Commission on Human Rights

Training Module on the Right to Mental Health in the Academe

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 in the academe. We would like to acknowledge and thank Robert Roy K. Mapa, MD, FPPA, MMHoA, 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.

Mental Health

The World Health Organization (WHO) conceptualizes mental health 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 (WHO)." Mental health involves effective functioning throughout daily living that leads to productive activities, healthy relationships, adaptability, and dealing with challenges.

Mental illness is a collective term referring to all diagnosable mental disorders involving changes in emotion, thinking, or behavior. These are associated with distress and impairment in functioning, be it in the familial, social, educational, or occupational dimensions (American Psychiatric Association). Mental disorders have a huge impact on morbidity, disability, and premature mortality. Moreover, the stigma and discrimination associated with mental disorders add to the burden of the disease.

The youth are not spared from this burden as several mental disorders have their onset in adolescence and early adulthood. The increasing number of cases among the youth and rising cases of suicide attest to this fact. Mental health conditions are among the leading causes of illness and disability for this age group, with suicide being the fourth top cause of death in people aged 15- 19 years old. Thus, early adolescence is integral in the prevention of mental health conditions and the promotion of positive mental health.

Corollary to this, the academic environment plays a pivotal role in mental health. Teachers are among the most influential persons in an adolescent's life, with enormous potential to create and sustain a healthy environment. They guide the students in developing their social and emotional skills and assist in promoting mental health. These skills will serve them well as they face different challenges in their academic, social, and family life.

Mental Health Law and the Educational Institutions

The then mental health bill was signed into law by President Rodrigo Roa Duterte and officially acknowledged as the Mental Health Law or Republic Act 11036 on 20 June 2018. When it was approved by the Senate in 2017, the roles of the government and public sectors were clearly defined, including that of schools and educational institutions.

The Implementing Rules and Regulations of Republic Act No. 11036 stipulated under Section 25 states that "Educational institutions such as schools, colleges, universities, and technical schools shall develop policies and programs for students, educators, and other employees to: raise awareness on mental health issues, identify and provide support services for individuals at risk, and facilitate access, including referral mechanisms of individual with mental health conditions to treatment and psychosocial support."

The DepEd, CHED, and TESDA, in coordination with other relevant government agencies and stakeholders, shall provide guidance in the development and implementation of mental health policy and programs to educational institutions to:

a. Promote mental health;

b. Provide basic support services to individuals at risk or already have a mental health condition; and

c. Establish efficient linkages with other agencies and organizations that provide or make arrangements to provide support, treatment, and continuing care.

On 3 March 2021, the Department of Education released its *Guidelines on the Counseling and Referral System of Learners for S.Y. 2020-2021.* There is a need to coordinate with educational institutions to include mental health in the curricula of schools. This will hopefully pave the way to lessen, and eventually remove, the stigma associated with mental illness.

According to the American Psychiatric Association (APA), more than 50% of people with mental illness do not seek help for their illness. Stigma plays an integral part in this, as there is fear of discrimination or loss of livelihood.

Stigma results in discriminatory behaviors and practices towards persons with mental illness, such as landlords hesitating to rent out their properties and business owners having second thoughts about hiring them. For those with a mental illness, it is important to remember that mental illness is nothing to be ashamed of. It is a medical problem, just like heart disease or diabetes.

This module was developed to help promote psychosocial well-being, prevent mental health conditions, and reduce risky behaviors in adolescents. It is meant for use by teachers and school mental health practitioners, with high school students as the target audience.

MODULE 1
Perception of Mental Illness

Activity 1. Perception of Mental Health

Purpose: To determine the extent of knowledge that participants may have about mental health.

Materials: Cartolina, pentel pen, masking tape

Time: 15 minutes

Instruction: Participants will write down their perception of mental health. They can write all the answers possible that come to mind. It should also be relayed that there are no right or wrong answers. Once time is up, ask the participants to categorize it as either a myth or a fact. Each answer should then be discussed. This activity serves to demystify existing myths and misconceptions about mental illness. The sources of these wrong beliefs should also be gathered whether it be family, friends, or social media.

Activity 2. Stigma

Purpose: To probe into the concept of stigma and its repercussions

Materials: PowerPoint presentation, projector

Time: 15 minutes

Instruction: Ask the participants the following questions and discuss their answers.

1. *What is stigma?*

Participants must be informed of this, most especially those who have displayed discriminatory attitudes at one point or another. Also, it's important that they are able to identify these attitudes or behaviors, identify where they came from, their harmful effects, and how to change these attitudes.

Stigma is usually brought about by a lack of awareness. How persons with mental illness are portrayed in the media also plays a pivotal role in the public's perception of mental health.

Accordingly, three types of stigma have been identified:

a. Public stigma: negative or discriminatory attitudes that others have about mental illness.
b. Self-stigma: negative attitudes that people with mental illness have about their own condition.
c. Institutional stigma: refers to policies of governments and private organizations that intentionally or unintentionally limit opportunities for persons with mental illness.

Stigma serves as a significant barrier to access to healthcare, particularly in Asian cultures where seeking professional help runs contrary to time-held values of strong family ties, avoiding shame and emotional restraint (APA).

2. *What are some of the negative things you have heard about people with mental illness?*

Some of the answers may have been mentioned in the preceding activity.

3. *What are some of the positive things you have heard about people with mental illness?*

Participants may have difficulty answering this question. Some people say those with mental illness are creative, such as artists and writers.

4. *How does stigma affect people with mental illness? (APA)*

- Reluctance to seek help or treatment and less likely to continue with treatment
- Social isolation
- Lack of understanding by family, friends, coworkers, or others
- Fewer opportunities for work, school or social activities or trouble finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover mental illness treatment
- The belief that one will never succeed at certain challenges or that one can't improve one's situation

Activity 3. Famous People with Mental Illness

Purpose: To show that persons with mental illness can lead healthy lives

Materials: PowerPoint presentation, projector

Time: 15 minutes

Instruction: Identify famous people who have a mental illness. Explain to the participants that having a mental illness is not a deterrent to achieving great things. Emphasize that while these famous people have thrived despite having an illness, there are others who have had difficulty dealing with their mental health. Try to identify possible reasons for this, such as refusal to acknowledge illness, lack of social support, or decreased access to healthcare.

