

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

A TRAINING MANUAL FOR STAFF AND PEER LEADERS IN LEARNING INSTITUTIONS IN UGANDA

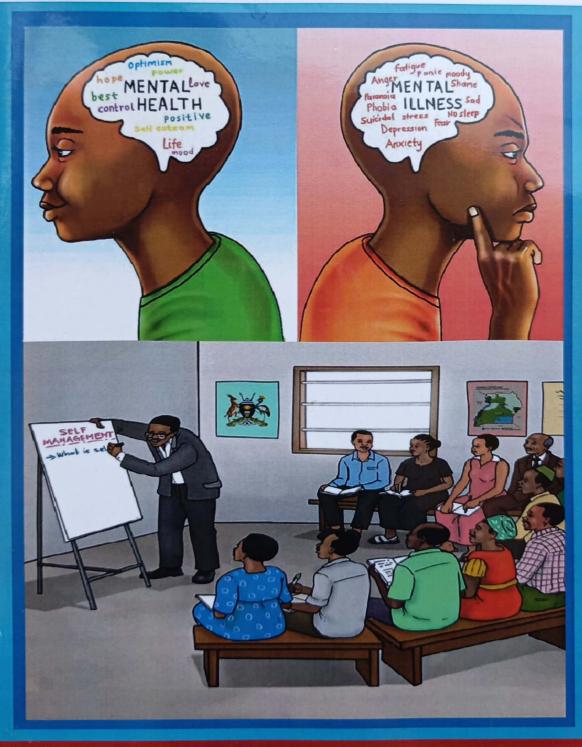


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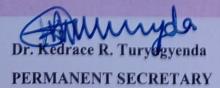
FOREWORD

The health well-being is directly linked to the level of participation and involvement in the teaching-learning process. Psychosocial issues in homes and communities greatly impact on the learning outcomes as emotions associated interfere with the brain concentration, increase learners' vulnerability to absenteeism and school dropout. The COVID pandemic and after effect worsened the well-being challenges of both learners and staff in learning institutions in Uganda. Teenage pregnancies, depression, violence, negative coping, alcohol and substance use have been reported very high, compared to before.

The Education & Sports sector in a bid to enhance mental health and psychosocial well-being issued a circular 20: *Prioritizing mental health in all education institutions*. Different partners have been complementing Government of Uganda to build capacity of school systems to strengthen resilience, but these interventions differed from one school to another, even within the same district or locality.

The development of this training manual provides guidance for first line identification and response to mental wellbeing issues within the school setting. It sets the minimum standard to guide the different actors in the implementation of MHPSS interventions in the Education sector.

Good mental wellbeing translates into effective teaching and better learning outcomes. I encourage all Education managers and partners to use this manual to build the capacity of learning institutions to offer social support to both staff and learners.



ACKNOWLEDGEMENTS

The Ministry of Education and Sports (MOES) is grateful to all the partner organizations that shared materials, ideas and experiences that formed the basis for the development of the Mental Health and Psychosocial Support Training Manual for staff and peer leaders in learning institutions of Uganda. The Ministry is greatly indebted to UNESCO for the financial and technical support towards the development of this National training manual for the Education sector.

Special thanks go to the members of the Education and Sports Sector Working Groups, School Managers, Parents, Teachers, Learners and Mental Health and Psychosocial Support (MHPSS) practitioners for the invaluable contribution during the process to standardize all the MHPSS training materials.

The development of this manual is part of the Government of Uganda strategy to harmonize and enhance service delivery in the Education Sector. I therefore congratulate the Department of Guidance and Counseling on achieving this important milestone. In the same way, I commend Mr. Mukyawe Saidi Nsamba, the Education Sector MHPSS Coordinator, for amplifying the voice to integrate mental wellbeing into activities of learning institutions.

I also wish to express my thanks to Dr. Betty Akurut Enyipu from Harmony Counseling and Consultancy Services for the overall coordination and facilitation of the consultative process of developing the MHPSS Training manual. In the same vein, I wish to acknowledge all the organisations that contributed information for the preparation of the manual. These important information sources have been duly acknowledged throughout the manual.

It is my sincere hope that the National Mental Health and Psychosocial Support Training Manual will be invaluable in addressing the psychosocial well-being, response and support system needs within the Education Sector.

For God and my Country

Harriet Ajilong

Commissioner, Guidance & Counseling Services

· turing

ACRONYMS AND ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome

ART Antiretroviral treatment

COVID-19 Corona Virus Disease

GAD Generalized Anxiety Disorder

GBV Gender- based Violence

HIV Human Immunodeficiency Virus

IPT-G Interpersonal therapy for Groups

MDD Major Depressive Disorder

MHPSS Mental Health and Psychosocial Support

MoES Ministry of Education and Sports

MOH Ministry of Health

PIASCY Presidential Initiative Aids Strategy to Communicate to Young people

PLHIV Persons Living with HIV

SGBV Sexual Gender-based Violence

S.O.L.E. R Sit squarely, Open posture, Lean forward, Eye contact, Relax

DEFINITION OF KEY TERMS

Child Mother - a girl below 18 years who gave birth

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

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

Disability – All persons with long term physical, mental, and visual impairments 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; colleagues/classmates

Psychological First Aid - emergency support to reduce emotional and 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

Special groups – refers to all persons in learning institutions who are challenged by physical or environmental conditions including those abled differently, PLHIV, child mothers and fathers and survivors of GBV.

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 life challenges

SECTION I: INTRODUCTION AND OVERVIEW

1.1 Introduction

Health and wellbeing needs of young people are linked to their ability to participate in and attain an 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.

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 learners' 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 worsened by the COVID-19 pandemic, many children are vulnerable to mental health and psychosocial issues.

To address these needs, Mental Health and Psychosocial Support (MHPSS) is becoming an essential part of the education system in Uganda. Teachers and non-teaching staff are often the first point of contact for students dealing with emotional and mental health issues (UNESCO-IICBA, 2022). Training these key players in providing psychosocial support ensures a safe and nurturing school environment where students can thrive academically, socially, and emotionally.

The understanding of mental wellbeing and psychosocial support 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. Mental wellbeing has become a key focus in the Education sector because of the growing evidence that points to the relationship between education, health and wellbeing and teaching-learning outcomes².

¹ https://healtheducationresources.unesco.org/library/documents/au-continental-strategy-education-health-

According to the World Health Organization (WHO, 2019), 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 community².

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 indicates that learning outcomes and mental wellbeing cannot be separated, as each impacts the other. Health well-being is linked to teaching learning outcomes in education (AU, EHW; 2023) as schools serve as crucial platforms for the acquisition of knowledge, socio-emotional resilience and laying the foundation for a healthy lifestyle.

The main objective of the MHPSS training manual is to standardize all efforts to build the capacity of school staff in integration of Mental health and psychosocial support including early identification, offering appropriate basic support and linkage to other specialized service providers.

Given the immense distress and other mental wellbeing challenges that teachers and learners face, this training manual focusses on teacher capacity and use of existing school structures especially the learner led clubs and peer to peer platforms.

The manual is structured in a simplified format comprising of sections, modules, sessions and activities to facilitate effective discussion on topical wellbeing challenges in learning institutions. Each module gives an overview, learning competencies, activities, proposed methodologies, and instructions to facilitators.

1.2. Background

Global concerns regarding the mental health and well-being of children and young people are a priority, with estimates by WHO indicating that between 10–20% of children and adolescents worldwide experience mental health problems. A recent systematic review focusing on sub-Saharan Africa revealed that one in seven children and adolescents faces significant psychological challenges, with nearly 10% qualifying for a psychiatric diagnosis.

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

A 2019 World Health report indicates that 35 in 100 Ugandans are struggling with some form of mental health challenge, with 70% of those seeking mental health medication in Butabika

Psychiatric Hospital be in g adolescents and young people. Similarly, the Ministry of Health, MOH (2020) found out that about 35% of Ugandans have experienced mental health disorder at some point in their lives, with children particularly being more vulnerable.

Teachers' capacity to deliver 'Transformative Education' builds on emotional resilience to withstand adversities, support peers and others to manage self-regulation. Transformative and social emotional learning is only possible if learners are safe, well-nourished, healthy, and free from violence and discrimination.

The COVID-19 pandemic worsened mental health challenges, with increased levels of stress, anxiety, and depression among students (UNICEF, 2021). Learners and staff have, in addition, 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 in Uganda. Otherwise, learners and some staff adapt negative coping mechanisms like alcohol and substance use, and at worst some contemplate self-harm /suicide as response to overwhelming demands of life.

The Ministry of Education and Sports (MOES) recognizes the importance of mental wellbeing on the teaching learning outcomes. Access to a safe and supportive school environment has been linked to 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. The Education Response Plan for Refugees and Host Communities in Uganda (ERP) 2018-2021 emphasized the need for psychosocial support to address the emotional and social well-being of learners, especially in refugee-hosting communities. 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.

1.3. Status of mental health and wellbeing in Uganda's Education sector

The COVID-19 pandemic worsened the mental health challenges in learning institutions with anxiety and depression widely reported at 3.8% and 3.4% respectively. According to Strong

Minds Uganda (2023), 120,000 people were treated for depression in 2023 using the Interpersonal Psychotherapy for Groups (IPT-G) model, the majority being learners in primary and post primary institutions.

A Gender and Wellbeing assessment (MOES, 2022) highlighted trauma, helplessness, and insufficient psychosocial support as key issues affecting not only learner enrollment and completion, but also teacher attendance and time on task. Accordingly, the UNESCO study, the assessment of the psychosocial impact of COVID-19 on teachers in sub-Saharan Africa identified depression, anxiety and stress as the most common mental health challenges.

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. The Government of Uganda has prioritized Education as a strong driver for peace and sustainable development with focus on **FIVE Fundamental interventions** namely: Access; Protection from Harm, Abuse & Exploitation; Play & Physical Exercise; Participation and Involvement; Health and 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* (MoES, 2022(b). Some partners complemented Government effort to build resilient schools by developing various training materials to support MHPSS, but these materials differed from one area to another, and between districts and schools. The development of this training manual is therefore part of the Government's effort to streamline MHPSS interventions and service delivery. Consultations have been conducted with different school stakeholders, partners and available training materials to identify common modules and sessions.

The process of developing this MHPSS training manual has been guided by avoiding further harm; building partnerships, collaboration and linkages; positive change in attitude towards mental wellbeing; strengthening peer to peer support; provision of psycho-education and early identification of mental health challenges in learning institutions.

1.4. Facilitation Methods and Techniques

The MHPSS training is designed to enhance staff and learners' psychosocial well-being, and to empower different actors to use the available capacities and resources to build resilience. Participatory methodologies have been suggested for participants to openly discuss and share their personal experiences and understanding of the issues explored. The participatory approach also means that each participant is involved in thinking about their own experience of life and giving feedback on all the issues as they relate to their thinking, problems, unique solutions, strengths, and weaknesses. The following techniques are recommended to make the training session more engaging:

- **1.4.1. Presentation:** focusing on topics, providing a brief explanation (information) about the subject, and creating an understanding of the topic.
- 1.4.2. Facilitated Discussions: creating a discussion forum or helping participants to discuss among themselves and share their experiences related to their reactions and coping skills.
- **1.4.3. Group work**: group activities will teach versatile and powerful techniques for structuring group conversations and finding consensus.
- **1.4.4. Self-reflection**: encouraging participants to look inside themselves and reflect on their feelings, thoughts, and experiences.
- **1.4.5.** Role Play: role play requires the acting skill of the participants to bring attitude change and raise motivation.
- **1.4.6. Brainstorming**: challenging, motivating and initiating pop answers to unlock the abilities and skills of participants.
- 1.4.7. Case studies: using familiar scenarios that provoke critical thinking
- 1.4.8. Think, Pair and Share: a collaborative learning strategy where participants are expected to think individually, in pairs, and in groups to solve a problem.
- 1.4.9. The Training Environment: create a fun, safe, and inclusive learning environment essential for a participatory and therapeutic process. It is the foundation for developing trust and empathy between participants and provides the basis for psychosocial activities that promote well-being and resilience. The trainer is a role model and is responsible for creating a stimulating learning space and effective communication within the participants.

Fun

Laughter and fun have benefits that support learning and make it therapeutic. They ease anxiety and fear, relieve stress and tension, and improve the mood of participants. It also has social benefits as it strengthens relationships, enhances teamwork, helps defuse conflict, and promotes group bonding. 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 adults learn best when they are having fun. A good trainer balances playfulness, creativity, and seriousness at the same time.

Safe

The trainer should be aware of safety issues, including:

- Physical safety: This includes the safety of the training area, activities, and venues for the
 psychosocial services, including counseling location and route to ensure privacy and
 comfort of the participants.
- Moral safety: Ensure that all activities are appropriate to the norms and culture of the participants, avoiding activities that may embarrass them and others.
- Social-emotional safety: Set clear rules that include never allowing mocking or bullying, and apply them by reacting if someone is excluded or treated disrespectfully. Handle strong emotions in the group accordingly, avoid unexpected events. For example, if it is not possible for everyone to share, inform them in advance. Keep a clear structure, be well-prepared, and adhere to time schedules, enhancing the participants' feeling of safety.

Inclusiveness

The trainer should model inclusive learning and behavior by ensuring that all opinions are respected, the needs of people with disabilities are addressed, and no one is intimidated.

1.4.10. The Trainers: Being an MHPSS trainer is enriching and quite challenging. It requires excellent knowledge about mental wellbeing and psychosocial issues within learning institutions, strong interpersonal skills, the ability to empower and motivate others, and the capacity to use social power. It is based on mutual learning and exchange between the trainer and participants. Each session should be facilitated by a minimum of two trainers (male and female, if possible), where one plays a principal role and the other an assistant. The number of participants should not be too small nor too big (16-30) depending on the training needs of the participants.

1.5. Users of the Training Manual

This manual is designed for training of teaching and non-teaching staff, school leaders and education managers in Uganda on mental well-being and psychosocial support delivery.

