Commission on Human Rights

Training Module on the Right to Mental Health for Civil Society Organizations (CSOs)

HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE

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Human Rights Education and Promotion Office
Commission on Human Rights

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Introduction

When Republic Act 11036, or The Mental Health Act, was signed on 20 June 2018, it signified that the right to mental health has finally been recognized in the Philippines. However, there is still much work to be done. There must be a drumbeat to call for achieving its aims and for it to be implemented and acted upon by duty holders.

In 2021, as part of the fulfillment of its mandate under the 1987 Constitution, the Commission on Human Rights (CHR), through its Human Right Education and Promotion Office (HREPO), has included the right to mental health in its priority programs. It is still part of the priority programs. The campaign continues.

Initiatives were launched to achieve milestones to protect and promote the right to mental health of every Filipino. This includes developing online learning sessions, webinars, and information, education, and campaign (IEC) materials, delivered both online and offline, to remind every Filipino that self-care—and community support that requires to sustain mental health—is their basic human right.

From the learning sessions and webinars that we have had with different audiences, we have received feedback that there is a lack of IEC materials on mental health as a human right to help all concerned conduct and organize more learning sessions and human rights promotional activities, most especially in remote and rural poor areas— considering that one of the most basic challenges to mental health is stigma and discrimination.

Taking another small step, CHR-HREPO has developed five training modules on the right to mental health to assist the five targeted audiences to have a basic and common understanding on mental health as a human right, what to do when a mental condition arises, and why community care is important, among others. These include the security sector, the local government units, the civil society organizations, faith-based organizations, and the academe.

This training module will focus on the right to mental health for civil society organizations. We would like to acknowledge and thank Bernard Argamosa, MD, DSBPP, MMHoA, FPSMS, FPPA, our subject matter expert/module writer, for helping us produce this material.

Thank you all for your interest in learning about mental health as a human right through this module. This will help provide you with the basics to help you get started with teaching the right to mental health to others.

Mental health is a human right!

Mabuhay po tayong lahat. Salamat po.

Outline

This module is designed for various Civil Society Organizations. This will serve as a sourcebook for mental health and well-being in two parts. The first part on Psychological First Aid (PFA) will inform CSOs on the basic principles of PFA as well as equip the audience with the skills needed as PFA provider. The second part is on Civil Society and Mental Health: Contributions and Potentials. It gives an overview of mental health and well-being in the world and in the Philippines. It also informs the audience on mental health concepts as well as the roles the CSOs can take in the landscape of mental health and well-being.

Part I. Psychological First Aid

A. Understanding Psychological First Aid (PFA)
B. How to help responsibly
C. Providing PFA
D. Caring for yourself and your colleagues
E. Practice PFA

Part II. Civil Society and Mental Health: Contributions and Potentials

A. The Bigger Picture: Global Perspective of Mental Health
B. The Landscape of Mental Health in the Philippines
C. Mental Health Concepts
D. The Role of CSOs
    a. Leadership and Governance
    b. Service Delivery
    c. Capacity Building
    d. Information System and Research
E. Mental Health in the Wake of the Pandemic
F. Resources for Mental Health

Aims and Objectives

- To discuss the concepts of Psychological First Aid
- To develop skills in the provision of Psychological First Aid
- To educate on the importance of mental health and well-being
- To discuss the roles of Civil Society Organizations in the promotion of mental health and well-being

Materials

- Slide presentation
- Pens and papers
- Audiovisual equipment

Activities

	Duration in minutes
1) Activity: Pre-test	10 minutes
2) Analysis: Introduction and Objectives	10 minutes
3) Abstraction: Psychological First Aid	45 minutes
4) Activity: Role Play	15 minutes
5) Abstraction: Global and local perspectives on Mental Health	20 minutes
6) Abstraction: Mental Health Concepts	20 minutes
7) Abstraction: The Role of CSOs	15 minutes
8) Analysis: Module Summary	15 minutes
9) Activity: Post-Test and Evaluation	10 minutes
Overall Time Needed	**200 minutes**

PART I.
PSYCHOLOGICAL FIRST AID

A. Understanding Psychological First Aid (PFA)

PFA is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters, and connect individuals to help and resources. PFA is given to affected individuals by mental health professionals and other first responders. The purpose of PFA is to assess the immediate concerns and needs of an individual in the aftermath of a disaster, and not to provide on-site therapy.

Psychological First Aid involves humane, supportive, and practical help to fellow human beings suffering serious crisis events. PFA involves the following themes:

- Providing practical care and support, which is not intrusive;
- Assessing needs and concerns;
- Helping people to address basic needs (e.g., food and water, basic information);
- Listening to people, but not pressuring them to talk;
- Comforting people and helping them to feel calm;
- Helping people connect to information, services, and social support;
- Protecting people from further harm.

It is also important to understand 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 vocalize their feelings and reactions to an event.

The global effect of the COVID-19 pandemic has resulted in a great deal of worry, apprehension, triggered emotional, behavioral changes, and even relapse of symptoms in a vast majority of the population, especially among those with existing mental health conditions. And the importance of providing them with PFA is essential in order to help alleviate and address their basic issues of fear, security, and uncertainty in these trying times. Through PFA, individuals affected by this pandemic can be better supported in finding ways to cope by lessening their distress and anxiety brought about by COVID-19.

How Crisis Affects People

Different kinds of distressing events happen in the world, such as war, natural disasters, accidents, fires, and interpersonal violence (e.g., sexual violence). Individuals, families, or entire communities may be affected. People may lose their homes or loved ones, be separated from family and community, or may witness violence, destruction, or death.

Although everyone is affected in some way by these events, there is a wide range of reactions and feelings each person can have. Many people may feel overwhelmed, fearful, or even numb or anxious about what is happening. Some people may have mild reactions, whereas others may have more severe reactions. How someone reacts depends on many factors, including:

- The nature and severity of the event(s) they experienced;
- Their experience with previous distressing events;
- The support they have in their life from others;
- Their physical health;
- Their personal and family history of mental health problems;
- Their cultural background and traditions; and
- Their age (e.g., the difference for children of various age groups)

Every person has strengths and abilities to help them cope with life challenges. However, some people are particularly vulnerable in a crisis situation and may need extra help. This includes people who may be at risk or need additional support because of their age (children or the elderly), because they have a mental or physical disability, or because they belong to groups that may be marginalized or targeted for violence.

Who PFA is For

PFA is for distressed people who have been recently exposed to a serious crisis event. You can provide help to both children and adults. 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.

Aside from the victims of calamities, war, conflicts, and disasters, PFA can also be given to those who have been victims of abuse, exploitation, and other daily life stresses that can trigger a wide range of emotional and behavioral instability. As a result of the COVID-19 pandemic, vulnerable groups have been recognized as needing immediate and sustained support such as the:

- Frontline health and industry workers
- Quarantined and those who tested positive for COVID-19
- Deceased relatives of COVID-19 victims
- Service users with ongoing medications and therapy
- Displaced overseas and migrant workers

There may be situations where someone needs much more advanced support than PFA alone. Know your limits and get help from others, such as medical personnel (if available), your colleagues or other people in the area, local authorities, or community and religious leaders. In the list above, we have enumerated people who need more immediate advanced support. People in these situations need medical or other help as a priority to save lives.

When PFA is Provided

Although people may need access to help and support for a long time after an event, PFA is aimed to help people who have been very recently affected by a crisis event. You can provide PFA when you first have contact with very distressed people, 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 PFA is Provided

You can offer PFA wherever it is safe enough for you to do so. This is often in community settings, such as at the scene of an accident, or places where distressed people are served, such as health centers, shelters or camps, schools, 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 person when appropriate. For people who have been exposed to certain types of crisis events such as sexual violence, privacy is essential for confidentiality and respect for the person's dignity.

The Minimum Health Standards due to the COVID-19 pandemic has led to the emergence of virtual platforms being utilized to provide psychological support such as PFA. However, although the ease and comfort of the virtual platform can be said for some clients, the lack of a stable and consistent internet connectivity in the country has led to further distress among those in need of PFA specially during the pandemic.

B. How to Help Responsibly

Helping responsibly involves four main points:

1. Respect safety, dignity, and rights
2. Adapt what you do to take account of the person's culture
3. Be aware of other emergency response measures
4. Look after yourself

Respect Safety, Dignity, and Rights

When you take on the responsibility to help in situations where people have been affected by a distressing event, it is important to act in ways that respect the safety, dignity, and rights of the people you are helping. The following principles apply to any person or agency involved in humanitarian response, including those who provide PFA:

Respect People's:

Safety

- Avoid putting people at further risk of harm as a result of your action.
- To the best of your ability, make sure the adults and children you help are safe and protected from physical and psychological harm.

Dignity

- Treat people with respect and take into account their cultural and social norms.

Rights

- Make sure people can access help fairly and without discrimination.
- Help people to claim their rights and access available support.
- Act only in the best interest of any person you encounter.

Do's

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, especially if appropriate to event.
- Behave appropriately by considering the person's culture, age, and gender.

Don'ts

- Don't exploit your relationship as a helper.
- Don't ask the person for any money or favor for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people, nor be intrusive or pushy.
- Don't pressure people to tell their stories.
- Don't share the person's story with others.
- Don't judge the person for their actions or feelings.

Adapting to a Person's Culture During PFA

Whenever there is a crisis event, there are often people of various cultural backgrounds among the affected population, including minorities or marginalized communities. Culture determines how we relate to people, and what is all right and not to say and do. For example, it is not customary for a person to share feelings with someone outside their family in some cultures. In others, it may only be appropriate for women to speak with other women, or perhaps dress a certain way or cover themselves.

You may find yourself working with people of backgrounds different from your own. As a helper, it is important to be aware of your own cultural background and beliefs so you can set aside your own biases. Offer help in ways that are most appropriate and comfortable to the people you are supporting.

Each crisis situation is unique. Apply this guide to the current context, considering local social and cultural norms. See the following box for questions to consider before providing PFA in different cultures.

DRESS	• Do I need to dress a certain way to be respectful? • Will impacted people be in need of certain clothing items to keep their dignity and customs?
LANGUAGE	• What language do they speak? • What is the customary way of greeting people in this culture?
GENDER, AGE, AND AUTHORITY	• Should affected women only be approached by women helpers? • Who may I approach? (In other words, the head of the family or community?)

TOUCHING AND BEHAVIOR	• What are the usual customs around touching people? • Is it all right to hold someone's hand or touch their shoulder? • Are there special things to consider in terms of behavior around the elderly, children, women, or others?
BELIEFS AND RELIGION	• Who are the different ethnic and religious groups among the affected people? • What beliefs or practices are important to the people affected? • How might they understand or explain what has happened?

PFA and COVID-19

In giving PFA through the phone or other virtual platforms, it is essential to have adequate and inclusive support coming from your own agency or department. Only trained PFA providers should be included in the pool of responders, with adequate supervision of a senior mental health professional, if possible. The same principle applies to face-to-face PFA but with some degrees of difference such as the confidentiality of the conversation using phones or virtual. During the height of the first lockdown in the Philippines, the National Center for Mental Health implemented its Mental Health and Psychosocial Support (MHPSS) program using PFA through phone calls to quarantined OFWs and health care workers from different hospitals who have tested positive for COVID, have been exposed to COVID, and were suffering from signs and symptoms of burnout.