MODULE 2
What Is Mental Illness?

Activity 1. Fact or Fiction?

Purpose: To identify myths related to mental illness and disprove them.

Materials: Powerpoint presentation, projector

Time: 15 minutes

Instruction: Show the participants each statement and ask if they think it is a myth or fact. Actually, all the statements are myths. What's important is to see how much of the target population believes it to be true or false and then provide the facts to debunk these myths. After you have run through the myths and facts, you can ask the participants to reflect on what they have learned.

Common Myths about Mental Health

Myth: Mental health problems don't affect me.

Fact: Mental health problems are actually very common. As of 31 October 2021, the NCMH Crisis Hotline provided mental health services to 31,282 Filipinos since 2 May 2019.

Myth: Children don't experience mental health problems.

Fact: According to UNICEF, more than 1 in 7 adolescents globally, aged 10–19 is estimated to live with a diagnosed mental disorder. Almost 46,000 adolescents die from suicide each year, which is among the top five causes of death for their age group.

Myth: People with mental illness are all potentially violent and dangerous.

Fact: People with mental illness are no more dangerous than people who do not experience mental illness. People with severe mental illnesses are over 10 times more likely to be victims of violent crimes than the general population.

Myth: People with mental illness are somehow responsible for their condition.

Fact: Mental illness is a multifactorial disease. There are factors that contribute to mental health problems, including:

- Biological factors, such as genes, physical illness, injury, or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health problems

Myth: Poor mental health is not a big deal in teenagers. They just have mood swings caused by hormonal fluctuations and a desire for attention.

Fact: Fourteen percent of the world's adolescents experience mental ill-health. Globally, among those aged 10-15, self-harm is the fifth leading cause of death. Half of all mental health conditions start at the age of 14 (WHO).

Myth: There is no way to prevent mental health problems.

Fact: Several factors can protect people from developing mental health conditions, including development of social and emotional skills, supportive family relationships, and a nurturing school environment. Promoting the social and emotional well-being of the youth results in better educational outcomes and improved quality of life.

Myth: People with mental illness never get well.

Fact: Many people with a mental illness eventually recover and go on to lead productive lives. Pharmacotherapy and psychotherapy are treatment options that can be utilized.

Myth: Only poor people can develop mental illness.

Fact: Socioeconomic status is not necessarily a factor in the development of mental illness. However, because of stigma, people with mental illnesses often end up in lower socioeconomic classes.

It is important to educate the youth, especially those in school, about mental illness and correct their misconceptions. Their attitudes and knowledge about mental illness should be ascertained at an early age. Students should be taught to carefully analyze the gamut of information they receive on a daily basis about mental illness, especially with the advent of social media. Through this, students may learn to be understanding and empathic, leading to compassion for persons with mental illness. In addition, the onset of mental illness usually occurs during adolescence and young adulthood; thus it is important to recognize symptoms associated with these disorders.

Activity 2. Prevalence

Purpose: To present data on the prevalence of mental illness.

Materials: PowerPoint presentation, projector

Time: 15 minutes

Instruction: The presenter shows data on the prevalence of mental illness in order to show that mental illness is quite common.

According to the National Alliance on Mental Illness (NAMI), one in five youth suffer from a mental health condition and less than half receive treatment. NAMI also states that half of all people living with a mental illness experience their first symptoms at the age of 14. The Centers for Disease Control (CDC) reports that suicide is the third leading cause of death for Americans between the ages of 10 and 24, and every year 157,000 youth between those same ages undergo emergency treatment for self-inflicted injuries.

Activity 3. Stress Reaction

Purpose: To identify the risk factors leading to mental illness and the protective factors that mitigate them.

Materials: Cartolina, pentel pen, masking tape

Time: 15 minutes

Instruction: Ask the participants to write down events that may cause them distress, such as an upcoming examination, class presentation, bullying, etc. Then ask them to write down how they coped with that stressful situation.

Table 1. Risk Factors and Protective Factors

Risk Factors	Protective Factors
Health and Environment	
• Physical illness • Disability • Pregnancy • Alcohol and substance use • Abuse (physical, emotional abuse, physical or emotional neglect, sexual abuse) • Orphan, refugee, or migrant background • Poor relationship with primary caregiver • Child of caregiver with mental health condition	• Healthy self-esteem • Emotional regulation skills • Stress management skills • Problem-solving skills • Interpersonal skills • Skills for refusing substances

Risk Factors	Protective Factors
Family	
• Stressed caregiver or one who is experiencing poor mental health • Poor health or death of a family member • Family conflict, domestic violence, or separation • Parental incarceration • Substance abuse • Inadequate support from family income • Household economic/food insecurity • Harsh parenting • Neglectful parenting	• Healthy communication with caregiver • Family cohesion and support • Sensitive, caring, and positive parenting • Use of non-violent discipline • Family structures and routine • Parental approval • Parental social support
School	
• Academic pressure and/or failure • Inadequate learning support • Bullying • Use of harsh punishment	• School connectedness • Teacher connectedness
Community	
• Crime, gang, and interpersonal violence • Access to alcohol, drugs, and weapons • Poverty and unemployment • Limited support services • Potentially life-threatening situations, emergencies such as pandemics, or armed conflict • Harmful social and cultural norms and practices • Harmful gender norms	• Strong community leadership • Social support and cohesion • Access to support services • Positive activities for youth • Responsive policing and law enforcement • Neighborhood safety
Peers	
• Bullying • Negative peer pressure • Conflict in relationships	• Friend support • Positive peer relationships • Satisfaction with friends and/or romantic relationships

Stress is a normal part of everyday experiences. We experience it whenever we are faced with challenges that require us to adapt to these stressors. Learning how to deal with them teaches us strategies that we can use in the future to overcome these challenges. Techniques to cope with stress may include exercise, proper sleep, a healthy diet, and being with family and friends.