1.6. Social issues to consider in using the Training Manual

In Uganda, social-cultural setting plays a significant role in shaping perceptions of mental health and well-being. It is therefore important to take the following into consideration when using this manual:

- 1.6.1. Stigma around Mental Health: Mental health is often stigmatized in Uganda, with many individuals associating mental illness with spiritual or supernatural causes. School staff should be sensitive to this stigma and approach conversations about mental health with care and cultural sensitivity.
- 1.6.2. Community Support Systems: In many Ugandan communities, extended families and community leaders are central to supporting individuals in distress. School staff should therefore consider involving these support systems in MHPSS interventions where appropriate.
- 1.6.3. Gender Roles: Cultural expectations around gender may influence how persons express distress. For example, boys/men may less likely seek emotional support due to cultural norms that discourage vulnerability. Training should address how to effectively support both males and females, taking the gender dynamics into consideration.
- 1.6.4. Language and Communication: Communication about mental health should be conducted in a language that students or staff are comfortable with. School staff should be aware of local dialects and expressions that may be used to describe emotional and mental states

1.7. Dummy Training Program

TUNE	I ampair
TIME DAY ONE	ITEM
8:00 – 8:30am	Arrival and Registration of participants
8: 30 – 9:20am	Opening session: Introductions; Welcome remarks, Official opening
9:20 – 9:30am	Pre-Test
9:30 – 10:00 am	Team Building-
10:00 – 10:40am	Overview of MHPSS training curriculum
10:40–11:00am	BREAK
11:00am-1:00pm	Module1: Understanding Mental Health and Wellbeing
1:00 – 2.00 p.m.	LUNCH
2:00 – 4:00pm	Module1: Understanding Mental Health and Wellbeing
4:00 – 4:30	Session Evaluation
DAY TWO	
8:00 – 8:30am	Arrival and Registration of participants
8:30 – 8:45am	Recap
8:45 – 10;45 a.m.	Module 2: Introduction to Psychosocial Support in schools
10:45-11.00am	BREAK
11:00 am -1:00 p.m.	Understanding Psychosocial Support models
1:00 – 2.00 p.m.	LUNCH
2:00 – 4:00pm	Basic counseling Skills
4:00 – 4:30	Session Evaluation
DAY THREE	Session Evaluation
8:00 – 8:30am	Arrival and Registration of participants
8:30 – 8:45am	Recap
8:45– 10:45 p.m.	Working with Special populations
10:45 – 11:00am	BREAK
11:00–1:00 p.m.	Working with Special populations
1:00 – 2:00 p.m.	LUNCH
2:00 – 4:00 p.m.	Coping and Management Techniques
4:00–4:30 p.m.	Session Evaluation
DAY FOUR	
8:00– 8:30am	Arrival and registration of participants
8:30 – 8:45am	Recap
8:45 – 10:45 am	Coping and Management Techniques
10:45 – 11:00am	BREAK
11:00 - 1:00pm	Introduction to Reporting, Referral and Monitoring of MHPSS in schools
1:00 - 2:00 pm	LUNCH
2:00 – 4:00pm	Understanding Reporting, Referral and Monitoring
4:00 – 4:30 p.m.	Session Evaluation
DAY FIVE	
8:00 – 8:30am	Arrival and Registration
8:30 – 8:45am	Recap
8:45 – 10:45 am	Basic MHPSS Reporting, Referral, and Monitoring tools
10:45-11:00am	BREAK
11:00 – 1:00pm	Basics Interpersonal Group Therapy
1.00-1.10 pm	Post test
1:10 - 1:30pm	Closing
1:00 – 2:00 p.m.	LUNCH AND DEPARTURE

SECTION II: TRAINING MODULES

MODULE 1: UNDERSTANDING MENTAL HEALTH AND WELL-BEING

Key message

Understanding mental health and well-being is vital for nurturing a balanced and thriving learning environment. Mental health involves emotional, psychological, and social well-being, affecting how individuals think, feel, and act. Prioritizing well-being encourages resilience, healthy coping mechanisms, and positive relationships, enabling students and staff to perform at their best socially, academically and personally.

Overview

Mental health is a fundamental component of overall well-being. It is the foundation upon which our emotional, psychological, and social lives are built. Furthermore, Mental health affects how we think, feel, and behave in daily life. It determines how we handle stress, relate to others, and make decisions. Mental health can be defined as a state of successful performance of mental functioning, resulting in productive activities, fulfilling relationships with people, and the ability to cope with adversity (difficult or stressful life situations). A healthy brain provides us with good mental health (*Community Concerns Uganda*, 2023)

This module covers the concept of mental health and mental well-being, with the aim of providing teachers and non-teaching staff with in-depth knowledge about mental health and mental wellbeing and creating an environment within learning institutions that is supportive of the mental health needs of staff and learners. The module addresses mental health and illness, common mental health conditions, and stigma and discrimination.

Learning competencies

At the end of this module, participants will be able to:

- Demonstrate an understanding of the concept of mental health and illness including their symptoms and causes within the setting of learning institutions
- Demonstrate empathy, understanding and support to teachers & learners with special
- learning challenges

SESSION 1: Mental health and Illness (180 minutes)

Activity 1: Understanding Mental Health and Illness

Competencies

- Demonstrate an understanding of the concept of mental health and illness within the setting of learning institutions
- Identify and describe symptoms and causes of mental illness within the learning environment



- Interactive presentation & case scenario
- Group discussions



Instructions

Case study/scenario

Ask the participants to imagine this case:

James is a 16-year-old student in Senior 4 at a secondary school in Gulu. Academically, he has always been an average student, but excels in sports, particularly football, where he is the team captain. Recently, James' teachers have noticed significant changes in his behavior and performance in school. In class, James struggles to focus on his lessons and has started submitting incomplete or poorly done assignments. His grades have been dropping rapidly, and he no longer participates in group activities or sports. His teachers have tried to engage him, but he often seems distant, giving vague responses like "I'm just tired" or "I don't feel like it."

At home, James lives with his grandmother, who raised him after his parents passed away several years ago. Recently, his grandmother has been ill, and James is the main caregiver. This responsibility has left him feeling overwhelmed, anxious, and unable to manage both his schoolwork and home duties.

James' friends have noticed the changes and have tried reaching out to him, but he often brushes them off, preferring to be alone. One friend even mentioned that James made a passing comment about how "none of these matters anymore" and "it's too much to handle." The school staff is growing concerned but isn't sure if this is just normal teenage stress or something more serious.

- ▼ To enable an interactive and participatory approach, invite participants to reflect on
 the following questions in light of the case study:
- What is your understanding of mental health based on James' situation?
- What are some of the concepts you have heard about mental health?
- Me How do you differentiate between mental health and mental illness in James' case?
- What has been your experience with mental health, either personally or generally, in situations similar to James'?

Trainer's Note

Mental Health

Mental Health has been defined as the positive state of being where a person thrives. In children and adolescents, it results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual

Tips
Mental health affects how we think, feel, and behave in daily life. It determines how we handle

aspects that influence a child's and adolescent's ability to grow, learn, socialize, and develop to their full potential (AU, 2023). Mental health is a fundamental component of overall well-being. It is the foundation upon which our emotional, psychological, and social lives are built. Mental health affects how we think, feel, and behave in daily life. It determines how we handle stress, relate to others, and make decisions. Mental health can be defined as a state of successful performance of mental functioning, resulting in productive a c t i v i t i e s, f u l f i l l i n g relationships with people, and the ability to cope with adversity (difficult or stressful life situations). A healthy brain provides us with good mental health.³ (Community Concerns Uganda, 2023).

Understanding Mental Illness

While mental health is a state of well-being, mental illness refers to diagnosable conditions that significantly impair an individual's thoughts, emotions, and behaviors. Mental illnesses are health conditions involving changes in emotion, thinking, or behavior (or a combination of these). They are associated with distress and problems functioning in social, work, or family activities.

³ Adolescent Mental Health and Provision of Talk Therapy, Community Concerns Uganda Initiative

Mental illnesses are common, with one in four people affected by mental or neurological disorders at some point in their lives. The spectrum of mental illnesses includes conditions like depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors. These conditions can range from mild to severe and can be short-term or chronic.

Causes of Mental Illness

Mental illness is rarely caused by a single factor. Instead, it is usually the result of a complex interplay 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 understanding Mental Health is 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.

NOTE:

What happens inside the brain when it is not functioning effectively?

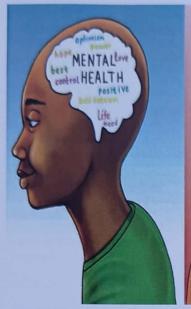
- A specific part of the brain that needs to be working in a specific manner is not working well.
- A specific part of the brain that needs to be working in a specific manner is working in the wrong way.
 - Brain pathways that help different parts
- of the brain communicate are not working as they should.

How does the brain show it's not working well?

- ☐ If the brain is not working properly, one or more of its functions will be disturbed
- ☑ Disturbed functions that a person directly experiences (such as sadness, sleep problems, etc.) are called symptoms.
- ☑ Disturbed functions that another person sees (such as over activity, withdrawal, etc.) are called signs
- Both signs and symptoms can be used to determine if the brain may not be working well
- ☑ The person's usual life or degree of functioning is disrupted because of these signs and symptoms.

Table adopted from Community Concerns Uganda Initiative "Adolescent Mental Health and Provision of Talk Therapy"

Mental Health vs. Mental Illness





It is important to distinguish between mental health and mental illness. Not everyone who experiences poor mental health has mental illness. Mental health problems can arise due to stress, situational challenges, or other temporary factors. These issues can often be managed through self-care, social support, and lifestyle changes. Mental illness, on the other hand

Mental illness, on the other hand, 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.

Note

- Emphasize the importance of early recognition and intervention in mental health issues
- ☑ Encourage participants to reflect on their own mental health and how it affects their work with students.

Activity 2: Understanding Common Mental Health Conditions

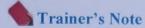


☑ Identify and describe common mental health conditions faced within learning institutions

Method

Instructions

- Prepare a detailed presentation on common mental health conditions
- ☑ Develop case studies involving students or staff with mental health issues
- Ensure all participants have access to printed case study materials
- Provide an overview of common mental health conditions such as anxiety, depression, and substance abuse
- ☐ Highlight the signs and symptoms to look out for in learners and staff
- Discuss the relationship between mental health conditions and suicide
- Distribute case studies to participants, outlining specific mental health scenarios
- Ask participants to identify the mental health condition presented in each case and propose strategies for intervention
- Facilitate a discussion on the challenges of addressing mental health issues in a school setting
- Encourage participants to share best practices and resources for supporting students and staff



Common Mental Health Conditions

Mental health conditions involve 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.

Anxiety Disorders

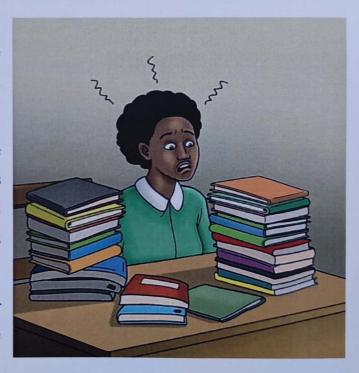
Anxiety disorders are among the most common mental health conditions. They involve excessive fear or worry that is difficult to control and that negatively impacts daily life. Anxiety disorders can manifest in various forms, including:

Generalized Anxiety Disorder (GAD):

Characterized by persistent and excessive worry about various aspects of life, such as work, health, or social interactions

Panic Disorder: Involves sudden, intense episodes of fear or discomfort, known as panic attacks, which can include physical symptoms like heart palpitations, sweating, and shortness of breath.

Social Anxiety Disorder: Involves a fear of social situations where one may be judged, embarrassed, or humiliated.



Phobias: Involve an intense fear of specific objects, situations, or activities, such as heights, flying, or spiders.

Symptoms of Anxiety Disorders

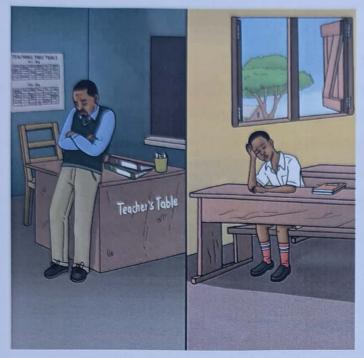
Common symptoms of anxiety disorders include:

- Excessive worry or fear
- Restlessness or feeling on edge
- □ Difficulty concentrating
- ☑ Irritability

Treatment for anxiety disorders

Treatment includes cognitive-behavioral therapy (CBT), which helps individuals identify and change negative thought patterns and behaviors. Medications such as selective serotonin reuptake inhibitors (SSRIs), can also be effective in reducing anxiety symptoms. In addition, lifestyle changes, such as regular exercise, relaxation techniques, and stress management, play a crucial role in managing anxiety

Depression



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

Depression affects how we feel, think, and behave 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 peers 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 as compared to girls due to biological, social, and cultural factors. (Community Concerns Uganda, 2023).

Types of Depression:

- Major Depressive Disorder (MDD): Characterized by a depressed mood most of the day, nearly every day, for at least two weeks, along with other symptoms such as loss of interest in activities, changes in appetite or weight, sleep disturbances, feelings of worthlessness, and thoughts of death or suicide
 - Persistent Depressive Disorder (Dysthymia): A chronic form of depression that lasts for at least two years, where symptoms may be less severe than those of MDD but still interfere with daily functioning
 - Bipolar Disorder: A condition characterized by extreme mood swings, including episodes of depression and mania (a state of elevated or irritable mood, increased activity, and other symptoms)
 - Psychotic Depression: This is the kind of depression where an individual with depression loses touch with reality or develops a psychosis. Psychosis is when someone has an impaired or distorted view of reality. People who experience psychotic depression may experience

delusions and hallucinations. A delusion may be a false belief, perception, or impression despite contradictions in reality. For example, an individual may often say that have an impression that they are the President of the Republic of Uganda, who is very important and needs special treatment, this is an example of a delusion of grandiose. Hallucinations, on the other hand, are sensory experiences that occur within the absence of actual stimuli, for example, some can start hearing voices, seeing things that others do not see, and smelling odors that are not available among others. When someone has psychotic depression, they are at risk of harming themselves and others in the communities where they live. So, they need urgent psychiatric care and support.