In general, planning for a virtual PFA is essential. Since most of the clients are referred by specific agencies, informed consent should be asked from the clients and must be voluntary on their part. The needed referral agencies if further and higher mental health intervention is needed should be available on-hand as part of the PFA provider training. The PFA provider should have direct and official information regarding the virus, including the latest guidelines set by the DOH and the IATF.

Other Emergency Response Measures

PFA is part of a broader response to large humanitarian emergencies (IASC, 2007). When hundreds or thousands of people are affected, different types of emergency response measures take place, such as search-and-rescue operations, emergency health care, shelter, food distribution, and family tracing and child protection activities. Often, it is challenging for aid workers and volunteers to know what services are available and where. This is true during mass disasters and in places which don't already have a functioning infrastructure for health and other services.

Try to be aware of what services and supports may be available so you can share help.

Whenever possible in responding to a crisis situation:

- Follow the direction of relevant authorities managing the crisis;
- Learn what emergency responses are being organized and what resources are available to help people, if any;
- Don't get in the way of search-and-rescue or emergency medical personnel; and
- Know your role and its limits.

It is not necessary to have a psychosocial background in order to offer PFA. However, if you want to help in crisis settings, it is recommended that you work through an organization or community group. If you act on your own, you may put yourself at risk, it may have a negative effect on coordination efforts, and you are unlikely to be able to link affected people with the resources and support they need.

Looking After Yourself

Helping responsibly also means taking care of your own health and well-being. As a helper, you may be affected by what you experience in a crisis situation, or you or your family may be directly affected by the event. It is important to pay extra attention to your own well-being and be sure that you are physically and emotionally able to help others. Take care of yourself so that you can best care for others. If working in a team, be aware of the well-being of your fellow helpers as well.

C. Providing PFA

Good Communication

The way you communicate with someone in distress is very important. People who have been through a crisis event may be very upset, anxious, or confused. Some people may blame themselves for things that happened during the crisis. **Being calm and showing understanding** can help them feel safe and secure, understood, respected, and cared for appropriately.

Someone who has been through a distressing event may want to tell their story. Listening to someone's story can be a great support. However, it is important **not to pressure** anyone to talk about what they have been through. Some people may not want to speak about what has happened or about their circumstances. However, they may value it if you stay with them quietly, let them know you are there if they want to talk, or offer practical support like a meal or a glass of water. Don't talk too much; allow for silence. Keeping silent for a while may give the person space and encourage them to share with you if they wish.

To communicate well, be aware of both your words and body language, such as facial expressions, eye contact, gestures, and the way you sit or stand in relation to the other person. Each culture has its own particular way of behaving that is appropriate and respectful. Speak and behave in ways that take into account the person's culture, age, gender, customs, and religion.

Below are suggestions for things to say and do, and what to avoid. Most importantly, be genuine and sincere in offering your help and care.

Things to Say and Do:

- Try to find a quiet place to talk and minimize outside distractions.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- In relation to the minimum health standards brought about by COVID-19, the use of phones and other virtual platforms can be used provided that informed consent is given by the clients.
- If using the virtual platform or phone, be sure to state your full name and agency being represented.
- Application of different listening and communication skills is important to give the listener a sense of safety and emotional attachment.
- Stay near the person but keep an appropriate distance depending on their age, gender, and culture.
- Let them know you are listening without interrupting; for example, nod your head or acknowledge them in between sentences.
- Be patient and calm.
- Provide factual information, if you have it. Be honest about what you know and don't know. In the event that you do not have the facts, you can say, "I don't know, but I will try to find out about that for you."
- Give information in a way the person can understand— keep it simple.
- Acknowledge how they are feeling and any losses or important events they tell you about, such as the loss of their home or the death of a loved one. For example, saying, "I'm so sorry, I cannot imagine the pain you are going through."
- Acknowledge the person's strength and how they have helped themselves so far.
- Allow for silence.

Things Not to Say or Do

- Don't pressure someone to tell their story.
- Don't interrupt or rush someone's story. For example, don't look at your watch or speak too rapidly.
- Don't touch the person if you're not sure it is appropriate to do so.

- Don't judge what they have or haven't done, or how they are feeling. Don't say, "You shouldn't feel that way," or "You should feel lucky you survived."
- Don't make up things you don't know.
- Don't use terms that are too technical.
- Don't tell them someone else's story.
- Don't talk about your own troubles.
- Don't give false promises or reassurances.
- Don't think or act as if you must solve all the person's problems for them, or give unwarranted advice.
- Don't take away the person's strength and sense of being able to care for themselves.
- Don't talk about people in negative terms. For example, don't call them "crazy" or "mad".

Keep good communication in mind as you look, listen, and link — the action principles of PFA.

Prepare: Learn About the Situation

- Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.

Crisis situations can be chaotic and often need urgent action. However, wherever possible before entering a crisis site, try to get accurate information about the situation. Consider the following questions:

The Crisis Event

- What happened?
- When and where did it take place?
- How many people are likely to be affected and who are they?

Available Services and Supports

- Who is providing for basic needs like emergency medical care, food, water, shelter, or tracing family members?
- Where and how can people access those services?
- Who else is helping? Are community members involved in responding?

Safety and Security Concerns

- Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict?
- What dangers may be in the environment, such as rebels, landmines, or damaged infrastructure?

- Are there areas to avoid entering because they are not secure (for example, physical dangers) or because you are not allowed to be there?

Action Principles of PFA: LOOK, LISTEN, LINK

The three basic action principles of PFA are look, listen, and link. These action principles will help guide how you view and safely enter a crisis situation, approach affected people, understand their needs, and link them with practical support and information.

LOOK	• Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions.
LISTEN	• Approach people who may need support. • Ask about people's needs and concerns. • Listen to people, and help them to feel calm.
LINK	• Help people address basic needs and access services. • Give information. • Connect people with loved ones and social support.

People who are likely to need special attention in a crisis:

- Children—including adolescents, especially those separated from their caregivers—may need protection from abuse and exploitation. They will also likely need care from those around them and help to meet their basic needs.

- People with health conditions or physical and mental disabilities may need special help to get to a safe place, to be protected from abuse, and to access medical care and other services. This may include frail elderly people, pregnant women, people with severe mental disorders, or people with visual or hearing difficulties.

- People at risk of discrimination or violence, such as women or people of certain ethnic groups, may need special protection to be safe in the crisis setting and support to access available help.

How to approach people who may need support:

- Approach people respectfully and according to their culture.
- Introduce yourself by name and organization.
- Ask if you can provide help.
- If possible, find a safe and quiet place to talk.
- Help the person feel comfortable; for example, offer water if you can.

- Try to keep the person safe.
  - o Remove the person from immediate danger, if it is safe to do so.
  - o Try to protect the person from exposure to the media for their privacy and dignity.
  - o If the person is very distressed, try to make sure they are not alone.

How to ask about people's needs and concerns:

- Although some needs may be obvious, such as a blanket or covering for someone whose clothing is torn, always ask what people need and what their concerns are.
- Find out what is most important to them at this moment, and help them work out what their priorities are.

How to listen to people and help them to feel calm:

- Stay close to the person.
- Do not pressure the person to talk.
- Listen in case they want to talk about what happened.
- If they are very distressed, help them to feel calm and try to make sure they are not alone.

Help People Feel Calm

Some people who experience a crisis situation may be very anxious or upset. They may feel confused or overwhelmed and may have some physical reactions such as shaking or trembling, difficulty breathing, or feeling their heart pounding. The following are some techniques to help very distressed people to feel calm in their mind and body:

- Keep your tone of voice calm and soft.
- If culturally appropriate, try to maintain some eye contact with the person as you talk with them.
- Remind the person that you are there to help them. Remind them that they are safe, if that is true.
- If someone feels unreal or disconnected from their surroundings, it may help them to make contact with their current environment and themselves. You can do this by asking them to:
  - o Place and feel their feet on the floor.
  - o Tap their fingers or hands on their lap.
  - o Notice some non-distressing things in their environment, such as things they can see, hear, or feel. Have them tell you what they see and hear.
  - o Encourage the person to focus on their breathing, and to breathe slowly.

Link

Frequent needs:

- Basic needs such as shelter, food, water, and sanitation
- Health services for injuries or help with chronic or long-term medical conditions
- Understandable and correct information about the event, loved ones, and available services
- Being able to contact loved ones, friends, and other social support
- Access to specific support related to one's culture or religion
- Being consulted and involved in important decisions

People may feel vulnerable, isolated, or powerless after a distressing event. In some situations, their daily life is disrupted. They may be unable to access their usual source of support, or they may find themselves suddenly living in stressful conditions. Linking people with practical support is a major part of PFA. Remember that PFA is often a one-time intervention and you may only be there to help for a short time. Affected people will need to use their own coping skills to recover in the long term.

Help people to help themselves and to regain control of their situation.

Help People Address Basic Needs and Access Services

In helping people to address basic needs, consider the following:

- Immediately after a crisis event, try to help the person in distress to meet the basic needs they request such as food, water, shelter and sanitation.
- Learn what specific needs people have – such as health care, clothing or items for feeding small children (cups and bottles) – and try to link them to the help available.
- Make sure the vulnerable or marginalized are not overlooked.
- Follow up with people if you promise to do so.

Help People Cope with Problems

A person in distress can feel overwhelmed with worries and fears. Help them to consider their most urgent needs, and how to prioritize and address them. For example, you can ask them to think about what they need to address now, and what can wait for later. Being able to manage a few issues will give the person a greater sense of control over the situation and strengthen their own ability to cope. Remember to:

- Help people identify supports in their life, such as friends or family, who can help them in the current situation;
- Give practical suggestions for people to meet their own needs (for example,

explain how the person can register to receive food aid or material assistance);

- Ask the person to consider how they coped with difficult situations in the past, and affirm their ability to cope with the current situation; and
- Ask the person what helps them to feel better. Encourage them to use positive coping strategies and avoid negative coping strategies.

Coping

Everyone has natural ways of coping. Encourage people to use their own positive coping strategies, while avoiding negative strategies. This will help them feel stronger and regain a sense of control. You will need to adapt the following suggestions to take account of the person's culture and what is possible in the particular crisis situation.

Encourage positive coping strategies

- Get enough rest.
- Eat as regularly as possible and drink water.
- Talk and spend time with family and friends.
- Discuss problems with someone you trust.
- Do activities that help you relax (walk, sing, pray, play with children).
- Do physical exercise.
- Find safe ways to help others in the crisis and get involved in community activities.

Discourage negative coping strategies

- Don't take drugs, smoke, or drink alcohol.
- Don't sleep all day.
- Don't work all the time without any rest or relaxation.
- Don't isolate yourself from friends and loved ones.
- Don't neglect basic personal hygiene.
- Don't be violent.

Give information

People affected by a crisis event will want accurate information about:

- The event
- Loved ones or others who are impacted
- Their safety
- Their rights
- How to access the services and things they need

Connect with Loved Ones and Social Support

It has been shown that people who feel they had good social support after a crisis cope better than those who feel they were not well supported. Because of this, linking people with loved ones and social support is an important part of PFA.

- Help keep families together, and keep children with their parents and/or guardians and loved ones.
- Help people to contact friends and relatives so they can get support; for example, provide a way for them to call loved ones.
- If a person lets you know that prayer, religious practice, or support from religious leaders might be helpful for them, try to connect them with their spiritual community. See the following section for suggestions on crisis situations and spirituality.
- Help bring affected people together to help each other. For example, ask people to help care for the elderly, or link individuals without family to other community members.