MODULE 3
Mental Health Continuum

Mental health and mental health conditions exist on a continuum. On one end are those who can be categorized as "Flourishing", while on the other are those whose distress impact their daily activities *(BeyondBlue)*.

Table 2. Mental Health Continuum

Classification	Description
Flourishing	This refers to an optimal level of functioning in which an adolescent feels good, functions well, relates well with others, and approaches their learning with purpose, curiosity, and optimism.
Going OK	Adolescents who have good mental health and an absence of frequent or significant feelings of distress.
Struggling	Adolescents who may have come to the attention of educators due to more noticeable but generally time-limited periods of distress that have had a mild impact on their behavior, learning, and relationships.
Severe impact on everyday activities	Adolescents who have thoughts, feelings and behaviors that are distressing and have a **severe impact on everyday activities.**

Adapted from beyondblue.org.au

The Mental Health Continuum serves as a tool for educators. It is designed to assist educators in knowing when to seek support for an adolescent who might be experiencing issues with mental health. Part of an educator's role is to recognize changes in behavior that may warrant further investigation and to refer them accordingly.

Activity 1. What to Notice

Purpose: To identify warning signs that educators need to recognize in students

Materials: Powerpoint, projector

Time: 25 minutes

Instruction: Discuss the different parameters used for assessing the mental health of students along the mental health continuum.

What to Notice refers to a list of behaviors displayed by adolescents that are indicative of where they are on the mental health continuum *(see Table 3)*

Table 3. What to Notice

Mental Health Continuum	Flourishing	Going Ok	Struggling	Severely Impacting Everyday Activities
Level of Concern	Very Low	Low	Moderate	High
Core Features	Optimal Well-being	Overall positive well-being with a few isolated experiences of distress	Occasional and time-limited periods of distress with a mild impact on well-being	Poor mental health and well-being causing distress and significantly impacting on daily experiences
Support Focus	Maintain	Enhance	Monitor & Internal Support	External Support & Collaboration
What It Can Look Like				
Behaviors, Emotions, Thoughts	• Regularly experiences more positive than negative emotions • Manages negative emotions in a healthy way • Manages stress and challenges in a productive way	• Displays emotional stability, or a range of emotions at a level appropriate to the context or situation • Copes with normal stressors in a learning environment	• Fluctuations in emotions at times seem dispro-portionate to event or situation • More frequent or intense expression of emotions such as anger, worry or sadness in comparison to peers	• Frequent displays of externalizing (irritable, low impulse control, anger) or internalizing (avoidance, worry, sadness) behaviors • Needs things to be perfect; distressed at mistakes • Low energy or tiredness

Mental Health Continuum	Flourishing	Going Ok	Struggling	Severely Impacting Everyday Activities
	• Well-developed emotional regulation • Understands and utilizes personal strengths • Healthy lifestyle habits that promote wellness and educational achievements		• Reduced expression of emotion	• Frequently critical of self and others • Loss of interest in previously enjoyed topics/ activities • Constant reassurance seeking • Regular complaints of physical symptoms (e.g., headaches, nausea) • Excessive or limited appetite; significant change in weight • Regression in behavior
Learning	• Interested, curious and absorbed in learning • Pursues and achieves learning goals with determination • Growth mindset when faced with learning challenges • Sense of optimism about future learning • Engaged in social and emotional learning that's appropriate for developmental level	• Participates in learning experiences • Makes progress within expected parameters • Realizes own abilities	• Some reluctance to try tasks or completes them at a lower level than ability • Often distracted, off-task or disengaged • Progress is slower than expected	• Educational progress has slowed or declined • Avoids completing tasks, or tasks are completed at a much lower standard than expected • Regular absences • Avoids participating in new learning experiences or group work • Significant change in learning outcomes in comparison to their normal level • Difficulty paying attention

Activity 2. When To Be Concerned

Purpose: To identify warning signs that educators need to recognize in students

Materials: Powerpoint, projector

Time: 25 minutes

Instruction: Discuss the different parameters used for assessing the mental health of students along the mental health continuum.

People with mental illness can flourish and lead productive lives. Conversely, those who do not have any mental illness may experience stress and have poor coping skills, requiring much support. It is important to use the guide provided accordingly to identify indicators that can aid in assessing the mental status of the student. Answering YES to some of the questions may indicate a need for referral.

Table 4. Screening for Mental Health

PARAMETERS	YES	NO
1. Development Are their actions/behavior outside of what's expected at this stage of development?		
2. Personal Change Is there a noticeable change from their usual way of behaving?		
3. Developmental Milestones Do their milestones differ from other children / young people of the same developmental stage?		
4. Duration Has this been occurring for more than 2 weeks?		
5. Context Are you aware of any significant events or challenging circumstances they're facing?		
6. Distress Does the child / young person seem bothered, concerned, or upset by what's occurring?		
7. Frequency Do these occur more often than not?		
8. Pervasiveness Does this occur across multiple settings and situations? (inside or outside learning environments, at transition times, during certain learning experiences, home or broader community)		

PARAMETERS	YES	NO
9. Impact Does this have an impact on their relationships, behavior and/or learning?		
10. Risk Do you hold concerns for their safety or the safety of others?		

Activity 3. What to Do?