Symptoms of Depression

Common symptoms of depression include:

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

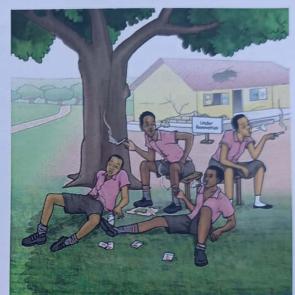
Drug Abuse and Mental Health

Many individuals with mental health conditions turn to drugs or alcohol as a way to self-medicate or cope with their symptoms. However, substance abuse can increase existing mental health issues or trigger new ones, leading to a vicious cycle of dependency and deteriorating mental health.

Impact of Substance Abuse on Mental Health

Drug abuse can worsen the symptoms of mental health conditions, making them more difficult to treat. It can lead to:

- ☑ Increased anxiety or depression
- ☐ Cognitive impairment or memory problems
- Mood swings and erratic behavior
- Social isolation and strained relationships
- Physical health problems, such as liver damage, heart disease, or respiratory issues



Treatment for Substance Use Disorders (How can we help someone struggling with substance abuse?)

Treatment for substance use disorders often involves a combination of detoxification, rehabilitation programs, counseling, and support groups. Medication-assisted therapy, such as methadone or buprenorphine for opioid addiction, can help manage withdrawal symptoms and reduce cravings. Integrated treatment approaches that address both substance use and mental health conditions simultaneously are often the most effective.

Suicide and Mental Health

Suicide is a tragic outcome that is often linked to untreated or poorly managed mental health conditions, particularly depression, anxiety, and substance abuse. It is a leading cause of death worldwide, with more than 700,000 people dying by suicide each year. The Education sector has not been an exception, with over 20 suicide cases of learners and teachers reported between 2022 and 2024!

Understanding Suicide

Suicide is often the result of a combination of factors, including mental illness, a history of trauma or abuse, substance abuse, and significant life stressors, such as loss or financial difficulties. It is important to recognize the warning signs of suicide, which may include:

- ☑ Talking about wanting to die or self-harm
- Expressing feelings of hopelessness or having no reason to live
- Withdrawing from friends, family, or social activities
- Sudden mood changes, such as becoming more withdrawn or more agitated
- Engaging in risky or reckless behavior
- ☑ Giving away possessions or saying goodbye to loved ones

Preventing Suicide

Suicide prevention requires a comprehensive approach that includes early intervention, access to mental health care, and the creation of supportive environments where individuals feel safe seeking help. Public awareness campaigns, mental health first aid training, and crisis intervention services are critical components of suicide prevention efforts.

Note

- Pay special attention to the topic of substance abuse, as it often intersects with other mental health issues
- Be sensitive when discussing suicide; provide resources for participants who may be personally affected by the topic

SESSION 2: Stigma and Discrimination (60 minutes)

Activity 3: Stigma and Discrimination



Demonstrate the ability to address the impact of stigma and discrimination on individuals with mental health conditions and to develop strategies for creating an inclusive and supportive learning environment.

Method

- Role playing exercises

Instructions

- Develop role-playing scenarios that reflect real-life situations involving stigma and discrimination in schools
- Prepare reflection questions to guide the final group discussion
- Begin with an interactive discussion on the definition and types of stigma
- Discuss how stigma affects students and staff in the school environment
- Present strategies for reducing stigma and promoting mental health literacy

Role-Playing Exercises

- Assign participants to different roles in scenarios where stigma and discrimination are present
- Have participants act out the scenarios, focusing on how to address and combat stigma
- After each role-play, discuss what was learned and how it applies to the school setting

Group Reflection

- Lead a reflection on how stigma and discrimination are currently handled in their schools
- Encourage participants to think about changes they can implement to create a more

Role-Playing Exercise: Breaking the Stigma around Mental Health

Scenario: "The Disclosure"

Roles:

Michael: A student who has just disclosed his struggles with anxiety and depression to his

classmates

Classmates: A mix of supportive and unsupportive peers

Teacher: An adult who observes the situation and intervenes

Instructions: Michael shares his feelings with the class, while classmates react in various ways (some supportive, others dismissive or joking). The teacher notices the reactions and steps in to guide the conversation.



Trainer's Note

Stigma

Stigma refers to the negative attitudes and beliefs that lead to discrimination against people with mental health conditions. In schools, stigma can create an environment where students and staff feel ashamed or reluctant to seek help, further exacerbating their mental health issues.

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 willingness to seek help or disclose mental health issues
- 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. 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
- ☐ Train teachers and staff to recognize the signs of mental health issues and to respond appropriately

Note

- ☑ Encourage empathy and understanding during role-playing exercises
- Highlight the importance of creating a culture of acceptance and support in schools to combat stigma and discrimination effectively
- ☑ Train teachers and staff to recognize the signs of mental health issues and to respond appropriately.

MODULE 2: PSYCHOSOCIAL SUPPORT (PSS) MODELS

Key Message

Psychosocial support aims at promoting the mental well-being of individuals who are challenged by life problems. Psychosocial support provision in the educational institutions in Uganda is done by teachers, non-teaching staff, adolescent peer leaders, parents and other members of the school community.

Overview

This Module presents a conceptual understanding of psychosocial support and well-being, the different psychosocial support models, the underlying principles for PSS; and the provision of basic counselling services for addressing and responding to learners' mental health concerns.

Learning competence

- Demonstrate an understanding of the psychosocial support models
- Demonstrate application of psychosocial support models to facilitate emotional resilience among teachers & learners
- Demonstrate application of basic counseling skills.

SESSION 1: Introduction to Psychosocial Support (120 minutes)

Psychosocial support is the consideration of the social and environmental issues that influence the person's mental well-being and behaviors. Effective interventions to enhance the resilience of school staff and learners should consider the context and environment for learning to take place.

Competencies

- Appreciate the psychosocial issues affecting school staff and learners
- Demonstrate the application of different psychosocial support models in designing interventions for learning institutions
- Practice basic counseling skills to build emotional resilience

Activity 1: Understanding Psychosocial Support



- ☑ To appreciate the psychosocial issues affecting learners and school staff
- ☐ Identify psychosocial support interventions needed by learning institutions.



Story telling & Reflective practice



Instructions

☐ Let the participants read the story presented below in their different groups

Case study

A violent Hailstorm

There was a violent hailstorm in the night. At daybreak farmers rushed to their banana



plantations to assess the devastating effects of the hailstorm.

The banana leaves were badly riddled by the hailstones, some banana plants had been unfortunately thrown down by the violent hailstorm. Other plants, especially those that were carrying bunches of fruit, were nearly thrown down.

Luckily, they survived. The banana plants that survived, however, were left leaning and on the verge of collapse.

Though heartbroken, wise farmers stopped lamenting about the fallen plants. They forthwith went to the bushes to cut dozens of forked poles. They subsequently ferried them all day long to their banana plantations ready to put them to use.

- Ask the participants to imagine themselves in the position of the wise farmers.
- ☐ Guide a discussion based on the following questions:
 - O Why were the wise farmers cutting forked poles?
 - o What does the violent hailstorm symbolize in real life?
 - What would have happened to the leaning plants had they been left unsupported?
- Ask the participants to present their findings in plenary.
- Lead a discussion in plenary, write down the key points identified, and summarize the findings. Follow up with these questions:
 - O How do storms of life affect the physical well-being of learners?
 - o How do storms of life affect the social well-being of learners?
 - o How do storms of life affect the spiritual well-being of learners?

- How do storms of life affect the academic performance of learners?
- Present the common psychosocial reactions that learners and teachers exhibit when they experience storms of life?
- Wrap up the activity by answering the following questions:
 - O What did you learn from the story?
 - O If the leaning plant was a learner, for example having examination anxiety, what kind of PSS would he/she be given?

Activity 2: How crises (storms of life) affect the learner's psychosocial wellbeing



Competencies

To appreciate the impacts of mental health challenges (storms of life) on the learners' psychosocial wellbeing





Instructions

- Divide participants into two groups
 - O Ask each group to discuss some of the social and psychological impacts of storms of life on learners' well-being.
 - o Each group should divide the given flip chart into two columns and list down the likely psychological and social needs that learners will exhibit on experiencing adverse mental health challenges (storms of life).

Psychological/Emotional Needs	Social Needs

- Plenary discussion
- Wrap up the activity by emphasizing the need to support others to overcome life challenges.

SESSION 2: Psychosocial Support (PSS) Models (120 minutes)

Overview

Understanding psychosocial support is core in all mental wellbeing responses. It is therefore essential to recognize the theoretical basis and models for PSS to design and implement PSS services in the education sector. This session gives an overview of the PSS models and basic principles in the provision of PSS services.

Competences

- Recognize the models that guide MHPSS interventions in the education sector
- Demonstrate the application of guiding principles in the provision of PSS services to teachers and learners.

Activity 1: Understanding the different Psychosocial Support Models



- Appreciate the models used for the design and provision of MHPSS in learning institutions
- Demonstrate application of the models in offering psychosocial support services.



☑ Jig-saw method (3 tier approach or puzzle)



- Prepare flipcharts with the various psychosocial support models
- Give a general overview of psychosocial support models relevant to learning institutions in Uganda (8minutes)
- Divide the participants into 4 home groups, preferably 4 members in each group, using counting as 1, 2, 3, 4 (1st tier)
- Let the groups consider and understand the particular model assigned: Social ecological, Mindful cognitive behavioral, Positive and cross cultural, and the Interagency Standing Committee Pyramid (10 minutes)
- For each of the participants in the group, allocate identifiers / letters but not repeating any in a home group unless there are exceptions (1a, 1b, 1c, 1d; 3a, 3b,3c,3d).

- Disband the home groups by redistributing participants into new groups: a, b, c & d; (2nd tier)
- Allow participants to conduct micro-facilitation on each of the models led by a participant from the home group/ 1st tier; (25 minutes, 5 minutes for each member);
- Ask participants to move back to home group/ 3rd tier, and share their understanding of the different models (7 minutes)
- Ask the participants to give feedback on the possibility of application of the models in learning situations and wrap up the activity (10 minutes).

Trainer's Note



Emotional wellbeing is too often overlooked by managers and service providers, and its consequences can be manifold, encompassing social problems, emotional distress and common mental health disorders (e.g. anxiety disorders, PTSD, depression), mental disorders severe (e.g. psychosis), alcohol and substance use disorders and intellectual disabilities. The need for mental health and psychosocial support (MHPSS) is therefore immense and ought to be responded to in a comprehensive and

coordinated manner based on proven models. Some of these models are: Social-Ecological, Mindful cognitive behavioral, Positive and cross cultural, and the Interagency standing committee pyramid models.

Social Ecological Model

According to the socio-ecological model (Figure 1), a person is not an isolated individual but belongs and interacts with the community. Various layers foster teacher or learner well-being. Accordingly, Bronfenbrenner's Socio -Ecological Model (1979) places an individual at the

center, making it a suitable framework for implementing PSS in educational settings.

The model emphasizes that human behavior is the product of individual and contextual factors. Therefore, in this model, interventions for psychosocial support should be designed and implemented according to the environment of the individual. In addition, it is vital to consider social capital and community resources during emotional distress or mental illness.

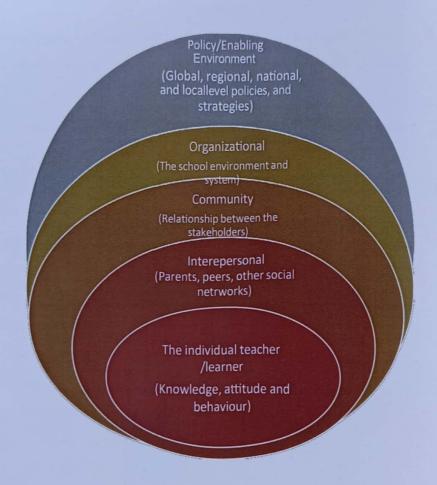


Figure1: The Socio-Ecological Model (Adopted from Bronfenbrenner)

2. Mindfulness Cognitive Behavioral Therapy (MCBT)

The Mindfulness Cognitive Behavioral Therapy, MCBT model (Figure 2), believes that coping with challenges requires understanding of the interplay between thoughts, feelings, and behaviors such as anxiety, depression, distress and maladaptive behaviors. It is a modified form of cognitive-behavioral therapy that incorporates mindfulness practices such as present moment awareness, Psychological First Aid (PFA), to help people who suffer from repeated distress, anxiety, depression, and other psychological distress. The model is relevant to learning institutions because anxiety, depression, grief or dealing with loss are common emotional-well-

being issues. The specific strategies for supporting school stakeholders include Psychological First Aid (PFA), Psychoeducation, Behavioral Activation Techniques, Thought Coping and Restructuring, and Problem-solving strategies, among others.

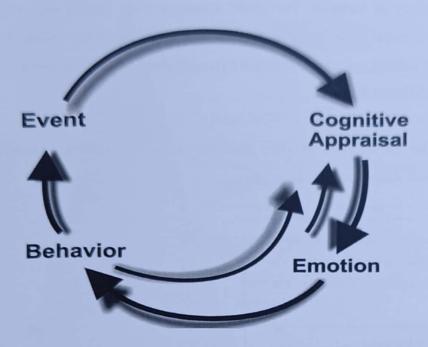


Figure 2: Mindful cognitive behavioral therapy model

3. Positive and Cross-Cultural Model

This model considers the cultural dynamics, gender relations and the environment in influencing individual thoughts. It assumes that emotional distress among individuals is caused by gender- cultural expectations of individuals that strain them beyond their capacity to function normally. The model further assumes that emotional disequilibrium is due to individual failure to balance all components of life including visualizing positive aspects amidst distress.

The Positive and Cross-cultural Therapy model is used to demonstrate practical activities guided by the following principles:

1. The principle of hope: The model comprehends people as a positive conception of being, considering mental health and psychosocial problems as not necessarily disorders, rather

as capabilities (positive) within every human being which can contribute to resilience. Therefore, working with teachers provokes 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 (Figure 3).

