing the identified support system to enhance mental wellbeing
- Arrange to connect to peers for further support

Supporting Pregnant and Child Mothers in Learning Institutions

Teenage pregnancy is one of the leading cause of school dropout among adolescent girls, with 98% of confirmed cases abandoning their education. Teenage pregnancy in uganda is reported to be at 25%, one of the highest in the region and world. Teenage pregnancy is an SRH challenge that limit girls' participation in Education and training. Many Education institutions struggle to respond to the news of pregnant learners! Some act immediately, others use the MoES Revised guidelines. It is however important to consider the learner as a child (if below 18years) and act in the best interest of the child, avoiding further harm associated with the life change of pregnancy.

Counseling and preparing pregnant learners require the teacher counselor to appreciate the principles of psychosocial support. Deliberate effort should be made to explain that it's in the best interest of the pregnant girl to exit school for maximum time and support for antenatal services which are necessary for her survival, yet not available in learning institutions. Girls should be discouraged from attempting abortion or doing any other life- threatening activities. Share case scenarios of successful personalities that gave birth while teenagers, but kept their dreams, reenrolled and completed school.

Highlight the importance of supporting pregnant girls as they are prepared to withdraw from school or during re-entry to school after delivery.

Preparing pregnant learners to exit the learning institution

The teacher counselor should be a key resource for the school to exhibit empathy to pregnant girls, facilitate hope and resilience to pregnant learners as they are prepared to exit/withdraw from school for specialized antenatal care and support. The teacher should make use of psychological first aid to avert any likely self-harm by the learner at the time of giving the news of a pregnancy. The learning institution should:

- o First share the information about the pregnancy with the learner:
- O Support the learner to calm down/ provide psychological first aid
- o Find out the circumstance that led to the pregnancy;
- Explain the implication of pregnancy, including need for maximum health care and support not available in school;
- Ask for another trusted person outside school who could offer social support and protection to be engaged;
- o Discuss the risks associated with pregnancy and abortion including likelihood of death;
- o Emphasize the need for antenatal care and monitoring during the pregnancy;
- o Share information on possible service centers outside school for further support;
- o Give hope to continue with education after delivery
- Offer to help to seek re-admission to continue with education.

Providing psychosocial support to child mothers & fathers in learning institutions

Teenage mothers are more vulnerable to another pregnancy especially in the next 24 months delivery. Deliberate attempt should be made to support teen mothers and or fathers in school build their life skills to identify the risk factors and avoid future unintended pregnancy. Peer have proved effective in nurturing life skills and offering alternate psychosocial suppose adolescents and young mothers and fathers. A supportive school environment for re-entry of mothers/fathers is based on active peer-led school clubs. Child fathers and mothers feel acceptand supported if the school has routine club activities were there's universal participation.

Judgement, pointing figures, and discrimination of child mothers and fathers in school distress or other mental health challenges, that increase their vulnerability either not to return school or to easily drop out.

A teacher should facilitate social acceptance and support for re-entry of child mothers into lean institutions, recognize the importance of equity and diversity in teaching-learning process, facilitate resilience and responsible decision making in support of child mothers & father learning institutions.

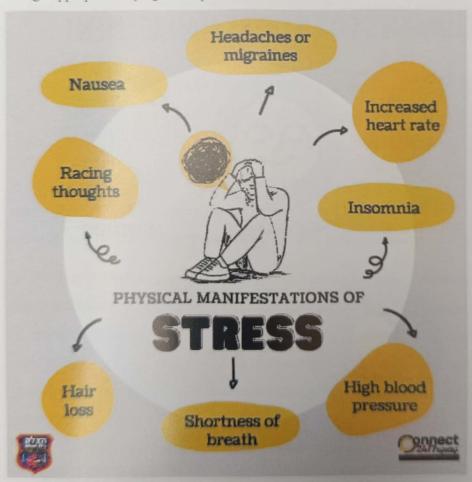
Teacher's	

COPING AND STRESS MANAGEMENT TENCHNIQUES

Stress is generally known as a pattern of disruptive physiological and psychological reaction to events that threaten the ability to cope. Any circumstances that threaten or are perceived to threaten one's well-being and thereby cost one's coping abilities are seen as causes of stress. One's resiliency to stress depends on many factors, such as personal, organizational, and environmental. Increasing the personal capacity of helpers to handle setbacks and overwhelming challenges is essential before they provide MHPSS to staff and learners. The session aims to enable participants to identify common sources of stressors, appreciate the difference between healthy and unhealthy coping mechanisms, practice actions that promote healthy well-being and psychosocial support, and apply Psychological First Aid in learning institutions.

Identifying stress

The teacher counselor should be able to identify stressors among staff and learners to be able to design appropriate coping techniques.