Purpose: To identify the different levels of support according to the Multitiered System of Support (MTSS) framework

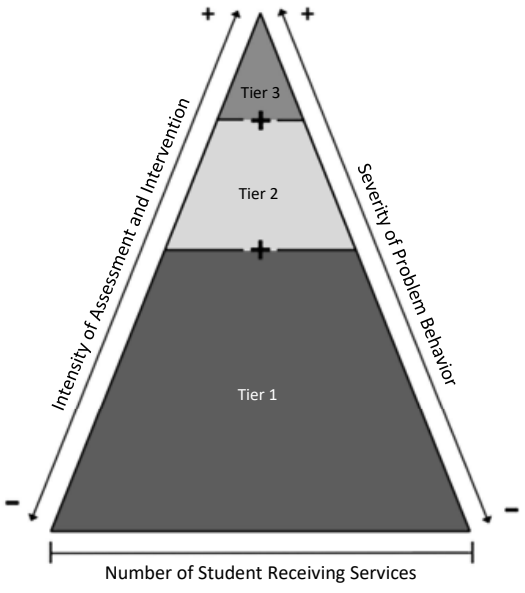
Materials: Powerpoint, projector

Time: 25 minutes

Instruction: Discuss the 3 tiers of support and give examples of activities per tier.

According to the School Mental Health Referral Pathways' (SMHRP) toolkit, funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the multitiered system of support (MTSS) framework serves as the guiding conceptual model used among educators and mental health practitioners. Applied to mental health needs, MTSS supports are best thought of as a continuum of supports defined by (a) the precision and intensity of assessment involved in assigning students to intervention conditions; (b) the dosage of intervention provided to match the presenting mental health need; and (c) the number of students targeted by the intervention. Based on these defining characteristics, the MTSS framework is organized into three tiers:

Fig.1. Multitiered System of Support (MTSS) Framework



Tier 1 supports are typically implemented for prevention, are designed to reach all students in a school, and are delivered within the scope of the general education curriculum.

Example: Delivering an evidence-based social and emotional learning program in all classrooms (universal prevention strategy)

- Provide mental health awareness and education activities
- Foster a stable and positive learning environment and create a sense of belonging through strong relationships, embracing diversity and inclusive practice
- Foster resilience through explicit teaching of social and emotional skills: self-awareness, emotional regulation, social-awareness, relationship skills, responsible decision making
- Promote partnerships with families
- Safe and effective management of critical incidents

Tier 2 interventions are intended for students with mild or emerging mental health needs (i.e., social, emotional, or behavioral). Tier 2 interventions require effective problem-solving approaches, including the strategic use of data to identify targeted students and match their needs to appropriate, evidence-based treatments. These interventions are typically delivered in small group settings and are time-limited in duration.

Example: A school-based mental health clinician delivering an evidence-based mindfulness curriculum over the course of ten weekly half-hour sessions to a small group of eight to ten students identified as having mild to moderate challenges with anxiety.

- Maintain routine and continue monitoring changes in learning, behavior, and relationships
- Increase awareness of relevant circumstances or adversity at home and school/early learning service
- Establish a level of concern, and if indicated, follow procedure for raising concerns with staff responsible for wellbeing (and involve family and child/young person if age appropriate)
- Prioritize safety in classroom and playground
- Further invest in relationships between educators and children/young people, and facilitate positive peer connections
- Increase educational supports
- Implement internal well-being support

Tier 3 interventions are meant for students with more advanced mental health needs (i.e., social, emotional, or behavioral) who require more intensive intervention. Typically, Tier 3 interventions are individualized and delivered by trained mental health clinicians, often in one-on-one settings. As with Tier 2 interventions, Tier 3 interventions use problem-solving strategies that accurately match students' presenting needs to evidence-based treatments. Tier 3 interventions are distinguished from Tier 2 interventions by their intensity and duration.

Example: A year-long intervention wherein a mental health clinician meets weekly with a young person to treat their symptoms of depression using an evidence-based therapeutic approach.

- Help facilitate access to external professional support
- Promote collaborative decision making with families
- Promote collaboration with health professionals
- Develop an Educational Support Plan
- Implement classroom strategies to enhance engagement in education
- Ensure the immediate safety of child/young person and others

MODULE 4
Special Concerns

Activity 1. Discussing Suicide

Purpose: To discuss one of the leading causes of death among school-age youth

Materials: PowerPoint, projector

Time: 30 minutes

Instruction: Discuss the concept of suicide, risk factors, warning signs, and procedures when an educator is faced with a person contemplating suicide.

Suicide is one of the leading causes of death among school-age youth. The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from suicide, on the other hand, increases steadily through the teen years. Warning signs of distress can sometimes be seen and picked up by those close to the patient. Suicide is much more common in adolescent and young adult males than females. However, many of the risk factors are the same for both sexes.

The school plays a pivotal role in suicide prevention and must integrate suicide prevention in their mental health services. School staff should be familiar with warning signs of suicidality and foster an environment where students feel safe to broach this topic. School mental health practitioners, such as counselors and administrators should be familiar with suicide intervention skills.

Suicide Risk Factors

Suicide risk factors are characteristics that make it more likely that an individual will consider, attempt, or die by suicide. These include:

- Mental illness (e.g., depression, conduct disorders, substance use/abuse)
- Family stress/dysfunction

- Environmental risks (e.g., having a firearm in the house)
- Situations (e.g., death of a loved one, abuse, violence)
- Previous suicide attempt
- Family pathology and a history of family suicidal behavior
- Chronic physical illness, including chronic pain
- Exposure to the suicidal behavior of others

Suicide Warning Signs

Warning signs indicate an immediate risk of suicide. The following are observable behaviors that may indicate suicidal thinking:

- often talking or writing about death, dying or suicide
- Making comments about being hopeless, helpless, or worthless
- Expressions of having no reason for living, no sense of purpose in life, saying things like *"It would be better if I wasn't here" or "I want out."*
- Increased alcohol and/or drug misuse
- Withdrawal from friends, family, and community
- Reckless behavior or participation in more risky activities, seemingly without thinking
- Dramatic mood changes
- Talking about feeling trapped or being a burden to others

Suggested Procedures

If a school staff member recognizes suicidal ideations in a student, the following actions may be taken:

- Ask the student directly if he or she is thinking of suicide. While people may be hesitant to ask, research shows this is helpful.
- Keep them safe. Reduce access to lethal means for those at risk.
- Be there with them. Listen to what they need.
- Help them connect with ongoing support.
- Stay connected. Follow up to see how they're doing

Critical/Emergency Situation

- Call law enforcement or security if the student has access to means of committing suicide, if he/she has left the school and the plan to kill oneself is discovered, or if he/she is unwilling to make a plan to keep themselves safe.
- Always stay with the student. The student should be endorsed to the parent/guardian and should immediately seek the help of mental health professionals.