Crisis and Spirituality

In crisis situations, a person's spiritual or religious beliefs may be very important in helping them through pain and suffering, providing meaning, and giving a sense of hope. Being able to pray and practice rituals can be a great comfort. However, the experience of crisis – particularly in the face of terrible loss – can also cause people to question their beliefs. People's faith may be challenged, made stronger, or somehow changed by this experience. Here are some suggestions about the spiritual aspects of providing care and comfort after a distressing event:

- Be aware of and respect the person's religious background.
- Ask the person what generally helps them to feel better. Encourage them to do things that help them cope, including spiritual routines if they mention these.
- Listen respectfully and without judgment to spiritual beliefs or questions the person may have.
- Don't impose your beliefs or spiritual or religious interpretations of the crisis on the person.
- Don't agree with or reject a spiritual belief or interpretation of the crisis, even if the person asks you to do so.

Ending Your Help

What happens next? When and how you stop providing help will depend on the context of the crisis, your role and situation, and the needs of the people you are helping. Use your best judgment of the situation, the person's needs and your own needs.

If appropriate, explain to the person that you are leaving. If someone else will be helping them from that point on, try and introduce them to that person. If you have linked the person with other services, let them know what to expect and be sure they have the details to follow up after you leave. No matter what your experience has been with the person, you can say goodbye in a positive way by wishing them well.

D. Caring for Yourself and Your Colleagues

You or your family may be directly affected by the crisis situation. Even if you are not directly involved, you may be affected by what you see or hear while helping. As a helper, it is important to pay extra attention to your own well-being. Take care of yourself, so you can best take care of others!

Getting Ready to Help

Consider how you can best get ready to be a helper in crisis settings.

Whenever possible:

- Learn about crisis situations, roles, and responsibilities of different kinds of helpers.
- Consider your own health and personal or family issues that may cause severe stress as you take on a helping role for others.
- Make an honest decision about whether you are ready to help in this particular crisis situation and at this particular time.

Managing Stress: Healthy Work and Life Habits

A main source of stress for helpers is day-to-day job stress, particularly during a crisis. Long working hours, overwhelming responsibilities, lack of a clear job description, poor communication or management, and working in areas that are not secure are examples of job-related stress that can affect helpers.

As a helper, you may feel responsible for people's safety and care. You may witness or even directly experience terrible things such as destruction, injury, death, or violence. You may also hear stories of other people's pain and suffering. All of these experiences can affect you and your fellow helpers.

Consider how you can best manage your own stress, support, and be supported by your fellow helpers. The following suggestions may be helpful in managing your stress.

- Think about what has helped you cope in the past and what you can do to stay strong.
- Try to take time to eat and rest even for short periods.
- Try to keep reasonable working hours so you do not become too exhausted. For example, consider dividing the workload among helpers, working in shifts during the acute phase of the crisis, and taking regular rest periods.

- People may have many problems after a crisis event. You may feel inadequate or frustrated when you cannot help people with all of their problems. Remember that you are not responsible for solving everything. Do what you can to help people help themselves.
- Minimize your intake of alcohol, caffeine, or nicotine and avoid non-prescription drugs.
- Check in with fellow helpers to see how they are doing, and have them check in with you. Find ways to support each other.
- Talk with friends, loved ones, or other people you trust for support.

Rest and Reflection

Taking time for rest and reflection is an important part of ending your helping role. The crisis situation and needs of people you have met may have been very challenging, and it can be difficult to bear their pain and suffering. After helping in a crisis situation, take time to reflect on the experience for yourself and to rest. The following suggestions may be helpful to your own recovery.

- Talk about your experience of helping in the crisis situation with a supervisor, colleague, or someone else you trust.
- Acknowledge what you were able to do to help others, even in small ways.
- Learn to reflect and accept what you did well, what did not go very well, and the limits of what you could do in the circumstances.
- Take some time, if possible, to rest and relax before beginning your work and life duties again.

If you find yourself having upsetting thoughts or memories about the event, feeling very nervous or extremely sad, having trouble sleeping, or consuming a lot of alcohol or drugs, it is important to get support from someone you trust. Speak to a health care professional or, if available, a mental health specialist if these difficulties continue for more than one month.

E. Practicing PFA

Psychological First Aid (PFA)

Case Scenarios

Same Scenarios

I. Large-Scale Natural Disasters (with many affected and high levels of suffering and despair)
II. Violence and Displacement
III. Accident
IV. Unique Occupational Stressors
    a. Disclosures of sexual and gender-based violence
    b. Unaccompanied children or family

c. Suicide
d. Witnessing violent deaths (ex. massacre case)
e. COVID-19 Infection
f. Death of a Loved One due to COVID-19

Instructions:

Groups of 2-3 will be practicing PFA in a series of role-plays, with each group member assigned as 1) a person in distress, 2) a PFA provider/helper, and 3) an observer— if there are only 2 members, the observer will be assigned during the plenary discussion. Each group shall come up with a short video recording showing the role play, about 3-5 minutes in duration.

1. Divide the participants, preferably per region/office/organization for logistical ease.
2. Each group will have 2-3 members. Assign a role to each member of the group, as 1) a person in distress, 2) a PFA provider/helper, and 3) an observer.
3. Each group will be given a case scenario to work on.
4. Record the role-play and submit to the facilitators a week after receiving this instruction.
5. The role-play should be able to equip the participants to display the skills of active listening, and empathic communication as well as apply the 3 L's of PFA (Look, Listen, Link).
6. The person in distress in the role-play is encouraged to imagine experiencing the situation firsthand and follow the reactions described in the case examples so that they can respond to the PFA provider's/ helper's questions and act realistically. The person in distress should try and pretend to forget what they know about PFA. They should also not make it too difficult for the PFA providers as this can be frustrating and interfere with learning.
7. The participants will then be scheduled to regroup at a pre-determined schedule. Other participants will be asked to give feedback on other groups' role-playing videos.
8. After presenting the rounds of role-playing, the facilitators will check that everyone feels okay and are now out of their roles.
9. Participants will be asked to comment on what was easy and what was difficult in the role-playing that they did. Everyone is encouraged to give examples of how to manage difficulties and then facilitators will give their own input.

Scenario 1: Crisis in the Family

You have been visiting a refugee family once a week for a year as part of your work as a Red Cross volunteer. You get on very well with all the family

members and feel connected to the whole family. One day, you arrive to find the whole family in distress, as the eldest daughter tried to end her life by cutting her wrists. She was in the hospital but is back home now. When you arrive, the parents are very upset. The daughter has locked herself in her room and refuses to speak to anyone. The father is sitting by the window, staring, saying nothing. The mother is talking constantly, about how they have been through so much, how angry she is, and how ungrateful her daughter is to put them through this.

Questions:

1. Who needs help and what help do they need?

_____
_____
_____

2. Who will you help first? Why?

_____
_____
_____

3. Who else will you contact for more help if needed?

_____
_____
_____

Scenario 2: The Car Crash

You are driving home from work when you see a car crash happen in front of you. Two cars hit each other and are badly damaged. You stop and rush to help. In one car, there is an older couple with their granddaughter. In the other car, there are two young men. The older couple and the granddaughter have some minor injuries, but their physical injuries do not seem bad. They get out of the car and stand hugging each other. The granddaughter is crying. In the other car, one of the two young men is badly injured and unconscious. The other passenger is panicking and is screaming and crying.

Questions:

1. Who needs help and what help do they need?

_____
_____
_____

2. Who will you help first? Why?

_____
_____
_____

3. Who else will you contact for more help if needed?

_____
_____
_____

Scenario 3.

I was called by one of my colleagues, [NAME], who was in a state of severe distress. Three armed men broke into her house during the evening about two weeks ago. They did not hurt her but they threatened her, and took all the valuables they could find. She was very afraid at the time, but she handled the situation well and kept calm. After they left, [NAME] called the police and the locksmith, as they had stolen her keys. However, two weeks had now passed and she was not feeling well. She told me she has not slept much and had in fact stayed awake several nights, feeling afraid they would come back. She was not able to go to work, as she was too tired to focus.

Questions:

1. How would you apply the LOOK actions in this situation?

_____

2. What are common reactions the woman could have to such an experience?

_____

3. What kinds of severe reactions could the woman have to such an experience?

_____

PART II.
CIVIL SOCIETY AND MENTAL HEALTH: Contributions and Potentials

A. The Global Perspective on Mental Health

Good mental health is essential for people to lead healthy, productive lives which is a cornerstone for strong economies. The burden of mental ill-health is significant. The cost of mental health conditions (and related consequences) is projected to rise to $6 trillion globally by 2030, from $2.5 trillion in 2010, according to a study published by the World Economic Forum and the Harvard School of Public Health. That would make the cost of poor mental health greater than that of cancer, diabetes, and respiratory ailments combined. Now, as people around the world contend with stress and social restrictions related to COVID-19, mental health has become a particular area of concern for policymakers and health professionals.

The UN's Sustainable Development Goals (SDGs) include target 3.4, "to reduce by 2030 by one-third premature mortality from noncommunicable diseases (NCDs) and promote mental health and well-being."

B. The Landscape of Mental Health in the Philippines

Mental, neurological, and substance use conditions including depression, anxiety disorders, psychosis, epilepsy, dementia, and alcohol-use disorders pose a significant challenge in the Philippines. In 2017, the two most common mental health conditions, anxiety and depression, accounted for over 800,000 years of life lived with disability in the country, leading not only to vast human suffering but also to economic losses due to the impact on the workforce productivity. Reported suicide rates in the Philippines have been increasing over the past several decades, particularly among young people, with the latest estimate (in 2015) indicating 17 % of young people aged 13- 15 had attempted suicide.

In 2018, R.A. 11036 or The Mental Health Act was ratified.

C. Mental Health Concepts

Mental Health

Mental health is conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts and emotions, as well as to build social relationships and learn and acquire an education, ultimately enabling their full active participation in society.

Mental Health as a Continuum (Mental Health Continuum Model)

The mental health continuum is a range of well-being having mental health and mental illness at the two extreme ends. Depending on the circumstances of any individual at any time, they may find themselves at one point of the continuum and shift position as their situation improves or deteriorates.

What is really helpful is the fact that there are four options, which eliminates having to distinguish different feelings that aren't necessary or comfortable to share out loud. It is easier to just say that today, I'm "reacting" and have this being understood correctly.

Another important thing about the Mental Health Continuum is that there is a place for everyone on it, regardless of the state of mental health or mental illness. This reduces any stigma significantly because everyone fits in. As the diagram indicates, there's a back-and-forth motion that signifies change. This means that anyone who is "healthy" can have times in their life when they are "reacting", and those who are "injured" have the ability to be "healthy".

Healthy

People who lie at this point are generally satisfied and happy with their lives. They are emotionally well-balanced, stable, and cope with the normal stresses of life and the challenges that every day brings, such as school or work. They are able to contribute to their community. Many people practice good self-care and social support such as healthy sleep patterns and regular exercise.

Reacting

People who lie at this point may show some distress and inability to cope when faced with a significant event such as a bereavement, but are capable of performing daily life functions.

Injured

People who lie at this point may show distress and inability to cope over a longer period of time and are not easily alleviated by an individual's typical coping strategies. This in turn starts to have an impact on performing daily life functions.

III

This is the end of the continuum, and as the name suggests, people falling under this category are ill, unable to cope with stress, and exhibit significant changes in their thoughts, behaviors, and actions. Their symptoms can be significant and prolonged that need the attention of a professional.