Overall capabilities are the basis for every person to use cultural and religious influence to cope with emotional distress and life adversities.

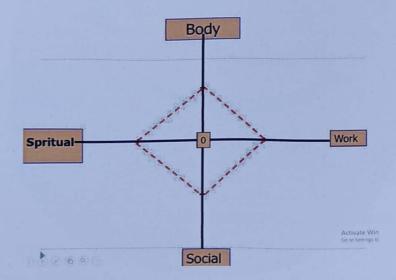


Figure 3: The Four Dimensions of: Life (Balance Model) in Positive and Crosscultural Therapy

3. Inter-Agency Standing Committee (IASC) Pyramid Model

The Inter-Agency Standing Committee (IASC) developed a psychosocial support intervention pyramid, which is a helpful tool used to integrate mental health and well-being in education system. The IASC model (Figure 4), considers approaches to mainstreaming MHPSS in the education system and the types of services at each layer. It emphasizes systematic delivery of psychosocial support services from the basic, protection and stigma free supportive environment, through engagement of family and peer to peer support, to linkage to nearest service/facility points to specialized psychiatric centers. The model pre-

supposes availability of some services and support within the communities/ learning institutions, which if maximized can reduce incidences of mental illness and emotional distress.

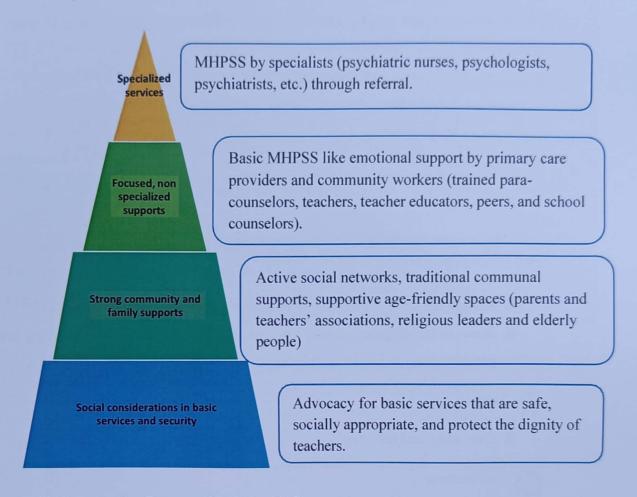


Figure 4: PSS Intervention Framework (INEE, 2018)

SESSION 3: Basic Counseling Skills (120 minutes)

Responding to mental and psychosocial needs of school staff and learners requires the service provider to poses basic counselling skills, i.e. interpersonal and technical traits to better understand, listen and support clients to recover from life distresses and to overcome life obstacles.

Competence

- ☑ Identify the basic counselling skills to support MHPSS interventions
- Appreciate the relationship between qualities and skills of counseling
- Demonstrate the application of basic counseling skills to support school staff and learners.

Activity 1: Basic counseling



- ☐ Identify the basic skills in the provision of support counseling;
- ☑ Demonstrate empathy, active listening and probing skills in counseling distressed persons.





- Divide the trainees into three groups each with a similar case scenario.
- Allow a few minutes for the groups to prepare their role plays
- Each group acts its case scenario
- Ask in the plenary to critique each of the role plays, pointing out the application of the different counseling skills.

Case scenario

Alice is 12-year-old girl who is in Primary Seven (P.7). A week ago, as she was returning home from the shop at around 7:30 p.m, a man who she recognized as one of her cousins waylaid her, dragged her to the bush and sexually assaulted her. He pulled out a knife and threatened that if she told anyone what happened, he would kill her. Alice feared to report the incident to her aunt. She knew that if she did, her aunt would not believe her because she had often times falsely accused her of seducing boys. Since the incident, Alice has been so depressed and anxious. She is worried about HIV and the possibility of having gotten pregnant. Alice has approached you as her teacher responsible for mental well-being for support.

Group 1: How would you demonstrate the qualities of a good counselor?

Group 2: Demonstrate the application of attending and active listening.

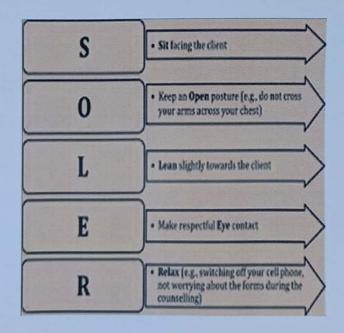
Group 3: How would you probe or ask leading questions without compromising empathy?

Trainer's Note

Active listening entirely focuses on the client during the helping session. It involves paying attention to both verbal and non-verbal cues by paraphrasing, summarizing, and reflecting the client's words and emotions. 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. When teachers as Para counselors pay particular attention to what a learner is saying, they encourage them to continue talking, as well as ensuring communication remains open and positive. School teachers are used to read, write, and speak, but they rarely focus on the skill of listening. This omission is unfortunate as listening skills are the most important foundation for any relationship.

Handout: Attending and Active Listening

1. While working with learners who need help, make sure you are attending to them fully by applying the tips below as exemplified in the acronym SOLER:-



G- Good Technical	C- Confidentiality maintenance
Knowledge	O- Observant
O- Obtaining appropriate	U- unbiased
information from the	N- Nonjudgemental
patient	S- Sensitive to the needs of the patient
O- Objectively answering	E- Empathetic
questions	L- Listens carefully
D- Demonstrating	L- Lets the patient make decisions
Professionalism	O- Open minded
	R- Respects the rights of the patients

MODULE 3: COPING AND MANAGEMENT TENCHNIQUES

Key message

Caring for self and others is a vital component of our mental well-being. It is therefore important to build resilience to cope with stress and challenging life situations. This calls for skills and ethical guidelines to support people in need to cope with and manage the situations they go through in life.

Overview

Every person has strengths and abilities to cope with their life challenges. However, some people are particularly vulnerable in a crisis and may need extra help. Helpers need to start by helping themselves before supporting others in need. Self-help techniques encompass physical, mental, emotional, social, and behavioral care. This section therefore covers coping and management techniques that helpers need, psychological first aid offered to those in need and the ethical guidelines considered when offering psychosocial support to others.

Learning competences

- Application of psychological first aid to facilitate emotional stability during emergency situations;
- Ability to build individual emotional self-regulation.

SESSION 1: Stress and Self-care (60 minutes)

Overview

Self-care is what people do for themselves to establish and maintain good health and prevent and deal with illness. Adverse situations may potentially create stress, causing people to feel troubled or threatened by life. Every person reacts differently to stress. Para counsellors need to know how to provide self-care in the context of emergency to sustainably cope with adversity before reaching out to others. Helpers who do not prioritize their own self-care are at risk of burnout and chronic stress.

Competencies

- Identify common sources of stressors
- Appreciate the difference between healthy and unhealthy coping mechanisms
- Practice actions that promote healthy well-being and psychosocial support
- Demonstrate application of Psychological First Aid within learning institutions

Activity 1: Identifying common Stressors



Competence

Identify common stressors among school staff and learners



Method

Brainstorming, pair and share



Instructions

- Take an A4 size paper and write your stressors in three columns.
- Write "Personal/Individual" in the first column, "School Environment" in the second column, and "Interpersonal/Community" in the third column.
- Form three groups and brainstorm the identified sources of stress.
- Try to relate your sources of stress with those listed in the Trainer's Note below.



Trainer's Note

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 resilience to stress depends on several personal, organizational, and environmental factors. Increasing the personal capacity of helpers to handle setbacks and overwhelming challenges is essential to providing MHPSS to staff and learners.

Activity 2: Positive coping techniques and Methods



To explore the different positive coping techniques relevant to school staff and learners



Brainstorming



- ☑ Identify your personal stress reactions based on the following questions:
 - o What thoughts come to mind when you are stressed?
 - O Where in your body do you feel the stress?
 - **o** What actions do you take when you are stressed?
 - o What feelings do you experience when you are stressed?
- ☑ Identify your personal stress coping mechanisms:
 - o What personal coping mechanisms do you have related to your body?
 - o What personal coping mechanisms do you have related to your social life?
 - What personal coping mechanisms do you have related to your work?
 - o What personal coping mechanisms do you have related to your spiritual life?
- ☑ Classify your coping mechanisms as "Positive" and "Negative"
 - O Positive coping mechanisms may include emotional awareness, the quality of your relationships and support network, physical activity, engaging in hobbies, engaging in creative activities, engaging in spiritual activities, practicing relaxation diet, one's sense of control, stress -hardy attitude, knowledge, and preparation for the situation.
 - O Negative coping mechanisms may include substance abuse, lashing out at others, withdrawing from social connections, lack of self-care, complaining, lack of self-control, poor diet, and self-harm or harming others, refusing to eat or over, denial, seeking revenge.
- Mare your positive coping mechanisms or experiences with the group.
- Mare your negative coping mechanisms or experiences with the group.

Trainer's Note

Everyone deals with stress differently; some ways can be healthy (positive) while others can be unhealthy or potentially harmful (negative). Negative strategies are those that people develop to promote unpleasant experiences or create new problems while positive strategies are aimed at either adjusting positively to the situation or trying to eliminate the situation.

Cognitive reactions

- ☑ Indecisiveness
- Anxiety generating patterns of thinking or emotional reasoning
- Depression generating patterns of thinking: "I am defective," "I am u lovable," "I am not good," "I will never be successful," or "The world is doomed to disaster."
- Lowered intellectual functioning

Physical reactions

- Muscle tension
- Pain in the shoulders, neck, or chest

- 'Racing' heart or palpitations
- Shortness of breath
- ☑ Inability to move
- Diarrhea

Behavioral reactions

- Social withdrawal
- Overworking
- Emotional outbursts on others
- □ Compulsive checking of information
- Excessive caffeine use
- Alcohol abuse, smoking weed or cigarette
- Non-prescription drug abuse
- Prescription drug misuse

- ☑ Procrastinating
- Withdrawing from friends, family, or activities
- № Neglecting basic personal hygiene
- Avoiding doing activities
- Becoming violent

Emotional reactions

- ☑ Fear
- ☑ Sadness
- ☑ Anxiety
- □ Depression
- □ Lack of motivation

Some Tips for Self-Care to minimize stressors

- Educate yourself
- Establish support systems
- Set realistic expectations
- ☑ Practice mindfulness
- Maintain boundaries
- ☑ Utilize classroom strategies
- Promote effective communication
- Seek supervision and consultation
- Seek professional support
- Practice deep breathing
- Avoid people who suck joy out of you
- Celebrate progress
- Deciliter your desk
- Eat health foods
- Make time for yourself
- Mave small breaks
- Play relaxing music
- Stay hydrated

SESSION 2: Psychological First Aid (PFA) Techniques (180 minutes)

Just like medical first aid, Psychological First Aid (PFA) involves providing caring, supportive and practical tips to help those suffering from an emergency, emotional or short traumatic event. It is 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.

Competences

At the end of this session, participants will be able to:

- understand the concept of PFA, its importance during and after crisis events
- recognize guiding principles and core actions for delivering PFA in psychosocial support in the school context; and
- Demonstrate the skills of providing PFA at different levels of the pyramid of care.

Activity 1: Understanding PFA



Competence

Participants appreciate and demonstrate application of psychological first aid



Method

Presentation, Jig-saw (3rd tier), reflection

- Prepare a PowerPoint presentation or write key points on a flip chart based on the Trainer's Note.
- Define PFA and discuss what it is and what it is not.
- Clarify for whom PFA is intended, when and where it can be given.
- Organize participants into 4-5 groups, each with 4-5 members.

- Assign each group to look at and practice one PFA technique (level 1).
- Redistribute the members of each home group into new groups with **ONLY ONE** member from the home group
- Wrap up the activity by inviting participant into a plenary to share their experiences.

0

Trainer's Note

PFA is a humane, supportive response to a fellow human being who is suffering and who may need support. It involves the following themes:

- Providing practical care and support
- Assessing or understanding needs and concerns
- ☑ Helping people to address basic needs (e.g., food and water, information)
- Listening to people, but not pressuring them to talk
- Helping people connect to information, services, and social support
- Protecting people from further harm.

PFA is based on the principle of providing practical support to those affected while respecting their dignity, culture, and abilities.

Handout: 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.

PFA is an alternative to "psychological debriefing" which has been found to be ineffective. In contrast, PFA involves factors that seem to be most helpful to people's long- term recovery. These include:

- M feeling safe, connected to others, calm, and hopeful
- A having access to social, physical, and emotional support; and
- feeling able to help themselves, as individuals and communities.

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, psychologists, 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 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

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.

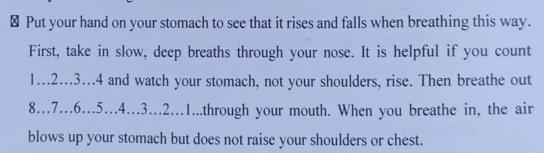
Where is PFA provided?

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 ensure the privacy, confidentiality and respect of the staff and learners who have been exposed to certain types of crisis events, such as abuse, violence.

Deep Breathing Exercise

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

- ☑ Sit in a comfortable position with arms by their side.
- You can close your eyes or focus on a specific spot on the wall or floor so that you are not distracted by looking at things in the room or the trainer and that you can focus only on breathing.





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.



- Begin by getting into a comfortable position and then start with some deep breathing.
- Close your eyes or focus on a fixed spot, like in the breathing exercise, and begin to describe the scene (what can you see, hear, smell, touch, and taste).
- Like the breathing exercise you can practice this activity for five minutes.
- Finish by slowly returning to reality. Feel where you are now, feel the chair you are sitting on, move your fingers and toes, and slowly open your eyes and stretch.

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

You may want to remember a time and place when and where you felt wonderful and relaxed (a "happy time and place" in your memory), a vividly described scene from a book you love, or the way you imagine a place you've always wanted to visit.

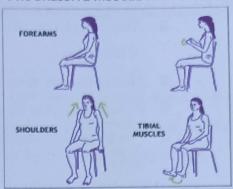
Guided imagery is a relaxation technique where you use your imagination to help lower stress, pain, or other negative feelings, through imagining a place that is peaceful and relaxing to you. It can be a place you have been to or one created purely from your imagination. Guided imagery can quickly calm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

PMR is a form of therapy that involves tightening and relaxing the muscles, 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.