- The following questions adapted from the Ask Suicide-Screening Questions (ASQ) of the National Institute of Mental Health, USA can be used:
  1. *Did you wish you were dead in the past week?*
  2. *Have you felt that you or your family would be better off if you were dead in the past few weeks?*
  3. *Have you been having thoughts of killing yourself in the past week?*
  4. *Have you ever tried to kill yourself?*
  5. *Are you having thoughts of killing yourself right now?*
- If the answer is "NO" to all the questions, screening is considered complete. No intervention is necessary, although clinical judgment should always be considered. If the answer is "YES" to any of the questions, or refuses to answer, they are considered at risk.
- The room should be cleared of anything that might be used to hurt the student.
- Contact the parent/guardian immediately if there are threats of self-harm. If unavailable, call the National Center for Mental Health.

Parental Notification and Participation

Schools may ask parents to sign a document to indicate that relevant information has been provided. It is important to document parental notifications. Parents are important members of a suicide risk assessment as they often have information critical to making an appropriate assessment of risk, including mental health history, family dynamics, recent traumatic events, and previous suicidal behaviors. Once the school has informed a parent of their child's risk for suicide and provides referral information, it is incumbent upon the parents to seek professional help.

Parents must:

- *Continue to take threats seriously.* Following through is important even after the child calms down or informs the parent "they didn't mean it." Avoid assuming behavior is simply attention-seeking (but at the same time avoid reinforcing suicide threats, such as allowing the student who has threatened suicide to drive because they were denied access to the car).
- *Access school support.* If parents are uncomfortable with following through on referrals, they can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit.
- *Maintain communication with the school.* After such an intervention, the school will also provide follow-up support. The parent's communication will be crucial to ensuring that the school is the safest, most comfortable place for the child.

Activity 2. Psychological First Aid

Purpose: To discuss the effects of an untoward event on a student

Materials: Cartolina, pentel pen, masking

Time: 30 minutes

Instruction: Ask the students to identify a recent unexpected event and how they felt during the time they experienced it and what they did about it.

Teachers play an important role in helping students after a disaster, school crisis, or an emergency. Apart from helping students with academic and counseling concerns under normal circumstances, educators can also help students return to school, stay in school, continue to learn, and return to their usual school-based activities.

After a traumatic event, changes can occur in a student's thoughts, feelings, and behaviors. They may feel worried about the welfare of family, friends, or pets. Common reactions include difficulty sleeping, problems at school, trouble concentrating, and inability to submit assignments.

Recognize risk factors when listening to students sharing their experiences, thoughts, and feelings about the event. Risk factors that may indicate a counseling referral is needed for students include:

- Loss of a family member, schoolmate, or friend
- Observing serious injury or the death of another person
- Family members or friends missing after the event
- Getting hurt or becoming sick due to the event
- Home loss, family moves, changes in neighborhood, changes in school, and/or loss of belongings
- Being unable to evacuate quickly
- Past traumatic experiences or losses
- Pet loss

If the student has undergone any of these experiences, you can consider referring them to a mental health practitioner.

A. LISTEN

The primary step to helping students is to LISTEN and pay attention to what they say and how they act. Pay attention to nonverbal cues, such as withdrawal and behavioral problems. Let the student know you are willing to listen. Things to consider would be the following:

- What is preventing a student from coming to school?
- What is preventing a student from paying attention in class or doing homework?
- What is preventing a student from returning to other school-based activities?

Note any changes in behavior, school performance, interactions with schoolmates and teachers, participation in school activities, and behavior at home that parents may have noted.

B. PROTECT

You can help make your students feel better through the following:

- Answer questions simply and honestly
- Let students know they are not alone
- Provide opportunities for students to express themselves
- Inform the students about things being done by the school or community to ensure their protection
- Maintain structure in routines
- Be sensitive to the student's current level of functioning
- Limit access to media that may remind them of the traumatic event

C. CONNECT

Reaching out to the people at school and in the community will help your students after a disaster or crisis. Some ways to establish a connection include the following:

- Check in with students regularly
- Keep lines of communication open with people that are involved with students (e.g., family, coach, etc.)
- Gradually restore school activities
- Empathize with students by giving them leeway to learn new materials
- Emphasize that disasters, crises, and emergencies are rare

Efforts to help the student might prove to be more successful if the following things are observed:

- Be aware of thoughts, feelings, and reactions about the event which can affect students
- Children will model how they cope and behave after how their teacher copes and behaves as well
- Acknowledge the difficulty of the situation, but emphasize that people can come together to cope after these events

D. TEACH

- Talk to the students about the expected reactions to an event, be it emotional, behavioral, cognitive, and physiological. Emphasize these are normal reactions to abnormal events.
- Recognize that people react differently to the same situation.
- Encourage students to identify and use positive coping strategies.
- Set small goals that are attainable.

***** END*****

Appendices

Appendix 1. 12S of Stress Management (Department of Health)

Appendix 2. WELLNESS FOR SCHOOL EMPLOYEES

(https://www.cdc.gov/healthyschools/employee_wellness/pdf/SHB-EmployeeWellness-TipSheet_FINAL508.pdf)

- Remind staff about employee assistance programs with access to resources, referrals, and counseling.
- Recognize staff contributions and achievements, and celebrate milestones with others.
- Hold exercise challenges.
- Find and share stress management and mental health resources and information.
- Build in physical activity breaks during the school day (can be done along with students).
- Have mindfulness meditation breaks for staff and students during the school day.
- Hold 5-minute mindfulness conference calls for staff.