Civil Society Organizations

Non-state, non-profit, voluntary entities formed by people in the social sphere that are separate from the State and the market. CSOs represent a wide range of interests and ties. They can include community-based organizations as well as non-governmental organizations (NGOs). In the context of the UN Guiding Principles Reporting Framework, CSOs do not include business or for-profit associations.

Civil society organizations (CSOs) are non-state actors whose aims are neither to generate profits nor to seek governing power. CSOs unite people to advance shared goals and interests. They have a presence in public life, expressing the interests and values of their members or others, and are based on ethical, cultural, scientific, religious, or philanthropic considerations.

CSOs include non-government organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, and labor unions.

In the Philippines, the Department of Health issued Administrative Order No. 2020-0002, Guidelines for the Accreditation of Civil Society Organizations (CSOs) as Implementing Entities of Programs and Projects of the Department of Health. The 1987 Philippine Constitution promotes participation of non-governmental, community-based, or sectoral organizations in government, especially in policies and programs that affect the depressed and underserved communities in both urban and rural areas in the country.

Furthermore, R.A. No. 11223 otherwise known as the Universal Health Care (UHC) Act enunciates the policy of the State to develop a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in the development, implementation, monitoring, and evaluation of health, policies, programs, and plans. The framework contemplates a partnership between the public and private sectors in the successful implementation of health-related programs and projects for UHC. Specifically, DOH AO 2020-002 shall support the implementation of UHC reforms, F1Plus strategies, and National Objectives for Health (NOH) targets through engaging and partnering with Civil Society Organizations (CSOs).

Civil Society Organization (CSO) in this Order is defined as a domestic, non-stock, non-profit corporation, organization, association, or cooperative, expressing the interest and values of its members or others based on socio-economic, ethical, cultural, and scientific considerations, duly registered with

the Securities and Exchange Commission (SEC), Cooperative Development Authority (CDA), and Department of Labor and Employment (DOLE), as the case may be.

CSOs need to be accredited based on the following criteria:

1. Minimum criteria for CSO accreditation:
    a. The presence of the CSO in its stated address and area of operation has been validated;
    b. Identified membership and leadership, and defined organizational structure;
    c. Good standing with all government agencies from which the CSO has received public funds;
    d. Not in default or delay in liquidating any public funds received from any government agency;
    e. Must have a proven track record and good standing in undertaking civil society works;
    f. Must not have any Director, Trustee, Officer, or key personnel related within the fourth civil degree of consanguinity or affinity to any DOH official involved in the processing of its accreditation, or any official of the DOH unit or entity funding the program or project to be implemented by the CSO; and
    g. Must have proven legal existence.
2. All CSOs applying for accreditation must have operated at least three years prior to the date of application for accreditation in the Technical Areas or Focus of Activity being applied for.
3. In case of a cooperative which applies to be a CSO partner, the submission of a certificate of registration and certificate of compliance as issued by the Cooperative Development Authority (CDA) specifically for that purpose including meeting the minimum criteria stated in this section shall be sufficient for it to qualify as a CSO partner.
4. The minimum criteria provided herein shall be deemed modified by any subsequent law providing a new set of minimum criteria for the accreditation of CSOs without the need of further amendments.

D. The Role of CSOs

According to the WHO, civil society movements for mental health in low-income and middle-income countries are not well developed. Organizations of people with mental disorders and psychosocial disabilities are present only in 49% of low-income countries compared to 83% of high-income countries; for family associations, the respective figures are 39% and 80% (WHO Comprehensive MH Action Plan 2013- 2030).

In the Philippines, CSO is represented in the Philippine Mental Health Council (PCMH).

E. Mental Health in the Wake of the Pandemic

- Resources for Mental Health

  WHO Comprehensive Mental Health Action Plan

  The impact of COVID-19 pandemic on physical and mental health of Asians: A study of seven middle-income countries in Asia (Cuiyan Wang, Michael Tee, Ashley Edward Roy, Mohammad A. Fardin, Wandee Srichokchatchawan, Hina A. Habib, Bach X. Tran, Shahzad Hussain, Men T. Hoang, Xuan T. Le, Wenfang Ma, Hai Q. Pham, Mahmoud Shirazi) Published: February 11, 2021 https://doi.org/10.1371/journal.pone.0246824

  Advocacy for mental health. Geneva, World Health Organization, 2003 (Mental Health Policy and Service Guidance Package).

COMMISSION ON HUMAN RIGHTS

Training Module on the Right to Mental Health for Civil Society Organizations

PRE / POST TEST

1. The following are the action principles of Psychological First Aid, except:
   a. Learn
   b. Listen
   c. Link
   d. Look

2. The following are true statements about PFA, except:
   a. PFA is for distressed people who have been recently exposed to a serious crisis event.
   b. PFA is delivered to aff ected individuals by mental health professionals only.
   c. PFA involves helping people connect to information, services, and social support.
   d. You can provide PFA when you fi rst have contact with very distressed people.

3. The following will need more advanced support other than PFA:
   a. Health and other frontliners
   b. People with life-threatening injuries
   c. People in quarantine and isolation facilities
   d. All of the above

4. The following are true statements about helping people feel calm, except:
   a. Avoiding eye contact
   b. Keep your tone of voice soft and calm
   c. Reassure them they are safe
   d. Tell them you are there to help

5. When ending your assistance, you may do the following, except:
   a. Explain you are leaving
   b. If you linked them with other service providers, be sure they have contact details and know what to expect
   c. No matter what your experience, wish them well
   d. Use your best judgment of a person's needs and do not mind your own needs

6. The following are true statements about mental health, except:
    a. Mental health is a basic right.
    b. Mental health is viewed as a continuum of diff erent states.
    c. There are no eff ective strategies for preventing mental disorders.
    d. A human rights perspective is essential in responding to the global burden of mental disorders.

7. The Philippine Mental Health Law is:
    a. RA 11036
    b. RA 10136
    c. RA 16101
    d. RA 11630

8. A person who has good mental health is described as:
    a. Someone with sense of purpose
    b. Someone who realizes one's own abilities and potential
    c. All of the above
    d. None of the above

9. The following are true about determinants of mental health, except:
    a. Determinants of mental health and mental disorders include not only individual attributes.
    b. Exposure to adversity at a young age is an established preventable risk factor for mental disorders.
    c. Certain individuals and groups in society may be placed at a signifi cantly higher risk of experiencing mental health problems.
    d. Social protection does not aff ect mental health.

10. Civil society organizations are:
    a. State actors
    b. Voluntary entities formed by people in the social sphere that are separate from the State and the market.
    c. Civil society movements for mental health in low-income and middle-income countries are well developed.
    d. People with mental disorders and psychosocial disabilities are highly represented in low- income countries.

COMMISSION ON HUMAN RIGHTS

Training Module on the Right to Mental Health for Civil Society Organizations

ANSWER KEY

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   a. Learn
   b. Listen
   c. Link
   d. Look

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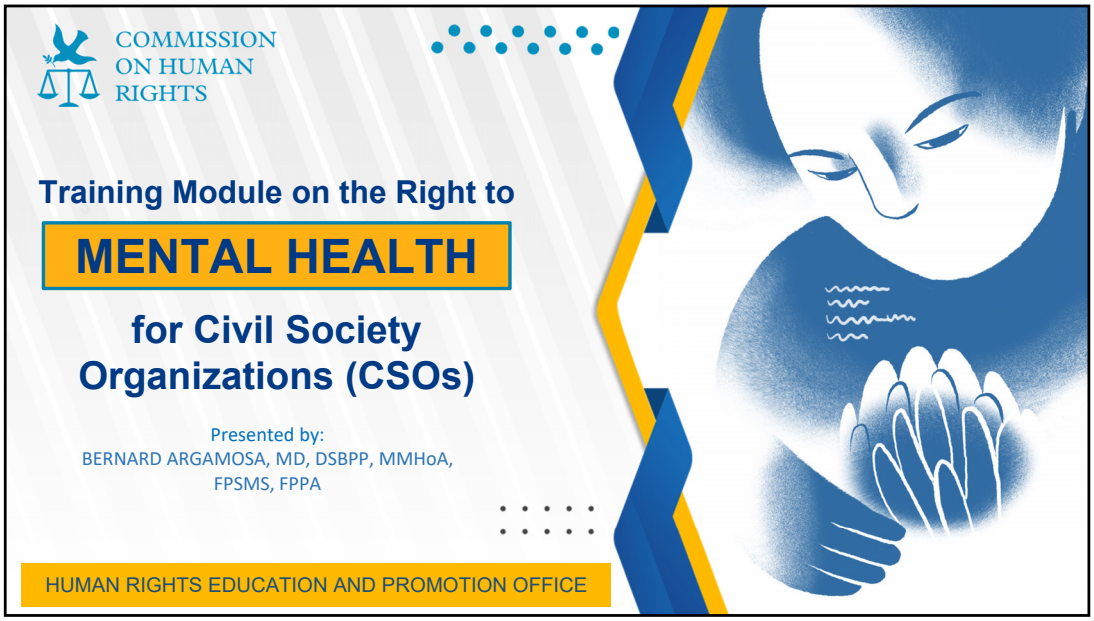
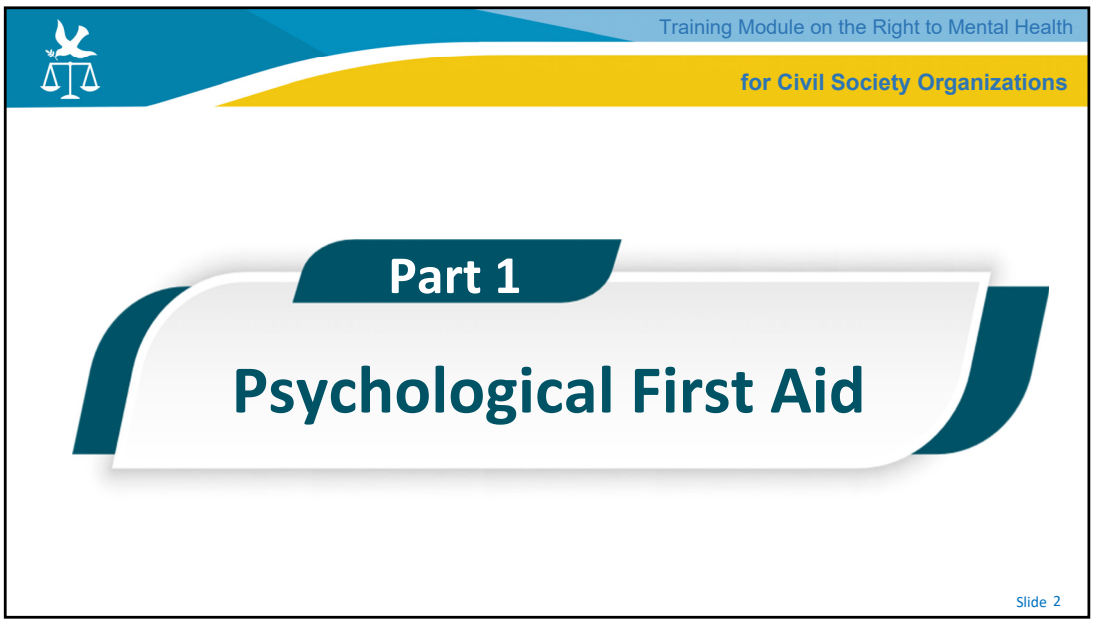
PART 1
POWERPOINT PRESENTATION