- Find a place where you can complete this exercise without being disturbed
- Take about five slow, deep breaths before you begin
- 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
- Do a similar tightening and relaxing by bending your arms at the elbow and tightening up your upper arms
- Do a similar tightening and relaxing of your neck and your shoulders as much as you can
- Do a similar tightening and relaxing of your face as much as you can. Tighten up your forehead, your eyes, your cheeks, and your jaw and then relax
- Do a similar tightening and relaxing of your whole body and feel how wonderful it feels when it is completely relaxed. If any tension has snuck back into your body, just allow that part to relax even more
- Remain in this relaxed state for about 15 seconds, and then move on to the next

- muscle group. Now, when you are ready, take a deep breath and begin to slowly stretch out your body
- After completing all of the muscle groups, take some time to enjoy the deep state of relaxation
- Slowly become more aware of the room you are in and gently open your eyes
- If you like, repeat the tension-relaxation steps from face to toes
- Practice this muscle relaxation often at home, whether you are feeling stressed or not.

Five Senses Exercise -grounding/mindfulness

This exercise is called "five senses". It provides guidelines on practicing mindfulness quickly in nearly any situation. All that is needed is to notice something you are experiencing with each of the **five senses**.

Follow this order to practice the five senses exercise:

- Notice five things that you can see. Look around you and bring your attention to five things that you can see. Pick something that you don't normally notice, like a shadow or a small crack in the concrete.
- Notice four things that you can **feel**. Bring awareness to four things that you are currently feeling, like the feeling of the breeze on your skin, or the smooth surface of a table you are resting your hands on.
- Notice three things you can **hear**. Take a moment to listen, and note three things that you hear in the background. This can be the chirp of a bird, , or the faint sounds of traffic from a nearby road.
- Notice two things you can **smell**. Bring your awareness to smells that you usually filter out, whether they're pleasant or unpleasant. or the smell of a fast-food restaurant across the street.
- Notice one thing you can **taste**. Focus on one thing that you can taste right now, at this moment. You can take a sip of a drink, chew a piece of gum, eat something, or just notice the current taste in your mouth or open your mouth to search the air for a taste.

MODULE 4: WORKING WITH SPECIAL POPULATIONS

Key message

Conditions of Living with HIV (LHIV), physical disability, GBV or being a child-mother, have long standing effect on mental wellbeing, and impact the teaching learning outcomes. Special support should therefore be given to keep these categories in the teaching learning process.

Overview

Education is a fundamental Right that should be enjoyed by all, irrespective of health status, nationality, gender or disability. However, evidence shows that many children and some teachers are excluded from the education system due to mental and wellbeing challenges associated with pregnancies, gender stereotypes and violence, and HIV or disability.

This section covers mental and psychosocial support of survivors of gender-based violence (GBV), Persons Living with HIV (PLHIV), physically impaired persons, pregnant learners, and learners who are child mothers. It is important to recap previous sessions, especially basic counseling and communication skills before this section. In this guide, special populations will be limited to only individuals who encountered GBV, those with physical disabilities, PLHIV or learners who are child mothers.

Competencies

At the end of this section, participants will be able to:

- Appreciate the special groups within the Education Sector that require extra MHPSS support;
- Demonstrate empathy, understanding and support to teachers & learners with special learning challenges;
- ☐ Facilitate a safe, supportive and inclusive teaching-learning environment.

SESSION 1: Gender-based Violence, GBV (60 minutes)

Gender based Violence (GBV) is not only an abuse against men and women, boys and girls, but also accelerates mental distress among survivors. Learning institutions should therefore pay attention to any possible likelihood of gender- based violence as it promotes double vulnerability to mental disorders among children and school staff.

Tips

When you work with survivors of violence, it is important to create a safe and supportive environment. Individuals who disclose an incident of violence or abuse may be at risk of further violence from the perpetrator(s) or from others in the communities.

Activity 1: Gender Based Violence



- ▼ To appreciate the linkage between Gender-based violence and mental wellbeing of learners and staff
- ☑ Identify and describe actions that can support survivors of GBV



☑ Reflective practice



- ☐ Take a journey to any learning institution of your choice and reflect on:
 - What are the common forms of GBV? When and where does GBV occur within the school?
 - What are the causes of these GBV practices? Who is the most affected group?
 - o Who are the perpetrators of GBV?
 - O How does it affect the teaching-learning process?
 - What support do the survivors of GBV need.



Trainer's Note

GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females (IASC, 2015). GBV encompasses physical, mental, or sexual abuse – including acts, attempted or threatened, committed with force, manipulation, or coercion and without the informed consent of the survivor – directed against a person because of his or her gender in a society or culture. The common forms or types of GBV include



sexual assault/violence, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse. It is rooted in gender inequality, the abuse of power, and harmful norms. Women and girls are more vulnerable to GBV irrespective of age or status! It's estimated that one in three women experienced sexual or physical violence in their lifetime, though violence against boys and men is on increase (Community Concerns, 2024).

Sexual violence remains an outstanding focus when handling survivors because of its sensitivity and cultural norms in Uganda. It is therefore important to handle it as a different activity, in a safe and supportive environment.

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 the general acceptance (normalization) 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.

Moreover, religious and historical traditions have created entitlement and ownership of women, and this concept of ownership, in turn, legitimizes control over women's sexuality and resources including access to services and power.

- 2. Economic factors: The lack of and limited access to economic resources by women, makes them vulnerable to violence and inequality. Patterns of violence and poverty become self-perpetuating, making it extremely difficult for the victims to extricate themselves. Yet when unemployment and poverty affect men, it 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 the very low levels of reporting and investigation of GBV cases among boys and 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.

Activity 2: Working with Survivors of Sexual Gender-based Violence

Individuals who disclose an incident of sexual violence or a history of abuse may be at risk of further violence from the perpetrator(s) or from other members in their communities. Therefore, confidentiality is crucial, and any disclosure should be treated with utmost sensitivity and care.

Competence

Facilitate emotional recovery through providing appropriate psychosocial support to the survivor.

Method

☐ Case study and Role play



Instructions

- Share the case scenario of Mariam, and allow a few minutes of silent reading to the group
- Ask for volunteers to act out the support by the teacher counselor
- Assign the role of a counselor and a survivor of sexual violence.
- Focus to demonstrate the use of the question (probing) and answer skills using the handout on engagement techniques.



Trainer's Note

Interviewing a survivor of sexual violence is a crucial and sensitive part of psychosocial support services in Uganda due to cultural and gender stereotypes. Conducting the interviews in a school environment can be more challenging due to the need for privacy and confidentiality. Hence, it is important to gain the survivor's trust, be non-judgmental, caring, supportive, and respectful of their wishes and choices. This is because teachers or learners who are survivors of sexual violence may fear negative reactions or consequences, or fear being blamed for what happened by their colleagues. Assure the survivor that you believe them, that you will help them with care and safety, and that you will keep the information confidential.

SGBV case scenario

Mariam is one of the girls that walk to school every day with other students from the village. Sometimes, the boys yell at girls or make nasty comments like "my beautiful, will you marry me? One day, Joel, one of the big boys from the village grabbed Mariam, pinched her bottom and ran back to the boys! From then on, Mariam tried to hide whenever she saw Joel on the way to school. But even then, Joel picked on her and often yelled things to her, calling her "sexy girl" or "come home with me Mariam" in front of other boys who always got a good laugh. One day, Joel went too far and pushed Mariam's dress up, exposing her panties!! Mariam's friend, Jessy went to the boys and told them to leave Mariam alone. Mariam is contemplating not going back to school, nor sitting for the end of year promotional exams to avoid the boys. Mariam opens up to one of the peers, who shares it with the teacher-counselor.

As a counselor, how would you support Mariam to stay in school? What happens to the boys? (Adapted: RTI International (2017); Journeys: Activity handbook for teachers and school staff).

Activity 3: Using effective interviewing skills when supporting SGBV survivors



☑ To demonstrate the use of interviewing skills to facilitate emotional recovery among SGBV survivors



Method

Dialogue and Role play



- Assign the role of a PSS provider and a teacher who is a survivor of sexual violence.
- Design sample questions for use by the teacher counselor about sexual violence.
- Demonstrate the use of question and answer (interviewing) skills
- Avoid very sensitive questions, and mind the language tone

Trainer's Note

This session builds on earlier session on counseling skills. The focus is to demonstrate use of interviewing/ probing in an SGBV situation.

- ☑ "I would like to ask you; has anyone ever tried to touch you in a way that made you
 feel uncomfortable?"
- ☑ "I would like to ask you; has someone you know or a stranger made you do something
 sexual that you did not want to do?"
- ☼ "Do you feel that you have control over your sexual relationships and that you will be listened to if you say "no" to having sex?"

If the teacher answers "yes" to any of the questions, you need to give the teacher support and validation. You can respond by saying:

- ☐ "I'm sorry that this happened to you. I need to ask you more questions so that we can provide you with the best support."
- ™No one deserves to be abused. You do not deserve to be abused. I know it is not easy
 for you to go through this."
- "I'm glad that you were able to tell me. I think we can help you here. I need to ask you a few more questions about what happened to you and that will give me more information so that together we discuss what care we can best give you."

SESSION 2: Psychosocial Support for Persons with Disabilities (60 minutes)

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 almost five times more frequent mental distress compared to

Tips

Adults and children with disabilities report experiencing frequent mental distress almost five times compared to those without disabilities. Improving the physical and social-emotional well-being enhances better teaching-learning outcomes

those without disabilities (Cree, 2020). This session focuses on skills for 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. Physical impairment is different from language or visual impairments. Counselors therefore need to consider the level of disability and assess their capacity to provide peer support or facilitate emotional recovery among learners.

Activity 1: Working with persons having physical Disabilities



Competence

- Ability to recognize mental wellbeing challenges among persons with disability
- Identify actions that facilitate psychosocial support to persons with disabilities to participate in the teaching and learning process.



Focus group discussions and Brainstorming



- Divide participants into small groups of 5-8 people
- Task them to think of any adults and children with a disability
- Facilitate the small groups to discuss the common disabilities among school staff and learners, and to discuss the psychosocial challenges faced by persons with disabilities in their communities
- The groups share their responses in the plenary

- Let participants brainstorm on what the teacher counselor can do to improve psychosocial support to persons with disabilities within learning institutions
- ☐ Use visual charts to support those with hearing disability
- □ Conclude by emphasizing the need for empathy to be able to provide psychosocial support to persons with disability.



Trainer's Note

Working with persons with disability needs special skills and engagement to respond to their psychosocial needs. Although there are different types of disabilities, physical and visual impairments are the most common among teachers. When working with persons with disabilities, remind teacher educators and education leaders of the following tips:



- Do not assume that the 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 their environment
- 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
- Be mindful that the expressed negative experiences related to disabilities are real
- Treat persons with disabilities with human dignity rather than as per their disability
- May Have self-awareness of your own attitudes and biases
- Respect the fact that persons with disabilities know their own bodies and experiences best; therefore, pay attention to the abilities and strengths of persons with disabilities and incorporate them into the counseling relationship.
- Obtain the necessary training and supervision needed to effectively counsel persons with disabilities or refer them to other resources.
- Recognize that most persons with disabilities do not live their lives "focusing" on their disability and limitations.

SESSION 3: Supporting Persons Living with HIV (60 minutes)

Persons living with HIV (PLHIV) continue to face social stigma that affects their viral suppression and ability to live a healthy life. A supportive school environment enables PLHIV to maximize their potential and make great contribution to teaching learning outcomes. Learning institutions should pay attention to diffuse stigma and discrimination that affect identification, enrolment and viral suppression among PLHIV.

Tips

People living with HIV have a higher chances of developing mood, anxiety and cognitive disorders. Depression is one of the most common mental health conditions among persons living with HIV.

This session is intended to build capacity of trainers with skills to support PLHIV within the school system. It specifically focusses on strengthening support system, minimizing mental health challenges, and facilitating adherence and viral suppression among staff and learners.

Activity 1: Understanding HIV



Competence

- Demonstrate basic knowledge about HIV transmission and management
- Facilitate open and inclusive participation of PLHIV in the teaching learning process



Method

Learning game



- Divide participants into 2 groups
- Think of an engaging song or game
- Direct questions about HIV to members of the group (3marks for correct answer by a group, Imark for correct answer to a question failed by the target group; a group loses 1 mark if it attempts to answer a question that was originally for another group but failed)
- Ensure only one person from the group gives the answer to a particular question, NO member of a group answers more than one question
- Wrap up by emphasizing the need to differentiate risk and none risk factors for HIV

transmission for appropriate care and support.



Trainer's Note

Some learners and school staff are living with HIV; nonetheless, HIV is no longer life threatening if managed well following the introduction of *Test and Treat* strategy by the Government of Uganda. However, PLHIV, especially learners experience stigma and need extra support to adhere to treatment to be able participate in teaching learning process. Having the right information about HIV minimizes stigma and enhances the psychosocial support to PLHIV.

Questions/statements for the learning game

- 1. A person living with HIV has got AIDS
- 2. Persons living with HIV got it through sexual intercourse
- 3. Virgins cannot have HIV
- 4. Circumcision is the best way to prevent HIV transmission
- 5. Women have higher chances of contracting HIV than men
- 6. HIV positive parents cannot produce HIV negative children
- 7. Using alcohol and drugs increases the chances of getting HIV
- 8. ARVs limit chances of transmitting HIV
- 9. There is no more HIV cases registered in Uganda
- 10. Schools are helpless to support HIV identification and response
- 11. Mental distress is what causes HIV, but not HIV causing mental distress
- 12. A person living with HIV cannot acquire HIV.

Activity 2: Supporting ART among persons living with HIV

Competence

- Ability to detect school related emotional and behavioral barriers to ART adherence among PLHIV.
- Identify actions that demonstrate psychosocial support to ART adherence among PLHIV in learning institutions.