Appendix 3. CARING FOR THE CARERS (TEACHERS)

- Take care of yourself
- Get enough rest and eat healthy foods.
- Pay attention to your own stress responses.
- Seek out family and friends for support.
- Try exercising or other physical activity to relieve stress.
- Engage in helpful, productive activities that are satisfying and useful in the situation.
- Follow the advice you would give others.
- Manage your own reaction when faced with emotional outbursts from others by:
  - Remaining quiet and calm.
  - Avoiding the temptation to engage in a shouting match.
  - Acknowledging the person's point of view.
  - Disengaging and respectfully walking away from the person if you are being insulted or threatened.
  - Contacting law enforcement personnel if you feel that you are in danger.

Sources: www.ready.gov, www.ncptsd.org, and www.nctsn.org.

Appendix 4. PEER SUPPORT

Peers and communities are essential in not just understanding the challenges but also building solutions faced by persons with mental health issues. The youth are interested in learning skills to support their own well-being and to better support their friends. Peer support programs can empower youth to provide mental health support, reduce isolation, increase self-help skills, and empower other youth.

Train all young people to promote mental health and support their peers

General Support Skills. General support skills programs train the youth to provide emotional support and refer peers to formal services.

Peer-led Wellness Education. Young people in many schools and communities provide mental health education and support to other young people. These peer-to-peer education programs can be effective at teaching young people new skills and increasing conversations about mental health and well-being.

Integrate peer support and mental health promotion wherever young people spend their time

School-based Mental Health Clubs and Organizations. School-based peer support programs are integral in providing safe spaces for young people to go, skills-building, identifying and focusing individual advocacies, and integrating policy change.

Virtual + Text-Based Youth Peer Support. Technology-based peer support programs allow young people to receive support virtually in ways that are easily accessible to many. Text-based support is particularly important, as young people are accustomed to communicating via text and may lack privacy because they often live with others. Being able to share anonymously may allay their fears of disclosing personal details.

Interest-based Youth Peer Support Programs. Interest-based peer support programs empower young people to connect with peers with shared interests and embed that support into their lives.

Embed youth peer support specialists into all youth-serving systems

Young People's Spaces for Well-being. Place-based peer support programs provide spaces that are youth-friendly and responsive to youth culture, such as schools or existing community centers. These spaces allow young people to spend time with other young people, receive peer support, learn new skills, and connect with broader resources like housing services or education support.

Mental Health and Health Services. Young people's integrated peer support programs embed youth and young adult peer supporters in formal health care settings. The peer supporters can be co-located in a specific health care setting, may provide support as part of clinical care teams like in-patient psychiatric units, or may serve as peer supporters in mobile crisis response.

Youth-serving Systems. Many young people are engaged with social services, the foster care system, and the juvenile justice system. Embedding youth peer specialists within these systems can help young people better navigate systems, learn self-help tools, and build community.

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PRE/POST TEST

1. According to the World Health Organization (WHO), this refers to: "a state of well-being in which the individual realizes his or her 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."

   a. Mental Health
   b. Mental Stability
   c. Mental Normality
   d. Mental Wellness

2. Mental illness refers to all diagnosable mental disorders involving changes in the following:

   a. Emotion
   b. Thinking
   c. Behavior
   d. All of the above

3. Mental Health Law is also known as RA:

   a. 12345
   b. 11036
   c. 91919
   d. 57625

4. This refers to negative or discriminatory attitudes that others have about mental illness:

   a. Public stigma
   b. Self-stigma
   c. Institutional stigma
   d. Professional stigma

5. This refers to policies of governments or private organizations that intentionally or unintentionally limit opportunities for persons with mental illness:

   a. Public stigma
   b. Self-stigma
   c. Institutional stigma
   d. Professional stigma

6. This is the third leading cause of death for Americans between the ages of 10 and 24:
    a. Depression
    b. Suicide
    c. Car Accidents
    d. Juvenile diabetes

7. All are risk factors for suicide, except:
    a. Mental illness
    b. Family stress
    c. Previous suicide attempt
    d. None of the above

8. Asking the student directly if he/she is contemplating suicide is wrong:
    a. True
    b. False
    c. Both
    d. Neither

9. According to the National Alliance in Mental Illness, _____ in 5 children suffer from a mental health condition:
    a. 1
    b. 2
    c. 3
    d. 4

10. Depressive symptoms occurring for more than ____ weeks is significant:
    a. 1
    b. 2
    c. 3
    d. 4

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ANSWER KEY

1. According to the World Health Organization (WHO), this refers to: "a state of well-being in which the individual realizes his or her 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."

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POWERPOINT PRESENTATION

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ROBERT ROY K. MAPA, MD, FPPA, MMHoA

HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE

Mental Health

- The World Health Organization (WHO):

  "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 (WHO)."