Session Objectives:

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

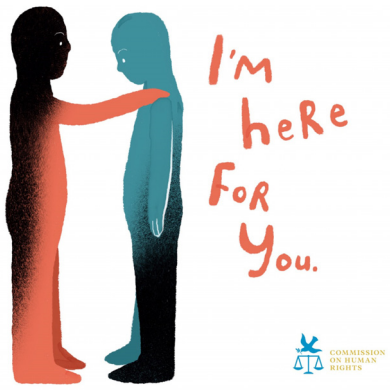
- ✓ Be introduced to the concept and practice of Psychological First Aid
- ✓ Be able to acquire the knowledge and beginner's skill in conducting PFA as a psychosocial intervention
- ✓ Be able to apply in different emergency settings

Slide 3

Training Module on the Right to Mental Health
for Civil Society Organizations

Outline

A. Understanding Psychological First Aid (PFA)
B. How to help responsibly
C. Providing PFA
D. Caring for yourself and your colleagues
E. Practicing PFA

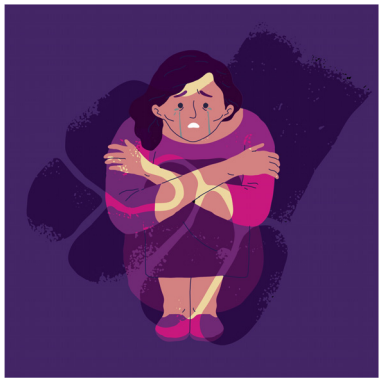


Slide 4

Training Module on the Right to Mental Health
for Civil Society Organizations

WARNING:

THE MATERIALS, PICTURES, CASES, AND ACTIVITIES IN THIS SEMINAR CAN BRING BACK YOUR PERSONAL TRAUMATIC MEMORY.



Slide 5

What comes to mind when you hear…

“Psychological First Aid”?

According to Sphere (2011) and IASC (2007),

Psychological First Aid (PFA)

describes a **humane, supportive response to a fellow human being who is suffering and who may need support.**

What is PFA?

Humane, supportive, and practical assistance to fellow human beings who recently suffered exposure to serious stressors.

It involves:

- Non-intrusive, practical care, and support
- Assessing needs and concerns
- Helping them address basic needs (food, water, or information)
- Listening, but not pressuring people to talk
- Comforting them and helping them feel calm
- Helping connect them to information, services, and social support
- Protecting them from further harm

Source: *Sphere (2011) and IASC (2007)*

PFA is NOT:

- Something only professionals can do
- Professional counseling
- Psychological debriefing
  - No detailed discussion of the distressing event
- Asking people to analyze what happened or put time and events in order

Although PFA involves being available to listen to people's stories, it is NOT pressing people to tell you their feelings or reactions to an event.

Slide 9

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for Civil Society Organizations

Why PFA?

People do better long-term if they:

- Feel safe, calm, hopeful, and connected to others
- Have access to social, physical, and emotional support
- Regain a sense of control by being able to help themselves

Slide 10

Training Module on the Right to Mental Health
for Civil Society Organizations

Responses to Crisis Events

People may have very different reactions to an event (Flooding, earthquake, fire, accidents, death)

What factors influence how someone responds?

Slide 11

Grief, Mourning and Bereavement:

Grief and mourning are part of the normal process of dealing with a loss. Bereavement is the period of grief and mourning after the death of a loved one. Most people will adjust to the loss over time. Others will have longer periods of bereavement and may benefit from treatment.

- Grief is the emotional response to the loss of a loved one.
- Mourning is the way we show grief in public.
- Bereavement is the period of sadness after a death/loss of a loved one.

The way people mourn is affected by beliefs, religious practices, and culture. **Grief and mourning are closely related.**

Slide 12

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for Civil Society Organizations

Common grief reactions include:

- Emotional numbness
- Denial of the loss
- Anxiety and distress

Common stages of death and loss:

- denial
- anger
- bargaining
- depression
- acceptance

Slide 13

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for Civil Society Organizations

Children have a different grief experience than adults.

Several factors can affect how a child will cope with grief.

A child's understanding of death and the events near death depend on their age and developmental stage.

Slide 14

Who is PFA for?

- Distressed people who were recently exposed to a serious, stressful event
- Both adults and children

Not everyone who experiences a crisis event will need or want PFA.

Don't force help on those who don't want it, but **make yourself available** and easily accessible to those who may want support.

Slide 15

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Vulnerable Groups

- Health and other frontline workers
- Displaced Overseas and Migrant Workers
- People in quarantine and isolation facilities
- Relatives of deceased COVID patients
- Victims of Abuse (Women, children, disadvantages, human rights victims, etc)
- Mental Health Service users and PWDs

Slide 16

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Who needs more advanced support than PFA alone?

- People with life-threatening injuries
- People too upset to care for themselves or their children
- People who may hurt themselves
- People who may hurt or endanger the lives of others

Slide 17

When to offer PFA?

Upon first contact with distressed people, usually immediately following an event, or sometimes a few days or weeks after.

Where to offer PFA?

- Wherever it is safe enough for both parties
- Ideally with some privacy (as appropriate) to protect the confidentiality and dignity of the affected person

How To Help Responsibly

- Respect safety, dignity, and rights
- Take the person's culture and background into account and adapt
- Be aware of other emergency response measures
- Look after yourself

Respect People's Safety

- Avoid putting people at further risk of harm as a result of your actions
- Make sure, to the best of your ability, that the adults and children you help are safe
- Protect people from physical and psychological harm

Slide 21

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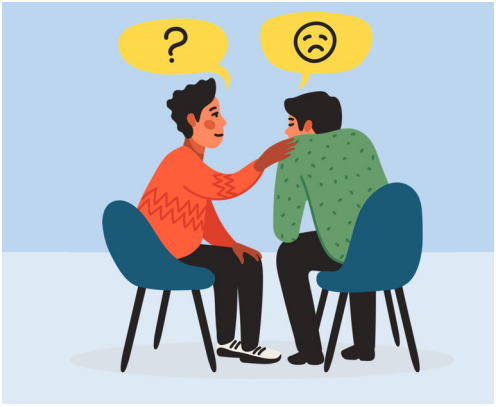
Respect People's Dignity

- Treat people with respect and according to their cultural and social norms



Slide 22

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for Civil Society Organizations

Respect People's Rights

- Make sure people can access help fairly and without discrimination
- Help people claim their rights and access available support
- Act only in the best interest of the person you encounter

Slide 23

Do's:

- Be honest and trustworthy
- Respect people's right to make their own decisions
- Be aware of your own biases and prejudices and set them aside
- Make it clear to people that even if they refuse help now, they can still access help in the future
- Respect their privacy and keep their story confidential
- Behave appropriately by considering the person's culture, age, and gender

Slide 24

Don'ts

- Exploit your relationship as a helper
- Ask the person for any compensation for helping out (money or favors)
- Make false promises or give false information
- Exaggerate your skills
- Force help on people, be intrusive or pushy
- Pressure people to tell you their story
- Share the person's story with others
- Judge the person for their actions or feelings

Slide 25

PFA Action Principles

Prepare

Look → Listen → Link

Slide 26

PFA Action Principles

PREPARE
- Learn about the crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.

LOOK
- Observe for safety.
- Observe for people with obvious urgent basic needs.
- Observe for people with serious distress reactions.

LISTEN
- Make contact with people who may need support.
- Ask about people's needs and concerns.
- Listen to people and help them feel calm.

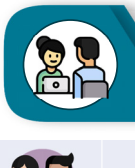
LINK
- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support.

LOOK

- Observe for safety.
- Observe for people with obvious urgent basic needs.
- Observe for people with serious distress reactions.

- Crisis situations can change rapidly.
- What you encounter may be different from what you learned before entering.
- Take time – even a quick scan – to LOOK around you before offering help
  - Be calm
  - Be safe
  - Think before you act

Slide 28



LOOK

	**Safety**	• What dangers can you observe? • Can you be there without harm to yourself or others?	If you're not certain about safety ... DO NOT GO! Seek help from others. Communicate from a safe distance.
	**People with obvious urgent basic needs**	• Is anyone critically injured • Does anyone need rescue? • Obvious needs (torn clothing, etc.)? • Who may need help to access services or protection? • Who else is available to help?	Know your role. Try to obtain help for people who need special assistance. Refer critically injured people for care.
	**People with serious distress**	• How many and where are they? • Is anyone extremely upset, immobile, not responding to theirs, or in shock?	Consider who may benefit from PFA and how best to help.

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Training Module on the Right to Mental Health
for Civil Society Organizations

People Who Likely Need Special Attention
(To be safe and to access services)

Children and adolescents
- ✓ Especially those separated from caregivers

People with health conditions and disabilities
- ✓ Chronic illness, elderly, pregnant or nursing women, non-mobile, hearing/visual impairments (deaf/blind)

People at risk of discrimination or violence
- ✓ Women, certain ethnic or religious groups, people with mental disabilities, human rights victims

Slide 30

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for Civil Society Organizations

LISTEN

Make contact	• Approach respectfully • Introduce yourself by name and organization • Ask if you can provide help, find a safe and quiet place • Help person feel comfortable (water, blanket) • Try to keep them safe
Ask about needs & concerns	• Although some needs are obvious, always ask • Find out person's priorities - what is most important to them
Listen & help people feel calm	• Stay close to the person • Do not pressure them to talk • Listen in case they want to talk • If very distressed, help them feel calm and make sure they are not alone

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for Civil Society Organizations

Help People Feel Calm

- ➢ Keep your tone of voice soft and calm.
- ➢ Maintain some eye contact.
- ➢ Reassure them they are safe and that you are there to help.
- ➢ If someone feels "unreal", help them make contact with:
  - ➢ Themselves (feel feet on the floor, tap hands on lap)
  - ➢ Their surroundings (notice things around them)
  - ➢ Their breath (focus on breath & breathe slowly)

Slide 32

Listen with compassion by:

Eyes
✓ Giving the person your undivided attention

Ears
✓ Carefully hearing their concerns

Heart
✓ Caring and showing respect

Slide 33

Group 3 Learning Points (Accident)

- **LOOK** - Safety for self and others, emergency medical needs
- **LISTEN** - Introduce yourself and speak appropriately with wife and daughter, help wife to feel calm
- **LINK**:
  - Move the wife and daughter out of danger
  - Help the wife prioritize problems and care for her child
  - Link with information about husband's care (hospital name)
  - Link wife and daughter with loved ones and/or assist them to accompany husband to hospital)

Slide 34

LINK

- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support.

Help people help themselves and regain control of their situation.

Slide 35

LINK: Basic needs

- Consider what needs they require and what services are available.
- Remember to understand and meet the needs of vulnerable or marginalized people.
- Follow up if you promise to do so.

Slide 36

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LINK: Help people cope with problems

Distressed people may feel overwhelmed with worries.