Method

▼ Facilitated discussion, peer to peer



Instructions

- ☑ Introduce the activity by giving basic information on Anti-Retroviral Therapy (ART)
- Ask discussion questions
- Ask for 4 volunteers to demonstrate how peers can care and supports others living with HIV within the school
- Identify any issues that require clarifying
- Emphasize use of the 5As Approach to support ART among PLHIV in an educational se



Trainer's Note

Mental health for PLHIV is as important as physical health. Psychosocial breakdown is common among PLHIV due to stigma or drug/ART associated fatigue. For PLHIV, untreated mental health problems can interfere with taking medicines and generally participation. PLHIV need extra emotional support to adhere to ART and stay in school.

Discussion Questions

- 1. What are the school related social emotional challenges affecting ART among PLHIV?
- 2. How can one identify emotional distress among staff or learners?
- 3. Who is responsible for worsening the emotional distress among PLHIV?
- 4. What school- based actions can support PLHIV to minimize emotional distress to enhance ART adherence?

Some common mental health challenges among PLHIV in schools include:

- Feelings of sadness, hopelessness or overwhelming situations
- □ 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 the past
- ☑ Inability to recover from an experience of personal loss
- Drug or alcohol use that is interfering with normal life

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

- Assess the person's knowledge about ART, the available support and what is needed
- 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

Positive information about HIV

- Maving HIV does not mean having AIDS
- ART helps to fight the multiplication of the virus in the body

SESSION 4: Supporting Pregnant and Child Mothers in Learning Institutions (60 minutes)

Teenage pregnancies remain a challenging social issue in learning institutions, and it requires a standardized response. The Revised Education Sector Guidelines on Management of Pregnant Girls and Re-entry should be supported by strong psychosocial support systems to enhance girls' protection,

participation and learning outcomes. Learning

Pregnant learners and child mothers are more likely to get depression or other mental health conditions. Teacher counselors should have skills to offer support during school withdrawal and reentry. Poor management of both pregnant and child mothers contribute to school dropout, gender inequality and social deprivation

Tips

institutions need skills to support pregnant girls as they are prepared to withdraw from school or during reentry to school after delivery.

The activities proposed here are intended to facilitate building the capacity of school staff to offer psychosocial support to minimize likelihood of dropouts. The overall intention is to explore attitude, values and perception towards pregnant children; express our own values, beliefs and attitude toward pregnant children; and facilitate a safe and supportive school environment during re-entry of child mothers.

Activity 1: Exploring emerging mental issues and feelings about pregnant learners



Competence

- To demonstrate empathy to learners identified as pregnant
- To implement actions that inspire hope, understanding and trust from the school community towards pregnant learners
- To build a safe, inclusive and supportive school environment that attracts child mothers after delivery.



☑ Learning game, Guided reflection



Instructions

Inform participants that the purpose of activity is to explore our own feelings, beliefs and values and how to offer appropriate support within the learning framework.

- M Have cards of the same size with different colors in one envelop, basket or container
- Request some participants (about 8-10) to volunteer

- Instruct them to close their eyes until otherwise as you move the cards around, allowing each to pick only ONE card.
- Without allowing them to open their eyes, inform the participants of the meaning of each color: color 1(pregnant), color 2 (negative) and color 3 (Result not clear, need another test)
- Allow the participants to open their eyes, look at the cards picked and allow some time for reflection; what the results mean to them as learners
- Pose some questions to them as they reflect (the participants don't need to give answers but ponder about the question)
- Invite participants to the general plenary to share their feelings about the activity
- Summarize by emphasizing the change in mood brought by the results of the pregnancy test, linking this to mental wellbeing



Trainer's Note

Teenage pregnancy is one of the leading causes 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 limits 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 18 years) and act in the best interest of the child, avoiding further harm.

Guided Reflection Questions

- 1. Can you tell me about your family? (Probe family background, values and beliefs)
- 2. What were the events that could have led to the pregnancy? (Probe for SGBV, etc)
- 3. What does this pregnancy mean to you, your future dreams etc?
- 4. How do you anticipate your parents/guardian/peers etc to respond to the news about your pregnancy?
- 5. Who is that person you consider very supportive, non-judgmental in your life who should first get the news about your pregnancy?
- 6. What support would you need to avoid risky decisions that may end your life? (Your life is the capital for the future dreams)
- 7. Any other?

Activity 2: Preparing pregnant learners to exit the learning institution



6 Competence

- Exhibit empathy to pregnant girls
- To facilitate hope and resilience to pregnant learners as they are prepared to exit/withdraw from school for specialized antenatal care and support
- Demonstrate use of psychological first aid to avert any likely self-harm by the learner



Method

Role play



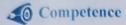
- Get volunteers, preferably among participants that didn't participate in the card exercise
- Task them to prepare a skit of preparing pregnant learners to exit school for specialized support (include the different stakeholders that could be relevant)
- ☑ The skit / counseling session is presented/acted out
- Let the participant brainstorm on the best practices to offer psychosocial support to identified pregnant girls



Trainer's Note

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 is 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 counselled against attempting abortion or doing any other life-threatening activities. Share case scenarios of successful personalities that gave birth while teenagers, but kept their dreams, re-enrolled and completed school.

Activity 3: Providing psychosocial support to child mothers and fathers in learning institutions



- To demonstrate social acceptance and support for re-entry of child mothers into learning institutions
- Recognize the importance of equity and diversity in teaching-learning process
- Facilitate resilience and responsible decision making.

- Method

Role play, Peer to peer

Instructions

- ☐ Get 7-10 volunteers, preferably among participants that observed the card exercise
- ☐ Instruct the group to prepare a skit on how peers can offer support to child mothers rejoining school after pregnancy
- Let the group demonstrate acceptance and psychosocial support to child mothers
- In a plenary, ask the participants to identify other actions to promote acceptance, safe and supportive school environment for the re-entry of child mothers
- Wrap up the activity by emphasizing the need for teachers to work on their own prejudices to promote an inclusive school environment for the re-entry of child mothers.



Trainer's Note

Teenage mothers are more vulnerable to another pregnancy, especially in the next 24 months after delivery. Deliberate attempts should therefore be made to support teen mothers in school to build their life skills to identify the risk factors and avoid pregnancy-related dropout factors. Peer clubs have proved effective in nurturing life skills and offering alternate psychosocial support to adolescents and young mothers.

A supportive school environment for re-entry of child mothers is anchored on active peer-led school clubs. Child mothers feel accepted and supported if the school has routine club activities where there is universal participation.

Judging, pointing fingers, and discriminating against child mothers in school causes distress or other mental health challenges that increase their chances of dropping o

MODULE 5: REPORTING, REFFERAL, AND MONITORING

Key message

Establishing a robust system for reporting, referral, and monitoring of mental health issues within learning institutions is essential for early identification, timely intervention, and ongoing support. This system ensures that students receive the right care, reduces stigma around seeking help, and promotes a healthier, more inclusive learning environment where mental well-being is prioritized alongside academic success.

Overview

This section provides guidance on how teachers and non-teaching staff should handle the reporting, referral, and monitoring of mental health issues within the school environment. It emphasizes the importance of early identification, appropriate referral pathways, and continuous monitoring to ensure the safety and well-being of students and staff. Ethical guidelines are also highlighted to maintain confidentiality, informed consent, and non-discrimination in handling mental health concerns.

Learning competencies

At the end of this module, participants will be able to:

- Appreciate the importance of reporting, referral and monitoring of mental health issues
- Demonstrate an understanding of the pathways for referring learners and staff to appropriate internal and external support services
- Demonstrate ability to continuously monitor and follow-up reported cases to facilitate recovery and well-being.

Activity 1: Understanding the Reporting Process in order to seek help (40 minutes)

Competencies

Demonstrate an understanding of the procedures for reporting mental health concern within learning institutions



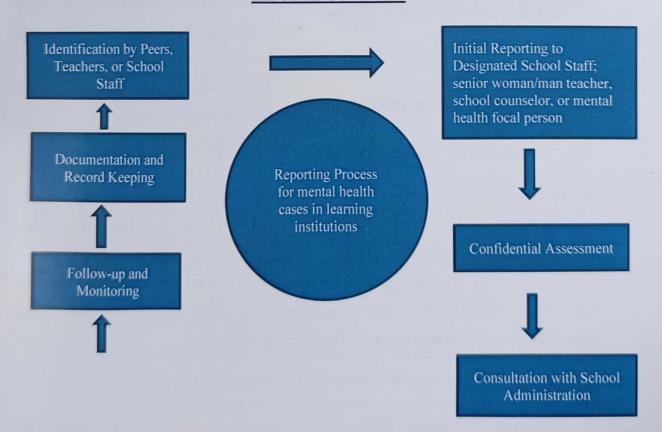
- Role-playing scenarios



Instructions

- Begin with a presentation on the reporting process, outlining who to report to, what information to include, and how to document the report.
- Sollow Follow Follow Follow activities where participants practice reporting various mental health scenarios.
- ☑ Conclude with a discussion to address questions and clarify the reporting protocol.

REPORTING PROCESS



Referral to External Health Services



1. How to Report



Reporting incidents related to mental health, such as a student or staff member showing signs of distress, substance abuse, or experiencing a mental health crisis, is a critical step in ensuring the well-being of individuals within the school community. Effective reporting ensures that those in need receive timely and appropriate support.

a. Recognizing the Need to Report

Identify signs of mental health concerns: Teachers and staff should be trained 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. Understand the importance of timely reporting: early intervention can prevent the escalation of mental health issues. Reporting should be done as soon as a concern is identified.

b. Steps for Reporting

i. 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.

- ii. 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
- iii. 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.

c. Reporting Sensitive Issues

- Confidentiality: Protect the privacy of the individual involved. Information should only be shared with those directly responsible for handling the situation
- ii. Sensitivity: Approach the situation with empathy and avoid any language or actions that could further stigmatize the individual.

Note: Emphasize the importance of timely and accurate reporting, and encourage participants to ask questions to ensure they understand the process

2. Where to Report

Knowing where to report mental health concerns is vital for the smooth functioning of a referral and intervention system.

a. Internal Reporting Channels

- 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. School Principal or Administrative 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.

- 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.
- Child Protection Agencies: in cases involving abuse, neglect, or when a student's safety ii. is at risk, it may be necessary to report to child protection agencies.
- Emergency Services: in situations where there is an immediate risk to life, such as a iii. suicide attempt, emergency services should be contacted immediately.

C.

Collaboration with Parents and Guardians

- Informing Parents or Guardians: In cases involving students, it is crucial to inform parents or guardians, except in situations where doing so may place the student at greater risk.
- Coordinating Support: Work with parents or guardians to ensure that the student receives comprehensive support both at school and at home

Activity 2: Navigating the Referral Pathway (40 minutes)



Competencies

☑ Effectively refer individuals to the appropriate mental health services.



Method

- ☑ Group work

Instructions

- Start with an explanation of the referral pathway, showing how internal and external referrals are handled
- Divide participants into small groups and assign each group a case study. Give them time to analyze the case and decide the best referral options
- Each group will then present their referral decisions and reasoning in a 15minute plenary session.

Scenario

Navigating the Referral Pathway for Mental Health Support

Aketo is a 16-year-old student in Senior 4 at a secondary school in Lira. Over the past few months, her teachers have noticed significant changes in her behavior. Aketo has become increasingly withdrawn, often sitting alone during lunch and avoiding interactions with her friends. She has also been frequently absent from school, and her grades have started to slip.

One day, during a class discussion, Aketo suddenly breaks down in tears, expressing feelings of hopelessness and overwhelming sadness. Concerned, her teacher, Mr. Otieno, decides to intervene. He approaches Aketo after class and gently encourages her to talk about what she's been experiencing.

Roles in the Scenario:

- Aketo: A student struggling with emotional challenges and in need of support
- Mr. Otieno: Aketo's concerned teacher who recognizes the need for intervention.
- School Counselor: A trained professional responsible for providing mental health support and referrals.
- School Nurse: A staff member who can assist with immediate health concerns and provide initial support
- Parents/Guardians: Aketo's family, who may need to be involved in the referral process

Discussion Questions:

- What signs indicated that Aketo needed additional support?
- What steps did Mr. Otieno take to ensure Aketo received the help she needed?
- Mow can school counselors effectively communicate with students about the referral process?
- Why is parental involvement crucial in the referral pathway?
- What resources should schools have in place to facilitate the referral process?

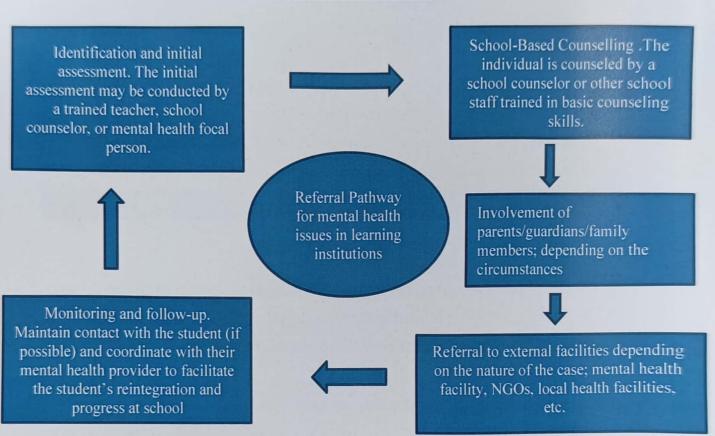


Trainer's Note

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.

REFERRAL PATHWAY



Initial Assessment

Conducting the Assessment: The school counselor or mental health coordinator will conduct an initial assessment to understand the severity of the situation. This may involve talking to the individual, reviewing the report, and consulting with teachers or peers.

Determining the Level of Support Needed: Based on the assessment, the counselor will determine whether the issue can be managed within the school or if external intervention is required.

Referral to Internal Support

School Counseling Services: in the issue can be managed internally, the individual may be referred to the school's counseling services for ongoing support.

Peer Support Programs: in some cases, the individual may benefit from being paired with a

peer mentor or joining a support group within the school.

Referral to External Support

Mental Health Professionals: for more serious concerns, the individual may be referred to external mental health professionals such as psychologists, psychiatrists, or social workers.