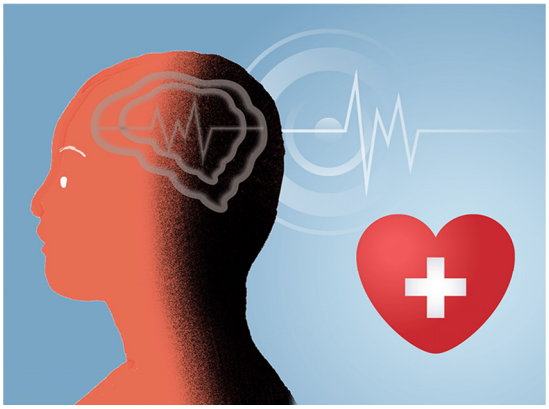
World Health Organization

Slide 2

Mental Illness

Collective term referring to all diagnosable mental disorders involving changes in:

- Emotion
- Thinking
- Behavior



Slide 3

Youth and Mental Illness Today

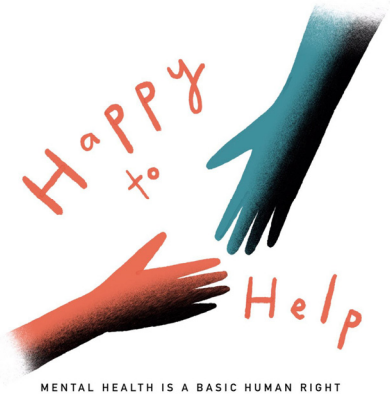
- Onset of several mental disorders occur during adolescence and early adulthood
- Increasing number of suicide cases
- Mental health conditions are among the leading causes of illness and disability for this age group

Slide 4

Mental Health Law or Republic Act 11036

"Educational institutions such as schools, colleges, universities, and technical schools shall develop policies and programs for students, educators and other employees to:

- raise awareness on mental health issues,
- identify and provide support services for individuals at risk, and
- facilitate access, including referral mechanisms of individual with mental health conditions to treatment and psychosocial support"



Slide 5

Module 1

Perception of Mental Illness

Slide 6

Activity 1

Perception of Mental Health

Slide 7

Activity 1
Perception of Mental Health

- Myths?
- Misconceptions?
- Hurtful language?
- Facts?

Slide 8

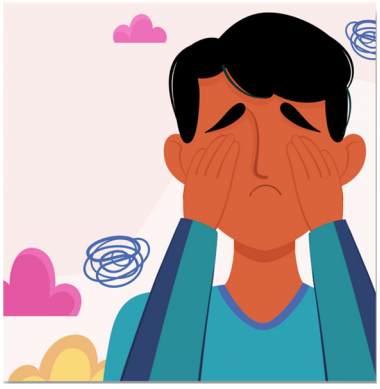
Activity 2. Stigma

What is stigma?

- **Public stigma**: negative or discriminatory attitudes that others have about mental illness.
- **Self-stigma**: negative attitudes that people with mental illness have about their own condition.
- **Institutional stigma**: policies of governments and private organizations that intentionally or unintentionally limit opportunities for persons with mental illness.

Slide 9

- *What are some of the negative things you have heard about people with mental illnesses?*



Slide 10

- *What are some of the positive things you have heard about people with mental illnesses?*

Slide 11

- *How does **stigma** affect people with mental illnesses?*

Slide 12

Activity 3. Famous People with Mental Illnesses

- Vincent Van Gogh, painter
- Winston Churchill, Prime Minister of Great Britain
- Dwayne "The Rock" Johnson, actor and wrestler
- Katy Perry, singer
- Michael Phelps, swimmer (most bemedalled Olympian)
- Ernest Hemingway, writer
- Lady Gaga, singer

Slide 13

Activity 3. Famous People with Mental Illnesses

- Heart Evangelista, actress/influencer
- Paulo Avelino, actor
- Nadine Lustre, actress
- Kylie Verzosa, Miss International 2016
- JM de Guzman, actor

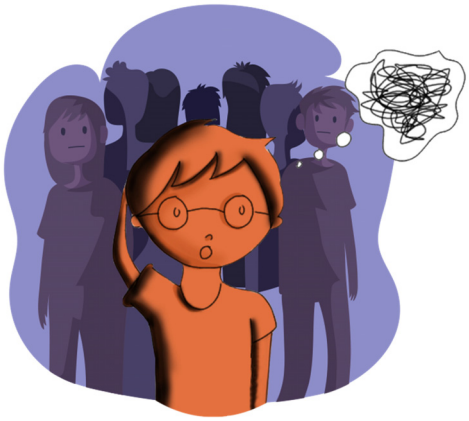
Slide 14

Module 2

What is Mental Illness?

Activity 1. Fact or Fiction?

- *Mental health problems don't affect me.*
- *Children don't experience mental health problems.*
- *People with mental illness are all potentially violent and dangerous.*
- *People with mental illness are somehow responsible for their condition.*



Activity 1. Fact or Fiction?

- *Poor mental health is not a big deal in teenagers. They just have a desire for attention and mood swings caused by hormonal fluctuations.*
- *There is no way to prevent mental health problems.*
- *People with mental illnesses never get well.*
- *Only poor people can develop mental illnesses.*

Activity 2. Prevalence

- National Alliance on Mental Illness (NAMI)
  - one in five youth suffer from a mental health condition
  - less than half receive treatment
- The Centers for Disease Control (CDC)
  - suicide is the third leading cause of death for Americans between the ages of 10 and 24
  - every year, 157,000 youth between those same ages undergo emergency treatment for self-inflicted injuries

Slide 18

Activity 3. Stress Reaction
(Risk Factors and Protective Factors)

- Health and Environment
- Family
- School
- Community
- Peers

Slide 19

Module 4

Mental Health Continuum

Slide 20

Activity 1. What to Look Out For (Struggling)

- Fluctuating emotions
- Anger, worry or sadness compared with peers
- Suppressed expression of emotion
- Reluctance to do tasks
- Often distracted, off-task or disengaged

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Activity 1. What to Look Out For
(Severely Impacting Everyday Activities)

- Externalizing (irritable, low impulse control, anger) or internalizing (avoidance, worry, sadness) behaviors
- Needs things to be perfect; distressed by mistakes
- Low energy or tiredness
- Frequently critical of self and others
- Loss of interest in previously enjoyed topics/activities
- Regular complaints of physical symptoms (e.g. headaches, nausea)
- Excessive or limited appetite; significant change in weight

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Activity 2. When To Be Concerned

Table 4. Screening for Mental Health

PARAMETERS	YES	NO
Development Is this beyond what's expected at this stage of development?		
Personal Change Is there a noticeable change from their usual way of behaving?		
Developmental Milestones Does this differ from other children / young people of the same developmental stage?		
Duration Has this been occurring for more than 2 weeks?		
Context Are you aware of any significant events or challenging circumstances they're facing?		
Distress Does the child / young person seem bothered, concerned or upset by what's occurring?		
Frequency Does this occur more often than not?		
Pervasiveness Does this occurring across multiple settings and situations? (inside or outside learning environments, at transition times, during certain learning experiences, home or broader community)		
Impact Does this have an impact on their relationships, behavior and/or learning?		
Risk Do you have concerns for their safety or the safety of others?		