Stress management

- Educate yourself
- Establish support systems
- Set realistic expectations
- Practice mindfulness
- Maintain boundaries
- Utilize classroom strategies
- Promote effective communication
- Have self-reflection
- Seek supervision and consultation
- Seek professional support

- Model self-care
- Practice deep breathing
- · Avoid people who suck joy out
- Celebrate progress
- Deciliter your desk
- Eat health foods
- Make time for yourself
- Have small breaks
- Play relaxing music
- Stay hydrated

TECHNIQUES FOR STRESS MANAGEMENT



DEEP BREATHING



MINDFULNESS



MOVEMENT



POSITIVITY



SELF-CARE

#DeStressMonday

DeStressMonday.org



Psychological First Aid (PFA) Techniques

Just like medical first aid, Psychological First Aid involves providing caring, supportive and practical tips to help those suffering from an emergency emotional or traumatic event. It is short term unprofessional support to persons to achieve emotional stability to be able to connect to specialized service points. The trainer should review this part before the actual day of training on PFA to modify it according to context, needs, cultural and religious perceptions of the participants.

What PFA is not

- It is not something that only professionals can do.
- It is not professional counselling.
- It is not "psychological debriefing" in that PFA does not necessarily involve a detailed discussion of the event that caused the distress.
- It is not asking someone to analyze what happened to them or to put time and events in order.
- Although PFA involves being available to listen to people's stories, it is not about pressuring people to tell you their feelings and reactions to an event.

Who is PFA for?

PFA is for distressed people who have recently been exposed to a serious crisis event. However, not everyone who experiences a crisis event will need or want PFA. Do not force help on people who do not want it but make yourself easily available to those who may want support.

There may be situations when someone needs much more advanced support than PFA alone. Know your limits and seek help from others, such as school counselors, psychologist, psychiatry nurses or psychiatrists (if available), colleagues, local authorities, community and religious leaders, or other people in the area. Below, you will find people who need more immediate advanced support and who also need support and care based on the pyramid of care discussed in the introduction section of the training guide:

- Staff and learners with serious, life-threatening injuries who need emergency medical care
- Staff and learners who are so upset that they cannot care for themselves or others, like learners
- People who may hurt themselves
- People who may hurt others

1.1. When is PFA provided?

Whereas people may need access to help and support for a long time after an event, PFA is aimed at helping people who have been very recently affected by a crisis event. You can provide PFA when you first have contact with very distressed people. This is usually during or immediately after an event. However, it may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.

1.2. Where is PFA provided?

You can offer PFA wherever it is safe enough for you to do so. This is often in school or community settings, such as in a counseling room, at the scene of an accident, or places where distressed people are served, such as health centers, shelters or camps, and distribution sites for food or other types of help. Ideally, try to provide PFA where you can have some privacy to talk with the staff and learners when appropriate. It is essential to endure the privacy, confidentiality and respect of the staff and learners who have been exposed to certain types of crisis events, such as abuse, violence.

Teacher's notes	
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Psychological First Aid techniques

Deep Breathing Exercise

This exercise can reduce feelings of worry and stress. Rapid and shallow breaths can actually make us more stressed. On the other hand, breathing in and out slowly and deeply, can reduce feelings of worry and stress.





Safe Place Exercise

Finding a safe place might be difficult for some people due to several reasons. Encourage them to go back to their childhood to recall a safe place attached to a natural place, scene, or spiritual area. If they still cannot find one, they can sit quietly and listen to their breath (breathing in and breathing out). If you still cannot think of a safe place, you can think of a person, natural or spiritual place that can make you more comfortable, such as a holy place or a beautiful place.



Grounding

An earthing therapeutic system that connects specific parts of an electric human power system with the ground, typically the conductive surface, for safety and functional purposes.



Guided Imagery

Guided imagery is a relaxation technique where you use your imagination to help lower stress, pain, or other negative feelings. Through imagining a place that is peaceful and relaxing to you. It can be a place you have been to or one created purely from your imagination.

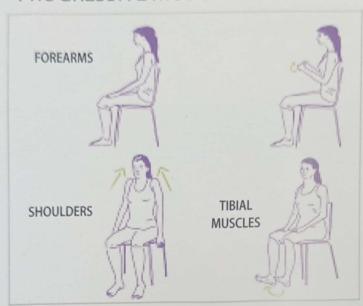
It can quickly calm your body and simultaneously relax your mind. It can help you de-stress in minutes and can also be a useful strategy for maintaining resilience toward stress during difficult times. Guided imagery is a mind-body intervention that involves evoking positive mental imagery to help invoke a positive effect. This relaxation technique can be helpful for calming the body, relieving stress, and combating feelings of anxiety.



Progressive Muscle Relaxation (PMR)

This is a form of therapy that involves tightening and relaxing the muscles, one at a time. PMP requires you to work on one muscle group at a time. This allows you to notice the tension in that specific area. It is also essential to tense each muscle group *before* relaxing. This action emphasizes the sense of relaxation in the area.

PROGRESSIVE MUSCLE RELAXATION



Prepare yourself and set aside everything for 10 minutes to complete this exercise.