- Help them prioritize urgent needs (what to do first)
- Help them identify support in their life
- Give practical suggestions on how their needs could be met (i.e. registering for food aid)
- Help them remember how they coped in the past and what helps them to feel better

Slide 37

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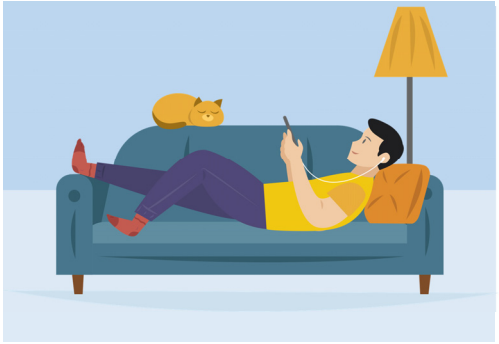
Positive coping strategies (Adjust for culture)

Help people use their natural coping mechanisms to regain a sense of control:

- Get enough rest
- Eat as regularly as possible and drink water
- Talk and spend time with family and friends
- Discuss problems with someone you trust
- Relax (walk, sing, pray, play with children)
- Exercise
- Avoid alcohol or drugs, caffeine, and nicotine
- Bathe and attend to personal hygiene
- Find safe ways to help others



Slide 38

LINK: Give information

- Find accurate information before helping
- Keep updated
- Make sure people are informed where and how to access services – especially vulnerable people
- Say ONLY what you know; don't make up information
- Keep messages simple and accurate, repeat often
- Give same information to groups to decrease rumors
- Explain source and reliability of the information you give them
- Let them know when and where you will update them

Slide 39

LINK: Social support

- Social support is very important to recovery
- Keep families together, especially children and their caregivers
- Help people contact friends and loved ones
- Give access to religious support
- Affected people may be able to help each other
- Make sure people know about how to access services (especially vulnerable or at-risk people)

Slide 40

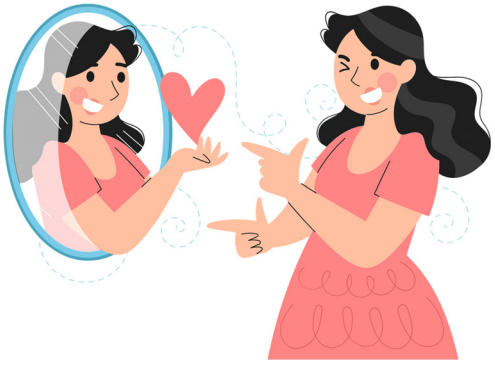
Ending your assistance

- Use your best judgment of a person's needs and YOUR own needs.
- Explain you are leaving and, if possible, introduce them to someone else who can help.
- If you linked them with services, be sure they have contact details and know what to expect.
- No matter what your experience, say goodbye in a good way, and wish them well.

Slide 41

PFA Review

- What have you learned so far?
- What confuses you?
- Do you disagree with anything?
- Do you feel confident about being able to offer PFA?

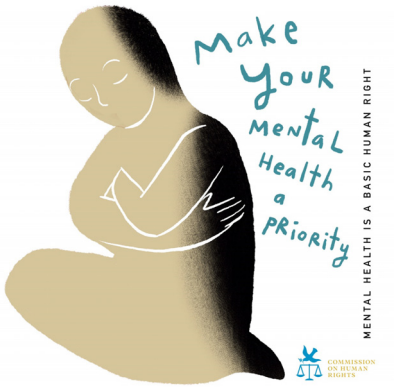


Starting and ending with care for ourselves

Remember what you wrote...

- How do I take care of myself?
- How does my team take care of each other?

Be responsible to yourself and others by paying attention to self-care on a daily basis



Practice self and team care

- Before:
  - Are you ready to help?

- During:
  - How can you stay physically and emotionally healthy?
  - How can you support colleagues and vice versa?

- After:
  - How can you take time to rest, recover, and reflect?

Seek help when you...

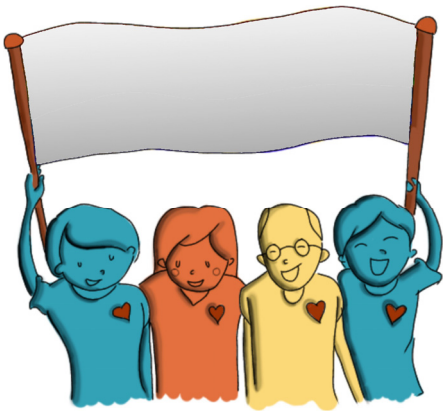
- Have upsetting thoughts or memories about the crisis event
- Feel very nervous or extremely sad
- Have trouble sleeping
- Drink a lot of alcohol or take drugs to cope with your experience

Consult a professional if these difficulties persist more than one month.

Slide 45

Team support

- It is best for helpers to be connected with an agency or group to ensure safety and good coordination.
- Tips for peer support or "buddies":
  - ✓ Use good listening skills
  - ✓ Show concern and empathy
  - ✓ Be respectful
  - ✓ Don't blame or judge
  - ✓ Have clear boundaries
  - ✓ Be available when needed
  - ✓ Help your colleagues regain control and help themselves
  - ✓ Maintain confidentiality
  - ✓ Appreciate each other



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Reference:

PFA Guide for Field Workers

World Health Organization

WARTRAUMA FOUNDATION

World Vision

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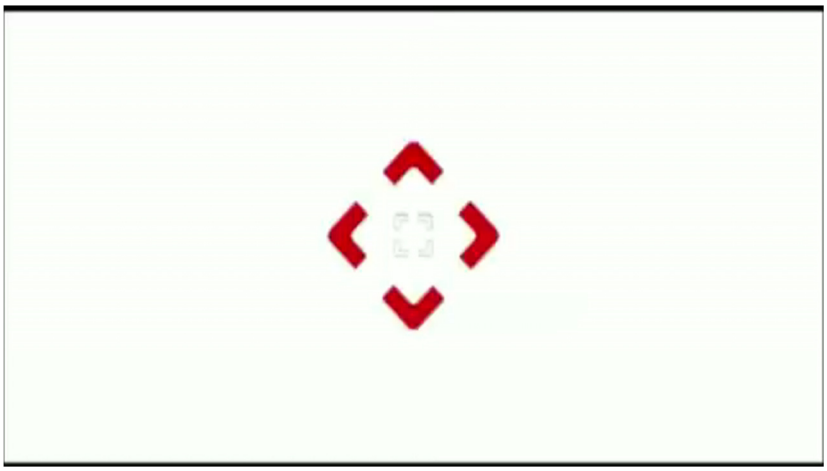
Simulation Videos of PFA

Knowledge Channel ABS-CBN

Psychological First Aid



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Simulation Videos of PFA

NCMH Psychosocial Support

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Training Module on the Right to Mental Health
for Civil Society Organizations

Simulation Videos of PFA

PFA
Health Care Worker

Slide 50

Simulation Videos of PFA

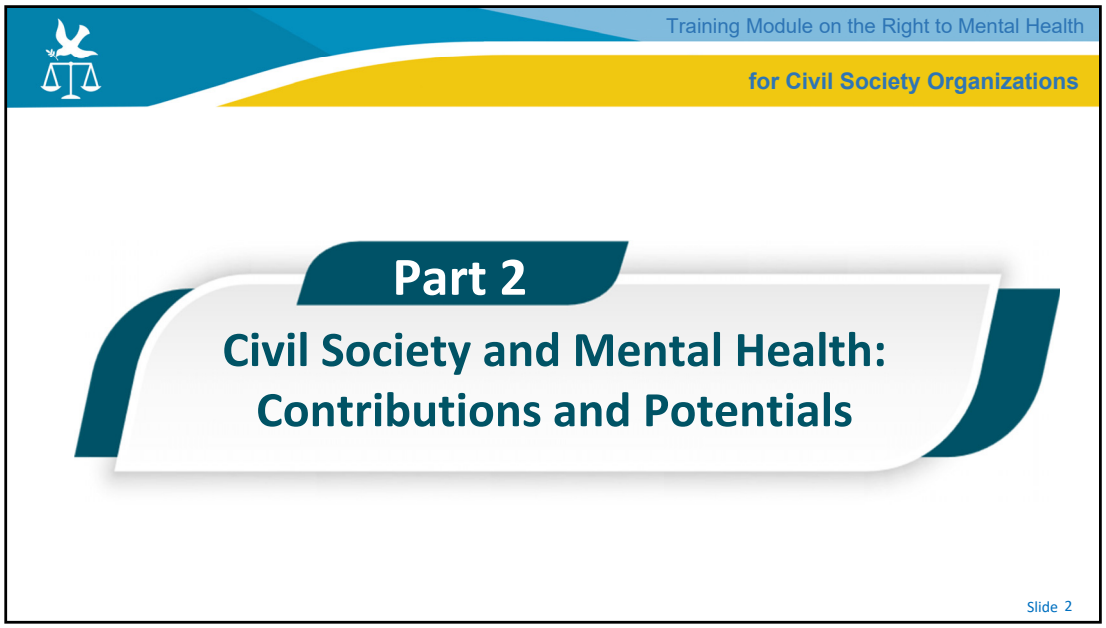
PFA
Covid Patient Recovered

Simulation Videos of PFA

PFA 1
Relative of Covid Patient BAD PFA

THANK YOU

PART 2
POWERPOINT PRESENTATION



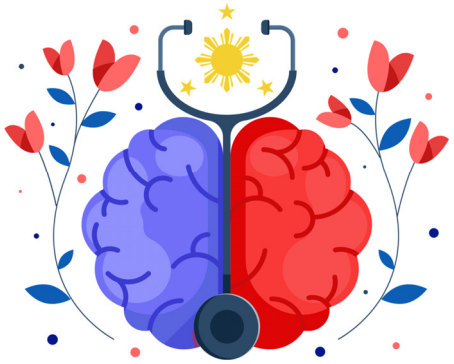
What we'll cover today

UNDERSTAND

A. Global Perspective on Mental Health
B. The Landscape of Mental Health in the Philippines
C. Concepts on Mental Health and Well-Being

LEARN

A. Civil Society Organizations
B. Roles of CSOs
C. Mental Health in the Wake of the Pandemic



Slide 3

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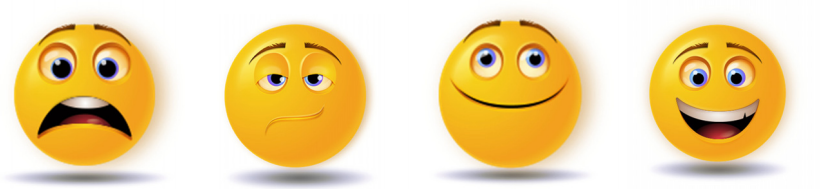
What can you say about Mental Health in the Philippines?



1 Worse | 2 Not that good | 3 Good | 4 Very Good

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The Global Perspective on Mental Health

- Good mental health is essential for people to lead healthy, productive lives which is a cornerstone for strong economies.
- The cost of mental health conditions (and related consequences) is projected to rise from $2.5 trillion in 2010 to $6 trillion globally by 2030.
- Sustainable Development Goals target 3.4, "to reduce premature mortality from noncommunicable diseases (NCDs) by one-third by 2030 and promote mental health and well-being."

Slide 5

Mental Health in the Philippines

- Mental, Neurological, and Substance Use (MNS) disorders pose a significant challenge in the Philippines.
- In 2017, the two most common mental health conditions, anxiety and depression, accounted for over 800,000 years of life lived with disability in the country.
- Reported suicide rates in the Philippines have been increasing over the past several decades, particularly among young people.
- The latest estimate of suicide rates in 2015 was that 17% of young people aged 13-15 had attempted suicide.

Slide 6

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Mental Health in the Philippines

- RA 11036 or Mental Health Law (2018)
- Mental Health is a basic right of all Filipinos and is a fundamental right of people who require mental health services.