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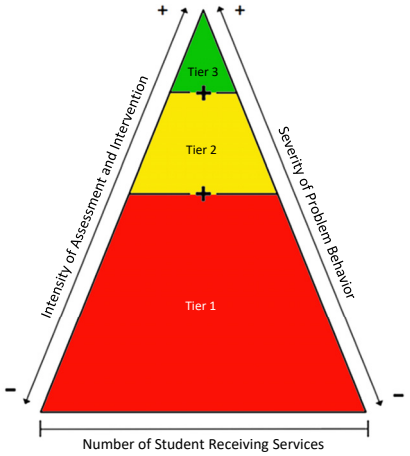
Activity 3. What to Do? Multi-tiered System of Support (MTSS)



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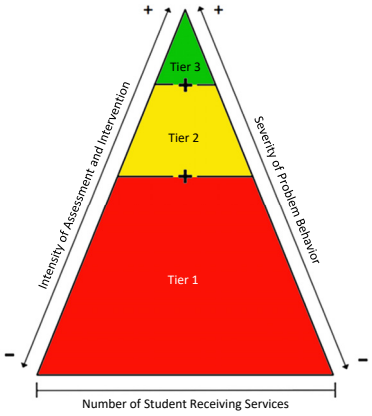
Activity 3. What to Do? Multi-tiered System of Support (MTSS)

- **Tier 1** supports are typically implemented for prevention and are designed to reach all students in a school
- **Tier 2** interventions are intended for students with mild or emerging mental health needs (i.e. social, emotional, or behavioral)
- **Tier 3** interventions are meant for students with more advanced mental health needs (i.e. social, emotional, or behavioral) who require more intensive intervention



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Module 5

Special Concerns

Slide 26

Suicide Risk Factors

- Mental illness (e.g. depression, conduct disorders, substance use/abuse)
- Family stress/dysfunction
- Environmental risks (e.g. having a firearm in the house)
- Situations (e.g. death of a loved one, abuse, violence)
- Previous suicide attempt
- Family pathology and a history of family suicidal behavior
- Chronic physical illness, including chronic pain
- Exposure to the suicidal behavior of others

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Suicide Warning Signs

- Often talks or writes about death, dying or suicide
- Makes comments about being hopeless, helpless or worthless
- Expresses having no reason for living; no sense of purpose in life; saying things like *"It would be better if I wasn't here" or "I want out."*
- Increases alcohol and/or drug misuse
- Withdrawing from friends, family and community
- Shows reckless behavior or participates in more risky activities, seemingly without thinking
- Exhibits dramatic mood changes
- Talks about feeling trapped or being a burden to others

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Suggested Next Steps

- Ask the student directly if he or she is thinking of suicide. While people may be hesitant to ask, research shows this is helpful.
- Keep them safe. Reduce access to lethal means for those at risk.
- Be there with them. Listen to what they need.
- Help them connect with ongoing support.
- Stay connected. Follow up to see how they're doing.

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Critical/Emergency Situations

- Call law enforcement or security
- Always stay with the student
- Ask Suicide-Screening Questions (ASQ)
- Clear the room of anything that might be used to hurt the student.
- Contact the parent/guardian immediately if there are threats of self-harm. If unavailable, call the National Center for Mental Health.

Slide 30

Parental Notification and Participation

Parents must:

- Continue to take threats seriously
- Look into available school support systems
- Coordinate with the school

Slide 31

Activity 2. Psychological First Aid

✓ Listen
✓ Protect
✓ Connect
✓ Teach

Slide 32

HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE

PROGRAMS

REPUBLIC OF THE PHILIPPINES COMMISSION ON HUMAN RIGHTS

HUMAN RIGHTS INSTITUTE

O R H A

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Human Rights Academy
EST.2020

https://humanrightsinstitute.ph

HUMAN RIGHTS HOTSPOT

HISTORICAL ONLINE TEACHING SPOT

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COMMISSION ON HUMAN RIGHTS

Human Rights Education and Promotion Office

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(Citizens' Help and Assistance Division)
publicassistance@chr.gov.ph
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(0920) 506 1194 (Smart)
(0936) 068 0982 (Globe)

Tanggol Karapatan Online E-Lawyering

National Capital Region (CHR NCR)
Email: ncr@chr.gov.ph
(0906) 021 7146 (Globe)
(0919) 444 7720 (Smart)

Legal Division
elawyering@chr.gov.ph
(0956) 280 2686 (Globe)
(0961) 450 8590 (Smart)

Investigation Office
investigationdiv@chr.gov.ph
(0950) 369 9026 (Globe)
(0963) 660 1364 (Smart)

OFW Migrant and Complaint Portal
tinyurl.com/ofw-reports
investigationdiv@chr.gov.ph
(0920) 506 1194 (Smart)
(0936) 068 0982 (Globe)

E-Report sa Gender Ombud
https://gbvcovid.report

If you need someone to talk to, please contact the NCMH Crisis Hotline:
1553 (Nationwide toll-free landline)
(0966) 351 4518 (Globe)
(0917) 899 8727 (Globe)
(0917) 899 USAP (Globe)
(0908) 639 2672 (Smart)

YEAR 2022

CHR ng lahat: Naglilingkod maging sino ka man