- Close your eyes or focus on a wall and let your body go loose
- Focus on the target muscle group, for example, your toes, head...etc
- Allow your awareness to go down to your feet. Tighten your feet as much as you can and feel the tension. Notice what it feels like when your feet are tense. Then allow your feet to completely relax. Imagine the tension flowing out of your toes and just be aware of what it feels like when your feet are completely relaxed
- Do a similar tightening and relaxing of your lower legs
- Do a similar tightening and relaxing of your upper legs
- Do a similar tightening and relaxing of your hips and buttocks
- Do a similar tightening and relaxing of your stomach
- Do a similar tightening and relaxing of your chest and your upper back
- Do a similar tightening and relaxing of your tight fists and notice what they feel like

REPORTING, REFFERAL, AND MONITORING

Reporting Process and Pathways

Teachers and staff should have the ability to recognize early signs of mental health issues, such as drastic changes in behavior, withdrawal from social interactions, changes in academic performance, signs of substance abuse, expressions of hopelessness or suicidal thoughts, and other, indicators of emotional distress. In addition, they should understand the importance of timely reporting as early intervention can prevent the escalation of mental health issues. Consequently, reporting should be done as soon as a concern is identified. The reporting can be through:

Document Observations: When a mental health concern is observed, it is essential to accurately document the details. This includes noting the behavior or symptoms observed, the date and time, the context in which the behavior occurred, and any statements made by the individual that raised concern.

Follow the School's Reporting Protocol: Each school should have clear and structured reporting guidelines. For example, there should be a designated mental health point person, such as a school counselor, nurse, or mental health coordinator

Engage the Individual: Where appropriate, and if it's safe to do so, engage the student or staff member in a non-confrontational conversation. Express concern, offer support, and explain that you are reporting the concern to ensure they get the help they need.

Confidentiality: Protect the privacy of the individual involved. Information should only be shared with those directly responsible for handling the situation

Sensitivity: Approach the situation with empathy and avoid any language or actions that could further stigmatize the individual.

Teachers should appreciate the importance of timely and accurate reporting, and encourage learners or staff to ask questions to ensure they understand the process

Internal Reporting Channels

- i. School Counselor or Mental Health Coordinator: The primary point of contact for any mental health-related concerns. The counselor or mental health coordinator will conduct an initial assessment and determine the next appropriate steps.
- ii. Designated Teacher or Staff Member: In some cases, schools may designate specific teachers or staff members trained in mental health first aid to receive reports and provide initial support.
- iii. Institutional Head: In situations where the concern may require administrative intervention, such as when there are legal implications or severe behavioral issues, the principal or administrative head should be informed.

External Reporting Channels

- i. Local Mental Health Services: When a situation requires expertise beyond what the school can provide, reports may need to be made to local mental health services or community health centers.
- ii. Child Protection Agencies: In cases involving abuse, neglect, or when a student's safety is at risk, it may be necessary to report to child protection agencies.
- iii. Emergency Services: In situations where there is an immediate risk to life, such as a suicide attempt, emergency services should be contacted immediately.

Navigating the Referral Pathway

Once a report has been made, it is important to follow a structured referral pathway to ensure that the individual receives the appropriate care and support.

SCHOOL





REPORT TO POLICE

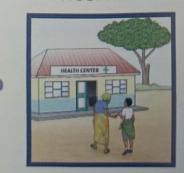


REFERAL PATHWAYS





HOSPITAL





Ethical considerations in Providing Psychosocial Support in a learning institution

Just like the teaching profession, counselors are bound by ethical standards when offering their services to other people. Teacher counselors should consider the code of conduct for psychosocial service providers especially preserving dignity, guaranteeing confidentiality, preventing illness, restoring health, alleviating suffering, and doing no harm. Teacher counselors are nonetheless, expected to abide by ethical considerations, especially to minimize harm and meet the needs of those affected. It is therefore important to identify ethical code of conduct for mental well-being and psychosocial support service provision.

- Fidelity and confidentiality keep the trust entrusted & act within the trust; restrict disclosure of confidential information
- Justice- fair and impartial support to client, including provision of relevant information
- Beneficence acting in the best interest of the client. Act within the limits of your competence and skills
- Non- maleficence avoiding exploitation and malpractice that can harm the client
- Autonomy- supporting the client's ability to participate, decide and refocus. This forbids
 manipulation for selfish benefits
- Self- respect includes all components of self-care for the mentor including seeking support from other professionals
- Personal moral qualities continuous self- improvement in all areas

 Emphasize the importance of "No- Harm" and explain the fundamental principles of no Harm,
 namely:
- Safety Avoid putting people at further risk as a result of your action. Make sure to the best of your ability that the people you help are safe and protect them from physical or psychological harm.
- Dignity- Treat people with respect and in accordance with their cultural and social norms.
- Rights—Make sure people can access help fairly and without discrimination. Help people to claim their rights and access available support. Act only in the best interest of any person you encounter.

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