Image taken from ABS CBN NEWS

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Mental Health in the Philippines

Mental health services users shall be:

- Free from coercion
- Able to exercise full range of human rights
- Able to participate fully in society and work
- Free from stigmatization and discrimination

Slide 8

Mental Health & Well-Being

Mental health is more than the absence of mental disorders.

PSYCHOLOGICAL DIMENSIONS OF MENTAL HEALTH

A person who has good mental health:	
• can contribute to the community	Sense of purpose
• can work productively and fruitfully	Productivity and creativity
• displays resilience in the face of extreme life experiences	Resiliency
• can cope with the normal stresses of life	Flexibility
• realizes one's own abilities and potentials	Self-image

Mental Health Continuum Model

HEALTHY	REACTING	INJURED	ILL
• Normal fluctuations in mood • Normal sleep patterns • Physically well, full of energy • Consistent performance • Socially active	• Nervousness, irritability, or sadness • Trouble sleeping • Tired/low energy, muscle tension, or headaches • Procrastination • Decreased social activity	• Anxiety, anger, pervasive sadness, or hopelessness • Restlessness or disturbed sleep • Fatigue, aches, and pains • Decreased performance, presenteeism • Social avoidance or withdrawal	• Excessive anxiety, easily enraged, or depressed mood • Unable to fall or stay asleep • Exhaustion, physical illness • Unable to perform duties, absenteeism • Isolation, avoiding social events

HEALTHY

- Normal fluctuations in mood
- Normal sleep patterns
- Physically well, full of energy
- Consistent performance
- Socially active

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REACTING

- Nervousness, irritability, or sadness
- Trouble sleeping
- Tired/low energy, muscle tension, or headaches
- Procrastination
- Decreased social activity

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INJURED

- Anxiety, anger, pervasive sadness, or hopelessness
- Restlessness or disturbed sleep
- Fatigue, aches, and pains
- Decreased performance, presenteeism
- Social avoidance or withdrawal

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ILL

- Excessive anxiety, easily enraged, or depressed mood
- Unable to fall or stay asleep
- Exhaustion, physical illness
- Unable to perform duties, absenteeism
- Isolation, avoiding social events

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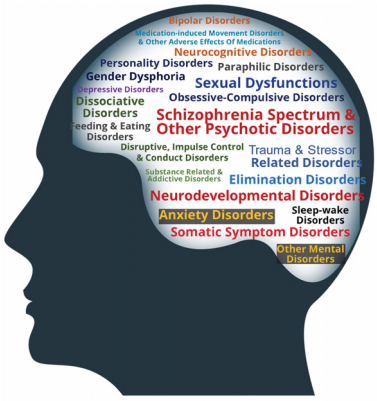
Key Facts About Mental Disorder

- Mental disorder is a combination of abnormal thoughts, perceptions, emotions, behavior, and relationships with others.
- "Mental disorders" is used to denote a range of mental and behavioral disorders that fall within the International Classification of Diseases (ICD-10).
  - Depression
  - Bipolar affective disorder
  - Schizophrenia
  - Anxiety disorders
  - Dementia
  - Substance use disorders
  - Intellectual disabilities
  - Developmental and behavioral disorders with onset usually occurring in childhood and adolescence (ex. Autism)



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Key Facts About Mental Disorder

- There are effective strategies for preventing mental disorders, effective treatments, and ways to alleviate the suffering caused by them.
- People should have **access to health care** and **social services** capable of providing treatment.
- In the light of widespread human rights violations and discrimination experienced by people with mental disorders, a human rights perspective is essential in responding to the global burden of mental disorders.

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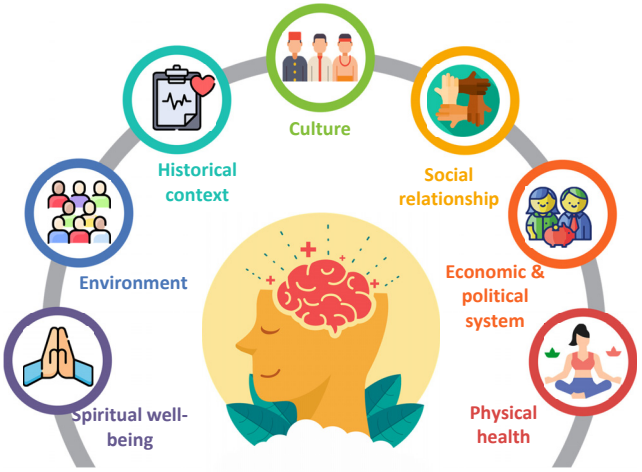
Mental Health and Mental Well-Being Determinants



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Civil Society Organizations

- Non-State, not-for-profit, voluntary entities formed by people in the social sphere that are separate from the State and the market
- CSOs represent a wide range of interests and ties, including community-based organizations as well as non-governmental organizations (NGOs)
- In the context of the UN Guiding Principles Reporting Framework, CSOs do not include business or for-profit associations

Slide 19

CSOs

- In the Philippines, the Department of Health issued Administrative Order No. 2020-0002, Guidelines for the Accreditation of Civil Society Organizations (CSOs) as Implementing Entities of Programs and Projects of the Department of Health.

Slide 20

CSO as per DOH AO 2020-002

- A domestic, non-stock, non-profit corporation, organization, association, or cooperative expressing the interest and values of their members or others, based on socio-economic, ethical, cultural, and scientific considerations
- Duly registered with the Securities and Exchange Commission (SEC), Cooperative Development Authority (CDA), and Department of Labor and Employment (DOLE)

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CSO Accreditation Criteria

1. **Minimum criteria for CSO accreditation:**
   a. The presence of the CSO in its stated address and area of operation has been validated;
   a. An identified membership and leadership, and defined organizational structure;
   b. Good standing with all government agencies from which the CSO has received public funds;
   a. Not in default or in delay in liquidating any public funds received from any government agency;
   a. Must have a proven track record and good standing in undertaking civil society works;
   b. Must not have any Director, Trustee, Officer, or key personnel related within the fourth (4th) civil degree of consanguinity or affinity to any DOH official involved in the processing of its accreditation, or any official of the DOH unit or entity funding the program or project to be implemented by the CSO; and
   c. Must have proven legal existence.

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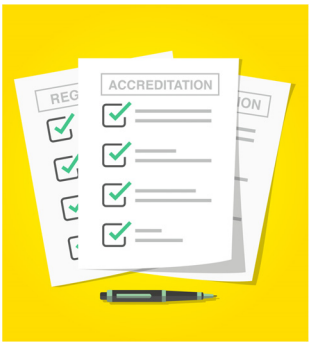
CSO Accreditation Criteria

2. All CSOs applying for accreditation must have **operated at least three (3) years before the date of application** for accreditation in the Technical Areas or Focus of Activity being applied for.
3. In case of a cooperative which applies to be a CSO partner, **the submission of a certificate of registration and certificate of compliance as issued by the Cooperative Development Authority (CDA)** specifically for that purpose including meeting the minimum criteria stated in this section **shall be sufficient for it to qualify as a CSO partner.**
4. The minimum criteria provided herein **shall be deemed modified by any subsequent law providing a new set of minimum criteria** for the accreditation of CSOs without need of further amendments.



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Roles of CSOs

- Organizations of people with mental disorders and psychosocial disabilities are present in only 49% of low-income countries compared to 83% of high-income countries; for family associations, the respective figures are 39% and 80%. (WHO)
- WHO stressed that implementation of mental health action plan takes a comprehensive and multisectoral approach, through coordinated services from the health and social sectors with an emphasis on promotion, prevention, treatment, rehabilitation, care, and recovery.

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for Civil Society Organizations

Roles of CSOs

- CSO is represented in the Philippine Mental Health Council (PCMH)
- CSOs can participate in the four pillars of the PCMH Strategic Plan:
  - Leadership and governance
  - Service delivery
  - Mental Health research and information systems
  - Capacity building

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Mental Health in the Wake of the Pandemic

Slide 26

The Coronavirus pandemic is inducing a considerable degree of fear, worry, and concern. Psychological impact includes elevated rates of stress and anxiety.

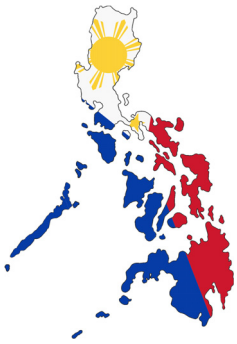
(WHO, 2020)

Psychological Impact of COVID-19 in PH

In a study conducted with a total of **1,879** completed online surveys, it states that during the early phase of the pandemic.

1/4 of respondents reported **moderate-to-severe anxiety**

1/6 reported **moderate-to-severe depression** and **psychological impact**



Data gathered from March 28 – April 12, 2020

Tee, M. L., Tee, C. A., Anlacan, J. P., Aligam, K., Reyes, P., Kuruchittham, V., & Ho, R. C. (2020). Psychological impact of COVID-19 pandemic in the Philippines. *Journal of affective disorders, 277*, 379–391. https://doi.org/10.1016/j.jad.2020.08.043

Psychological Impact of COVID-19 in Asia

- Middle-income countries in Asia that experienced the impact of the COVID-19 pandemic on physical and mental health include China, Iran, Malaysia, Pakistan, Thailand, Vietnam, and the Philippines. (2021)
- There were **4,479 Asians** who completed the questionnaire.

Risk Factors for Adverse Mental Health During the COVID-19 Pandemic

- Aged <30 years
- High education background
- Single and separated status
- Experienced discrimination by other countries
- In contact with people with COVID-19

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Risk Factors for Adverse Mental Health During the COVID-19 Pandemic

- Male gender
- Staying with children or more than 6 people in the same household
- Employment
- Confidence in doctors and healthcare
- High perceived likelihood of survival
- Spending less time on health information

Slide 31

Training Module on the Right to Mental Health
for Civil Society Organizations

Healthy Ways to Cope with Stress

Know what to do if you are sick and are concerned about COVID-19. Contact a health provider before you start any self-treatment for COVID-19.

Know where and how to get mental health treatment and other support services and resources, including counseling or therapy (in person or through telehealth services).

Take care of your emotional health. It will help you think clearly and react to urgent needs to protect yourself and your family.

Take breaks from watching, reading, or listening to news stories, including those on social media. Hearing about the pandemic repeatedly can be upsetting.

Slide 32

Healthy Ways to Cope with Stress

Take care of your body.

- Take deep breaths, stretch, or meditate
- Try to eat healthy, well-balanced meals
- Exercise regularly
- Get plenty of sleep
- Avoid excessive alcohol and drug use

Make time to unwind.

Connect with others.
Talk to people you trust about your concerns and how you are feeling. During times of increased social distancing, people can still maintain connections and care for their mental health. Phone calls or video chats can help you and your loved ones feel connected, less lonely, or isolated.

Connect with your community- or faith-based organizations.

Slide 33

Mental Health Resources

1. Advocacy for mental health. Geneva, World Health Organization, 2003 (Mental Health Policy and Service Guidance Package).
2. The impact of COVID-19 pandemic on physical and mental health of Asians: A study of seven middle-income countries in Asia (Cuiyan Wang, Michael Tee, Ashley Edward Roy, Mohammad A. Fardin, Wandee Srichokchatchawan, Hina A. Habib, Bach X. Tran, Shahzad Hussain, Men T. Hoang, Xuan T. Le, Wenfang Ma, Hai Q. Pham, Mahmoud Shirazi) Published: February 11, 2021 https://doi.org/10.1371/journal.pone.0246824
3. WHO Comprehensive Mental Health Action Plan 2013- 2030
4. Training and Programs Available (DOH)
   - mhGAP (Mental Health Gap Action Program)
   - WHO Quality Rights
   - MHPSS (Mental Health and Psychosocial Support)
   - Mental Health Playbook for Community Use (Adolescents)
   - MAP-MH (Medicine Access Program for Mental Health)

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TELEMENTAL HEALTH RESPONSE

STEP 1 Bisitahin ang booking form, i-search lamang ang **bit.ly/mhusaptayo** sa inyong browser.