Community Health Services: collaboration with local health services can provide additional support, particularly for issues related to substance abuse or severe mental health conditions.

Specialized Programs: in some cases, referral to specialized programs, such as drug rehabilitation centers or suicide prevention programs may be necessary.

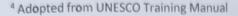
Monitoring and Follow-Up

Ongoing Monitoring: once a referral has been made, the school should continue to monitor the individual's progress. Regular check -ins by the school counselor or designated staff member are essential to ensure that the individual is receiving the support they need.

Coordinated Care: Communication between the school, the mental health professional, and the individual's family is crucial for coordinated care. All parties should be kept informed of the individual's progress and any changes to their treatment plan.

Handout 3: Dos and Don'ts When Making Referrals⁴

Do's		Don'ts
	Stay calm.	☐ Do not panic.
	Listen and hear what the teacher is saying.	☐ Do not ask leading
	Give time and space to the teachers so that	questions.
×	she/he can say what they need to say. Reassure the teacher (or another individual) that s/he has done the right	☑ Do not give false promises.☑ Do not make a teacher repeat the story unnecessarily.
×	thing to report this situation. Refer the case to the appropriate service provider.	☑ Do not try and remember everything to write it down later.Write it down as you are being told
	Follow up regularly.	of the situation.



Note

Encourage groups to consider the severity of each case, the available resources, and the ethical implications when making referral decisions.

Activity 3: Implementing Ethical Guidelines when providing psychosocial support (40 minutes)



Demonstrate an understanding of ethical considerations in the reporting and referral of mental health cases



□ Lecture and discussion



Instructions

- ☐ Create a presentation outlining key ethical guidelines, such as confidentiality. informed consent, and non-discrimination. Prepare questions for a guided discussion
- Deliver a lecture on the ethical guidelines associated with mental health reporting and referral.
- Facilitate a guided discussion where participants share their thoughts on how to handle sensitive situations while adhering to these ethical guidelines
- Conclude with a summary and Q&A session.



Trainer's Note

Ethical Guidelines

Ethical considerations are central to the reporting, referral, and monitoring of mental health issues in a school setting. These guidelines ensure that individuals' rights are respected and that actions taken are in their best interest.

Confidentiality

Respecting Privacy: All information related to a student or staff member's mental health should be kept confidential and only shared with those directly involved in providing care or intervention.

Data Protection: Ensure that all reports and records are securely stored, whether in physical or digital form, to protect against unauthorized access.

Informed Consent

Obtaining Consent: Where possible, obtain informed consent from the individual before making a referral or sharing information with external parties. This includes explaining the nature of the referral, the support being offered, and any potential consequences.

Consent from Minors: When dealing with students, consent from a parent or guardian is generally required, especially for external referrals. However, the best interest of the child should always guide decision-making, particularly in situations where obtaining consent could place the child at risk.

Non-Discrimination

All students and staff should receive equal access to mental health support, regardless of their background, identity, or circumstances.

Best Interests of the Individual: All actions taken should be in the best interest of the individual, prioritizing their safety, well-being, and right to receive appropriate care.

Responsibility to Act: School staff have a duty to act when they observe signs of mental health concerns. Failure to report or refer appropriately can have serious consequences for the individual and the school.

Transparency and Accountability

Clear Procedures: Ensure that all staff are aware of the school's procedures for reporting, referral, and monitoring. These procedures should be clearly documented and accessible.

Accountability: There should be clear lines of accountability within the school's mental health framework. Staff responsible for handling reports and referrals should be trained and held accountable for their actions.

Note

Highlight real-world challenges in maintaining confidentiality and obtaining informed consent, and provide practical advice for navigating these situation

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ANNEXES

ANNEX I: MENTAL HEALTH SUPPORT MODELS BEING USED IN LEARNING INSTITUTIONS IN UGANDA

A: INTERPERSONAL PSYCHOTHERAPY FOR GROUPS (IPT-G)

Interpersonal Psychotherapy for Groups (IPT-G) is a short-term type of psychotherapy that treats mental heal conditions, especially depression, distress and stress. It was developed by Strong Minds for groups of people similar or related emotional challenges to support each other overcome the burden. IPT-G has been endorsed World Health Organization (WHO) as a first-line treatment for depression in resource-poor settings. It can be by non-specialized facilitators who are given basic training. This model is culturally adapted to help guide the facilitators support group members to identify the root causes or triggers of depression; and design strategies overcome them. The community Volunteers or school facilitators are oriented to offer group therapy based or weekly sessions.

The sessions are conducted over 6weeks covering case conferencing, sharing experiences, collective problem solving, self-care, coaching, mentorship and support supervision. Trained persons provide support supervision quality checks using IPT-adherence tools to ensure compliance to IPTG standards. Interpersonal psychothera Group has proved to help members to better understand and work through the roadblocks that are triggering depression symptoms. The therapy builds up the social fabrics that been torn apart into inter social connected networks of support and hope.

How does IPT-Group Work?

- The support is a 3- level therapy that involve screening and formation of small groups of persons wit related or similar challenges;
- Interpersonal psychotherapy (IPT) is a form of psychotherapy that focuses on relieving symptoms by improving interpersonal functioning.
- It addresses current problems and relationships rather than childhood or developmental issues.
- IPT works by helping you to identify and modify the interpersonal relationship dynamics that create distress for you.
- Treatment consists of individual therapy sessions or group work completed within 8-6 weeks.
- IPT works by looking into an individual's history and learned behaviours of how to relate to other.
- Clients share their problem areas with other group members for support and guidance and experience sharing.
- Homework taking; try new skills.
- Emotional literacy using burden rating and other session aid.
- It is time limited, focusing on here and now pressing problems.
- IPT techniques help you learn about yourself and work on relationships in your life.
- Impact of Group Therapy

- Since depression can be episodic and continue to recur, the skills acquired through therapy have both an immediate impact and a long-term preventive impact for the individuals we treat.
- Group members have been assisted to learn the importance of developing a more positive self-image,
 specifically, as persons who have shown courage, strength, and the ability to survive.
- The group setting provided a safe and supportive environment for members to take risks and practice new skills.
- Depression symptoms reduced like sadness, worthlessness, sleep, appetite, energy problems,
 concentration, movement, and suicidal thoughts disappeared. This has led to increased functioning, hope,
 zeal, courage and positive self-image.
- There was an improvement of social skills and social behavior and imitative behavior, instillation of hope through sharing, learning and support from others.
- Group members were inspired and encouraged by another member who has overcome a problem which they are still struggling with.
- Information shared among group members during the group meetings and even after the group terminates.
- Awareness on the range of coping behaviors that can be used in difficult situations and of their own coping skills, trust and connection was discussed and encouraged.

B. Sport for Mental Health Approach among Young people

Sport for mental health is a tested and proven approach that engages young people in and out of school meaningful with support of a trained figure (teachers, coaches and counsellors) towards mental health resilience. The approach us sport and play to integrate mental health education and develop their life skills to deal with their day-to-day challenges life. The sport for mental health approach focuses on 13 life skills through modified games to build mental health resilience of young including conflict resolution, decision making and problem solving, self-confidence, self-awareng sense of belonging, self-efficacy, empathy, relationship building, citizenship and accountability, goal setting, self-confidence, s

Every game has its own set of rules and regulations that players agree to follow. In order to participate, players munderstand the objective of the game and how to accomplish it, and for each game is link to a life skill. Each life-skill

relevant key massages emphasized to young people after each game and relatable to their day today lives.

Young People when meaningfully involved, have an incredible ability to use their energy and creativity to begin positionange in their lives and communities. A supportive adult who trains diverse groups of young people to work toget through sport can achieve basic protection and mental health outcomes in the areas of: Social inclusion, social cohes and Psycho social wellbeing.

Engaging in sport and play, the young people can develop;

- ✓ Skills and abilities that support their psycho-social well being and mental health as they apply them in their d lives.
- ✓ Trusting relationships and the sense of social inclusion and belonging
- ✓ Opportunities for practical skills and self-control; and connection to sources of faith, hope and cultural traditions of the strengthen communities by building social capital and providing a platform for social mobilization.
- ✓ Improved health and wellbeing health by keeping young people active and reducing health risk behavior.

For the greatest impact, this approach should be complimented by;

- ✓ ability to identify triggers of mental health challenges which aid follow up and support
- ✓ identified safe spaces including sports grounds, rooms or shades that foster confidentiality, inclusion and o discussions
- ✓ Peer to peer support that enhances support among the young people and continuity of MHPSS
- ✓ Home visits conducted for follow up
- ✓ Referrals for specialised care and other support services
- ✓ Gender sensitive materials and equipment to enable the implementation of the sport and play activities
- ✓ Identified champion parents who support the learning institutions in cascading the mental health support communities where the learners come from.

Approach

Structured sport for mental health training pertaining Sport activities aligned to life skills where youth/children are taken through the structured sport for a period of 4 to 6 month. Young people are able to relate with their lives triggering behavior change that builds positive coping mechanisms and mental health resilience of the young people. It was developed by Olympic Refugee Foundation, AVSI, Youth Sport Uganda, Right to play and Uganda Olympic Committee. It has been used in Refugee and Host Community districts in Uganda, but scalable in any environment.

Implementation mechanism:

Use a structured sport for mental health curriculum encompassing 13 Life skills. Trained teachers in sport are used to facilitate the sessions.

Individualized support accelerates MHPSS wellbeing; Partnerships strengthen accrued improvement; Play and learn approach overrides mental health and psychosocial challenges among Adolescents and Youth. Sport for mental health is a tested and proven approach that engages young people in and out of school meaningfully with support of a trained figure (teachers, coaches and counsellors) towards mental health resilience. The approach uses sport and play to integrate mental health education and develop their life skills to deal with their day to day challenges of life. The sport for mental health approach focuses on 13 life skills through modified games to build mental health resilience of young including conflict resolution, decision making and problem solving, self-confidence, self-awareness, sense of belonging, self-efficacy, empathy, relationship building, citizenship and accountability, goal setting, self-control, coping with emotions and stress and respect for similarities and differences.

Every game has its own set of rules and regulations that players agree to follow. In order to participate, players must understand the objective of the game and how to accomplish it, and for each game is linked to a life skill. Each life-skill has relevant key massages emphasized to young people after each game and relatable to their day today lives.

Young People when meaningfully involved, have an incredible ability to use their energy and creativity to begin positive change in their lives and communities. A supportive adult who trains diverse groups of young people to work together through sport can achieve basic protection and mental health outcomes in the areas of: Social inclusion, social cohesion and Psychosocial wellbeing. Engaging in sport and play, the young people can develop:

- ✓ Skills and abilities that support their psycho-social well-being and mental health as they apply
- ✓ them in their daily lives.
- ✓ Trusting relationships and the sense of social inclusion and belonging
- ✓ Opportunities for practical skills and self-control; and connection to sources of faith, hope

- ✓ and cultural traditions. Sport can help strengthen communities by building social capital and
- ✓ providing a platform for social mobilization.
- ✓ Improved health and wellbeing health by keeping young people active and reducing health risk beha

For the greatest impact, this approach should be complimented by:

- ✓ ability to identify triggers of mental health challenges which aid follow up and support
- ✓ identified safe spaces including sports grounds, rooms or shades that foster confidentiality, inclusion and open discussions
- ✓ Peer to peer support that enhances support among the young people and continuity of MHPSS
- ✓ Home visits conducted for follow up
- ✓ Referrals for specialised care and other support services
- ✓ Gender sensitive materials and equipment to enable the implementation of the sport and play activiti
- ✓ Identified champion parents who support the learning institutions in cascading the mental health
- ✓ support in communities where the learners come from.

ANNEX 2: TOOLS

1. Generalized Anxiety Disorder (GAD-7) Assessment Tool

GENERAL INFORMATION:

Name:		
Age:	Gender:	
Date:		
Evaluator:		

INSTRUCTIONS:

Over the last two weeks, how often have you been bothered by the following problems? Please circle or mark the number that corresponds to your answer.

Questions	Not at all -0	Several Days -	More than half the days -	Nearly Every day -
1. Feeling nervous, anxious, or on edge?				
2. Not being able to stop or control worrying?				
3. Worrying too much about different things?				
4. Trouble relaxing?				
5. Being so restless that it's hard to sit still?				
6. Becoming easily annoyed or irritable?				
7. Feeling afraid as if something awful might happen?				

SCORING

Add up the responses to the seven questions.

SCORE INTERPRETATION

Total Score	Anxiety Level	
0-4	Minimal Anxiety	
5-9	Mild Anxiety	-1
10-14	Moderate Anxiety	
12-21	Severe Anxiety	

Next Steps:
Minimal Anxiety (0-4): No treatment necessary, monitor for changes.
Mild Anxiety (5-9): Consider further assessment and possible counseling
Moderate Anxiety (10-14): Recommend counseling and consider treatment.
Severe Anxiety (15-21): Strongly recommend professional mental health intervention.
Final Notes:
Evaluator's Comments:
Recommendations:

Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 tool (Figure xx) is a two-item instrument that is recommended for use as a first-approach to detection depression symptoms at the point of enrollment into care. The purpose of the tool is not to establish a diagnosis to improve case-detection of depression. The PHQ2 score ranges between 0–6 and those with a score greater the should be further evaluated using the longer version, the PHQ-9 (Figure xx) in facilities where staff have been that to use this tool.

Figure xx: Patient Health Questionnaire-2 (PHQ-2)

PATIENT HEALTH QUESTIONNAIRE-2 (PHQ-2)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an education grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Over the last two weeks, how often have you been bothered by any of the following problems? (Use "

"to indicate your answer)

	Not at all	Several days	More than half the days	Nearly ev
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

ANNEX 3:

PRE TRAINING ASSESSMENT - MODULE 1
of the training complete this evaluation before the session. Your responses will help assess the impact of the training
Circle the response that best reflects your knowledge or feelings.
1. How well do you understand the basics of mental health and mental illness in a learning institution setting? [] Very Well
[] Well
Neutral
[] Somewhat Well
[] Not Well
2. How familiar are you with common mental health conditions that may affect students and staff?
[] Very Familiar
[] Familiar
[] Neutral
[] Somewhat Familiar
[] Not Familiar
3. How confident are you in identifying signs of stigma and discrimination toward individuals with menta health challenges? [] Very Confident
[] Confident
[] Neutral

4. How comfortable do you feel supporting teachers and learners with special learning challenges or mental health needs?

The common table do you
or mental health needs?
[] Very Comfortable
[] Comfortable
[] Neutral
[] Somewhat Comfortable
[] Not Comfortable

[] Somewhat Confident

[] Not Confident

5. How important do you think it is for educators to demonstrate empathy and understanding toward mental health issues in schools?

[] Very Importan	t
[] Important	

[] Neutral

[] Not Important

PRE-TRAINING ASSESSMENT - MODULE 2

Please complete this evaluation before the session. Your responses will help assess the impact of the trainic Circle the response that best reflects your knowledge or feelings.

1.	How familiar are you with the concept of psychosocial support and its importance in a school environment?
[]	Very Familiar
[]	Familiar
[]	Neutral
[]	Somewhat Familiar
[]	Not Familiar
	How well do you understand the different psychosocial support models that can be applied in learning institutions?
-	Very Well
[]	Well
[]	Neutral
[]	Somewhat Well
[]	Not Well
	How confident are you in applying the principles of psychosocial support to address mental healt concerns within a school setting? Very Confident
[]	Confident
[]	Neutral
[]	Somewhat Confident
[]	Not Confident
	How prepared do you feel to use basic counseling skills to support learners' mental health and build emotional resilience? Very Prepared
[]	Prepared
[]	Neutral
[]	Somewhat Prepared
[]	Not Prepared
5.	To what extent do you appreciate the psychosocial issues that may affect school staff and learners?
[]	To a Great Extent
[]	To a Good Extent

[] Neutral
[] To Some Extent
[] Not at All
PRE-TRAINING ASSESSMENT - MODULE 3
Please complete this evaluation before the session. Your responses will help assess the impact of the training.
Circle the response that best reflects your knowledge or feelings.
1. How well do you understand common sources of stress for school staff and learners?
[] Very Well
[] Well
[] Neutral
[] Somewhat Well
[] Not Well
2. How familiar are you with positive coping mechanisms to manage stress?
[] Very Familiar
[] Familiar
[] Neutral
[] Somewhat Familiar
[] Not Familiar
3. How confident are you in distinguishing between healthy and unhealthy coping mechanisms?
[] Very Confident
[] Confident
[] Neutral
[] Somewhat Confident
[] Not Confident
4. How prepared do you feel to apply Psychological First Aid (PFA) in a school environment?
[] Very Prepared
[] Prepared
[] Neutral
[] Somewhat Prepared
[] Not Prepared
5. How familiar are you with ethical guidelines for providing psychosocial support in a school setting?
[] Very Familiar
[] Familiar

[] Neutral
[] Somewhat Familiar
[] Not Familiar
PRE-TRAINING ASSESSMENT – MODULE 4
Please complete this evaluation before the session. Your responses will help assess the impact of the training
Circle the response that best reflects your knowledge or feelings.
1. How confident do you feel in your ability to recognize and respond to the emotional challenges fat by vulnerable individuals (such as survivors of GBV, PLHIV, or differently abled individuals) with school?
[] Very Confident
[] Confident
[] Neutral
[] Somewhat Confident
[] Not Confident
2. How comfortable are you with addressing the specific needs of pregnant learners and learners we young parents in a supportive and inclusive manner?
[] Very Comfortable
[] Comfortable
[] Neutral
[] Somewhat Comfortable
[] Not Comfortable
3. How well do you understand the potential impact of emotional and social challenges on a learner academic performance and participation?
[] Very Well
[] Well
[] Neutral
[] Somewhat Well
[] Not Well
4. How equipped do you feel to create a safe and inclusive environment for all members of the school community, including those with diverse needs and challenges?
[] Very Equipped
[] Equipped
[] Neutral

95

[] Somewhat Equipped
[] Not Equipped
5. What is your current level of empathy and understanding toward learners, teachers, and staff members who may be experiencing these unique challenges? [] Very High
[] High
[] Neutral
[] Somewhat High
[] Low
PRE- TRAINING ASSESSMENT- MODULE 5
Please complete this evaluation before the session. Your responses will help assess the impact of the training.
Circle the response that best reflects your knowledge or feelings.
1. How well do you understand the importance of reporting mental health concerns in a school setting?
[] Very Well
[] Well
[] Neutral
[] Somewhat Well
[] Not Well
2. How familiar are you with the existing referral pathways for mental health support?
[] Very Familiar
[] Familiar
[] Neutral
[] Somewhat Familiar
[] Not Familiar
3. How confident are you in your ability to identify when a mental health concern needs to be reported an referred? [] Very Confident
[] Confident
[] Neutral
[] Somewhat Confident
[] Not Confident
4. How equipped do you feel to monitor and follow up on reported mental health cases over time?
[] Very Equipped
[] Equipped
[] Neutral

[] Somewhat Equipped
[] Not Equipped
6. How important do you believe consistent monitoring and follow-up are for supporting mental $h_{e_{\bar{q}}}$ recovery and well-being?
[] Very Important
[] Important
[] Neutral
[] Somewhat Important
[] Not Important

Evaluation Guide for Training Modules

Purpose of Evaluation

The evaluation aims to assess the effectiveness of all five training modules. The feedback gathered will be used to:

- 1. Measure participant learning and skill acquisition.
- 2. Identify areas for improvement in the training modules.
- 3. Enhance future training sessions to better meet participant needs.
- 4. Evaluation Process

Pre-Evaluation: Conducted before the training to gauge participants' prior knowledge, skills, and comfort levels concerning the topics.

Post-Evaluation: Conducted immediately after the training to measure any changes in understanding, confidence, and application of skills

Anonymity: Ensure that all responses are collected anonymously to encourage honest feedback and improve the reliability of the evaluation results.

Evaluation Criteria

Participants will be asked to rate their understanding or confidence on a scale of 1 to 5 for each module based on the following criteria:

RATING/SCALE	DESCRIPTION		
1	Not at all		
2	Slightly		
3	Moderately		
4	Mostly		
5	Very Much		

Data Analysis

- 1. Calculate the average pre- and post-evaluation scores for each module.
- 2. Assess the score improvement to determine the overall effectiveness of the training.
- 3. Identify specific areas of strength and those needing enhancement based on participant feedback.

ANNEX 4: MENTAL HEALTH SUPPORT REPORTING, REFERRAL, AND MONITORING TOOLS

TOOLS
Mental Health Support Reporting Tool
SECTION 1: GENERAL INFORMATION
Name of Person Receiving Support:
Age: Gender:
Client Type: (Check One)
Student
Teacher
Non-teaching staff
Date of Report:
Report Prepared by:
Support Date(s):
SECTION 2: NATURE OF MENTAL HEALTH CHALLENGE
Briefly describe the observed or reported mental health challenge E.g., "Student exhibited signs of anxiet
including restlessness, difficulty concentrating in class, and frequent absences."
Type of Support Needed (Check all that apply)
Emotional support (e.g., listening, reassurance)
Behavioral support (e.g., managing classroom behavior)
Academic support (for students)
Social support (e.g., integration with peers)
Stress management
Crisis intervention (e.g., addressing self-harm or severe distress)
Other (please specify):

SECTION 3: SUPPORT ACTIONS TAKEN

Date	Support Action Provided	Outcome/Progress Noted	Next Steps	Person Responsible	Comments/Notes

SECTION 4: OUTCOME/PROGRESS SUMMARY
General Progress after Support (Check all that apply):
Significant improvement
Moderate improvement
No noticeable change
Situation worsened
Escalated to external mental health services
Observations (Write a brief description of any changes in behavior, mood, or overall well-being observed
after the support interventions e.g., "Student's concentration and attendance have improved.
They are more engaged in classroom activities")
SECTION 5: CHALLENGES ENCOUNTERED
Challenges Faced during Support- [E.g., Lack of time for follow-up, difficulty in maintaining
student's engagement, uncooperative behavior]
Recommendations for Further Support: - (Suggestions on how to better support the individual moving
forward or additional resources needed E.g., "Recommend continued support through group therapy
sessions and greater parental involvement.")
SECTION 6: CONCLUSION
Final Comments/Notes - (Any additional information or insights gained from offering support
to the individual E.g., "The student has made significant progress and continues to benefit
from regular check-ins. Future support will focus on academic performance and stress management.")
Prepared by:
Name:
Position:

II) Mental Health Referral Form to External Service Providers
SECTION 1: REFERRING INSTITUTION DETAILS
Institution Name:
Institution Address:
Contact Person:
Position/Role:
Phone Number:
Email Address:
SECTION 2: CLIENT INFORMATION
Client Type (circle one): Teacher Non-Teaching Staff Learner
Full Name:
Age:
Gender:
Grade/Level/Position (if applicable):
Parent/Guardian (for minors):
Phone Number (Parent/Guardian, if applicable):
SECTION 3: REASON FOR REFERRAL
Please check all that apply:
[] Anxiety
[] Depression
[] Stress/Burnout
[] Trauma/PTSD
[] Behavioral Issues
[] Substance Use/Abuse
[] Other (specify):
SECTION 4: SUMMARY OF OBSERVED CONCERNS
Provide a brief description of the client's presenting issues, observed behaviors, and any relevant
incidents leading to this referral:

SECTION 5: GOALS FOR REFERRAL

Outline the desired outcomes or goals of the referral:

Please indicate the specific services needed (select all that apply): [] Individual Counseling [] Group Therapy [] Psychiatric Evaluation [] Substance Abuse Counseling [] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify): SECTION 7: ADDITIONAL NOTES AND RELEVANT BACKGROUND INFORMATIO Please include any relevant medical history, previous mental health support received, or other background information that may assist the external provider: SECTION 8: REFERRAL APPROVAL Date of Referral: / / Designation: Designation: SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:		
Please indicate the specific services needed (select all that apply): [] Individual Counseling [] Group Therapy [] Psychiatric Evaluation [] Substance Abuse Counseling [] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify): SECTION 7: ADDITIONAL NOTES AND RELEVANT BACKGROUND INFORMATIO Please include any relevant medical history, previous mental health support received, or other background information that may assist the external provider: SECTION 8: REFERRAL APPROVAL Date of Referral: / / Designation: Designation: SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:		
[] Individual Counseling [] Group Therapy [] Psychiatric Evaluation [] Substance Abuse Counseling [] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify):	SECTION 6: SERVICES REQUIRED	
[] Group Therapy [] Psychiatric Evaluation [] Substance Abuse Counseling [] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify):	Please indicate the specific services needed (select all that apply):	
[] Psychiatric Evaluation [] Substance Abuse Counseling [] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify):	[] Individual Counseling	
[] Substance Abuse Counseling [] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify):	[] Group Therapy	
[] Crisis Intervention [] Psychological Assessment [] Family Counseling [] Other (specify):	[] Psychiatric Evaluation	
[] Psychological Assessment [] Family Counseling [] Other (specify):	[] Substance Abuse Counseling	
[] Family Counseling [] Other (specify):	[] Crisis Intervention	
SECTION 7: ADDITIONAL NOTES AND RELEVANT BACKGROUND INFORMATIO Please include any relevant medical history, previous mental health support received, or other background information that may assist the external provider: BECTION 8: REFERRAL APPROVAL Date of Referral: / / Referring Party's Signature: Designation: BECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	[] Psychological Assessment	
SECTION 7: ADDITIONAL NOTES AND RELEVANT BACKGROUND INFORMATIO Please include any relevant medical history, previous mental health support received, or other background information that may assist the external provider: BECTION 8: REFERRAL APPROVAL Date of Referral: / / Referring Party's Signature: Designation: BECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	[] Family Counseling	
Please include any relevant medical history, previous mental health support received, or other background information that may assist the external provider: BECTION 8: REFERRAL APPROVAL Date of Referral: / / Referring Party's Signature: Designation: BECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	[] Other (specify):	
Date of Referral:// Referring Party's Signature: Designation: SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:		
Referring Party's Signature: Designation: SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	SECTION 8: REFERRAL APPROVAL	
Designation: SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	Date of Referral:/	
SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	Referring Party's Signature:	
To be completed by the external service provider upon receiving the referral) Service Provider Name: Contact Information: Assigned Specialist:	Designation:	
Service Provider Name: Contact Information: Assigned Specialist:	SECTION 9: EXTERNAL SERVICE PROVIDER INFORMATION	
Contact Information: Assigned Specialist:	(To be completed by the external service provider upon receiving the referral)	
Contact Information: Assigned Specialist:	Service Provider Name:	
Assigned Specialist:	Contact Information:	
seneduled initial Appointment Date,//	Scheduled Initial Appointment Date://	

III) Monitoring and Follow-Up Tool for Referred Mental Health Cases

1. Information:		
Name of Student/S	taff:	
Age: C	lass/Department:	
Gender:		
Referred by:		
2. Referral Details	:	
Reason for Referr	al (check all that apply):	
Emotional distress		
Behavioral issues		
Academic performa	ance concerns	
Trauma-related syn	nptoms	
Anxiety or depressi	on	
Suicidal thoughts		
Other (please speci	fy):	
3. Referral to:		
School Counselor		
External Mental He	alth Specialist	
Psychologist/Psych	iatrist	
Social Worker		
Other:		

IV) Follow-Up Record

Date	Action Taken	Outcome/Progress	Next Steps	Person Responsible	Comments/Notes

5	Kev	Col	nsi	de	rati	ons:
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Confidentiality: Ensure all data is kept confidential and only shared with authorized personnel.

Frequency of Monitoring: Decide on the frequency of follow-ups (e.g., weekly, bi-weekly, or monthly) based on the severity of the case.

Stakeholders Involved: Include parents, guardians, or external specialists as needed in the process.

6. Final Outcome

Case	Status	(Check	One)	
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Resolved	
Ongoing	
Escalated to External Support	
Date of Closure (if resolved):	
7. Additional Notes (if any):	

Prepared by:

Name:

Signature:

Date:



Supported By:



unesco