STEP 2 Sagutan ang aming form kasama nang inyong **pahintulot, basic information, medical & psychosocial history**, at **valid ID.** Siguraduhing nasagutan ang lahat ng detalyeng kailangan.

STEP 3 Hintayin ang **e-mail** at **text** mula sa aming TMH Support Service Team, para sa kumpirmasyon ng inyong booking.

STEP 4 Tandaan ang oras at petsa ng iyong appointment gamit ang **ZOOM app**.

STEP 5 Maaari na kayong magsimula ng session kasama ang aming mental health provider.

CRISIS HOTLINE

Free online psychosocial support sessions for healthcare workers and repatriated Filipinos

Monday to Friday (8AM - 4PM)

bit.ly/mhusaptayo

ncmhcrisishotline
ncmhhotline
0917-899-8727 (USAP)
mhusaptayo@gmail.com


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CRISIS HOTLINE
National Center for Mental Health
1553
Luzon-wide landline toll-free
GLOBE / TM Subscribers
0966-351-4518
0917-899-8727
0917-899-USAP
SMART / SUN / TNT Subscribers
0908-639-2672
#HandangMakinig
Kumusta ka?
Tara, usap tayo!
ncmhcrisishotline
ncmhhotline


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for Civil Society Organizations
THANK YOU
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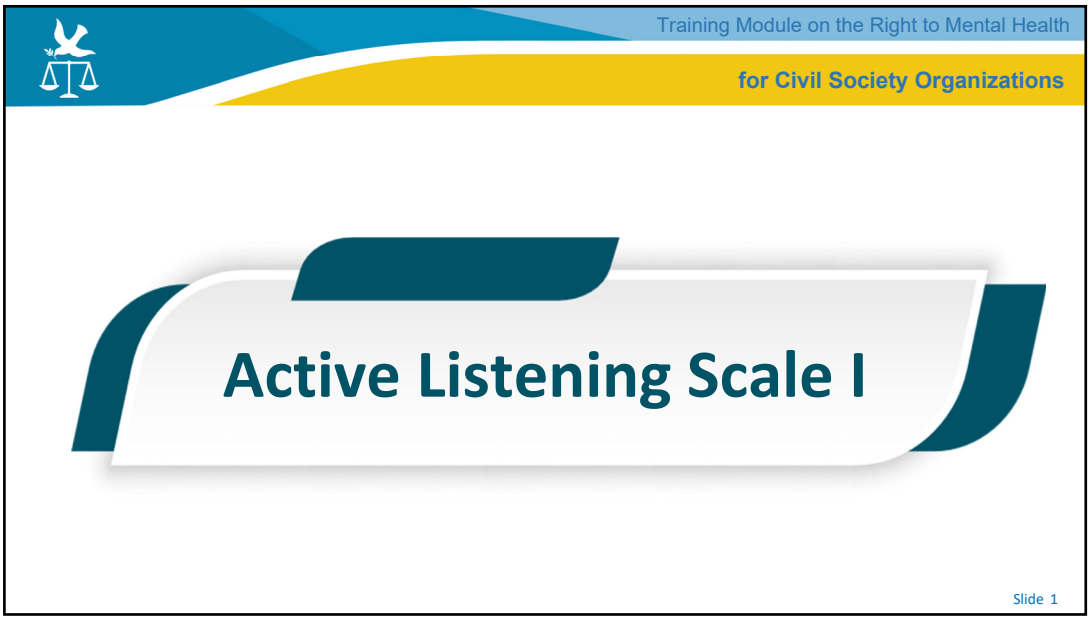
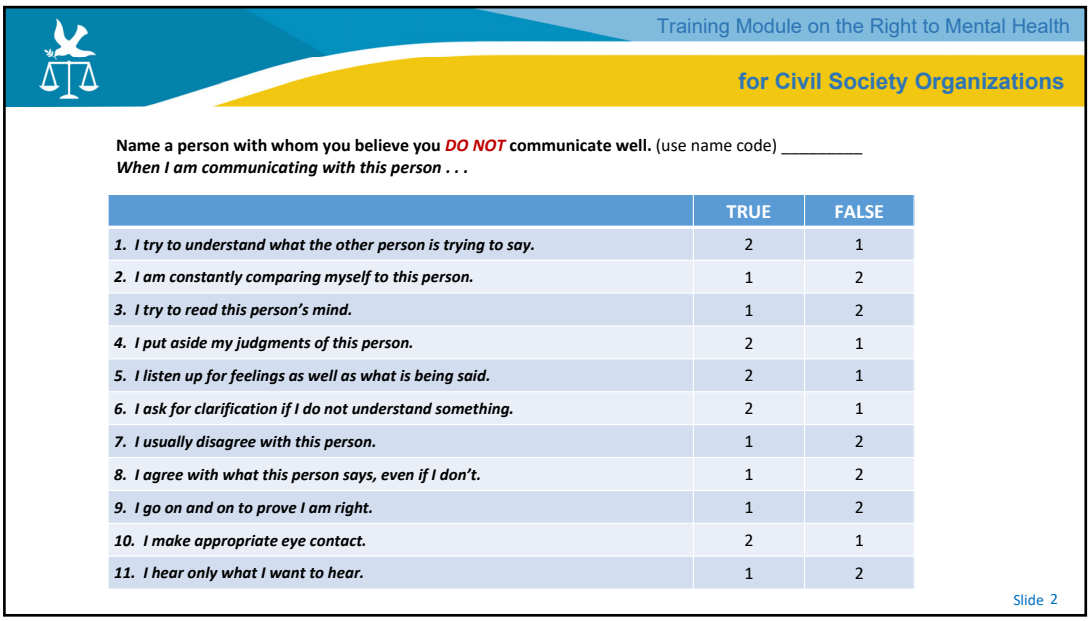
PART 3
POWERPOINT PRESENTATION





	TRUE	FALSE
1. I try to understand what the other person is trying to say.	2	1
2. I am constantly comparing myself to this person.	1	2
3. I try to read this person's mind.	1	2
4. I put aside my judgments of this person.	2	1
5. I listen up for feelings as well as what is being said.	2	1
6. I ask for clarification if I do not understand something.	2	1
7. I usually disagree with this person.	1	2
8. I agree with what this person says, even if I don't.	1	2
9. I go on and on to prove I am right.	1	2
10. I make appropriate eye contact.	2	1
11. I hear only what I want to hear.	1	2

Name a person with whom you believe you *DO NOT* communicate well. (use name code) _____
When I am communicating with this person . . .

	TRUE	FALSE
12. I plan my response while this person is talking.	1	2
13. I often repeat what this person says.	2	1
14. I listen with my full attention.	2	1
15. I do not concern myself with this person's feelings.	1	2
16. I often find myself lying.	1	2
17. I attempt to understand the meaning of the words being said.	2	1
18. I finish this person's sentences.	1	2
19. I think about other things while this person is talking.	1	2
20. I jump in and give advice before this person is finished talking.	1	2
21. I make jokes or mock the person talking.	1	2
22. I ask questions to get further information.	2	1

Slide 3

Training Module on the Right to Mental Health
for Civil Society Organizations

Name a person with whom you believe you *DO NOT* communicate well. (use name code) _____
When I am communicating with this person . . .

	TRUE	FALSE
23. I judge this person ahead of time.	1	2
24. I reassure and support this person.	2	1
25. I try to solve this person's problems for them.	1	2
26. I am easily distracted.	1	2
27. I focus on specific points and shut out the rest of the message.	1	2
28. I notice this person's body language and tone of voice.	2	1
29. I find myself daydreaming.	1	2
30. I always seem to understand this person's position clearly.	2	1
31. I often interrupt this person.	1	2
32. I let this person know I heard what they said.	2	1
TOTAL		

Slide 4

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Active Listening Scale II

Slide 5

Name a person with whom you believe you *DO* communicate well. (use name code) _____
When I am communicating with this person . . .

	TRUE	FALSE
1. I try to understand what the other person is trying to say.	2	1
2. I am constantly comparing myself to this person.	1	2
3. I try to read this person's mind.	1	2
4. I put aside my judgments of this person.	2	1
5. I listen up for feelings as well as what is being said.	2	1
6. I ask for clarification if I do not understand something.	2	1
7. I usually disagree with this person.	1	2
8. I agree with what this person says, even if I don't.	1	2
9. I go on and on to prove I am right.	1	2
10. I make appropriate eye contact.	2	1
11. I hear only what I want to hear.	1	2

Slide 6

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Name a person with whom you believe you *DO* communicate well. (use name code) _____
When I am communicating with this person . . .

	TRUE	FALSE
12. I plan my response while this person is talking.	1	2
13. I often repeat what this person says.	2	1
14. I listen with my full attention.	2	1
15. I do not concern myself with this person's feelings.	1	2
16. I often find myself lying.	1	2
17. I attempt to understand the meaning of the words being said.	2	1
18. I finish this person's sentences.	1	2
19. I think about other things while this person is talking.	1	2
20. I jump in and give advice before this person is finished talking.	1	2
21. I make jokes or mock the person talking.	1	2
22. I ask questions to get further information.	2	1

Slide 7

Training Module on the Right to Mental Health
for Civil Society Organizations

Name a person with whom you believe you *DO* communicate well. (use name code) _____
When I am communicating with this person . . .

	TRUE	FALSE
23. I judge this person ahead of time.	1	2
24. I reassure and support this person.	2	1
25. I try to solve this person's problems for them.	1	2
26. I am easily distracted.	1	2
27. I focus on specific points and shut out the rest of the message.	1	2
28. I notice this person's body language and tone of voice.	2	1
29. I find myself daydreaming.	1	2
30. I always seem to understand this person's position clearly.	2	1
31. I often interrupt this person.	1	2
32. I let this person know I heard what they said.	2	1
TOTAL		

Slide 8

Active Listening Scale Scoring Directions

The Active Listening Scale will identify how proficient you are at listening to others with whom you are talking. For each of the scales on the previous two pages, add the numbers that you circled and put that number in the TOTAL space at the bottom of each page.

Then, transfer your totals to the spaces below:

ACTIVE LISTENING I – Total = _____
(The person with whom you believe you *DO NOT* communicate well.)

ACTIVE LISTENING II – Total = _____
(The person with whom you believe you *DO* communicate well.)

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Profile Interpretation

INDIVIDUAL SCALE SCORE	INTERPRETATION
56- 64	**You are an active listener.** You go out of your way to truly hear what a person is saying, ask questions for more information, and repeat important points back to the communicator.
40- 55	**You are an average listener.** You could use some help in further developing your listening skills.
32- 39	**You definitely need to further develop your listening skills** with this person and probably others as well.

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What differences do you notice between your listening skills when you are with someone you get along with and someone you do not?

_____
_____
_____
_____

Better listening skills will help you have better relationships with everyone, whether it's personal, school, work, volunteer, or other related.

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If you need someone to talk to, please contact the NCMH Crisis Hotline:
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YEAR 2022

CHR ng lahat: Naglilingkod maging sino ka man