

# Improving Mental Health Awareness and Literacy

## A Manual for

## Lady Health Workers Programme Pakistan

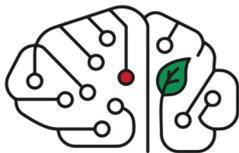
*Trainers' guide*



## Project mPareshan

Brain and Mind Institute  
&  
Department of Community Health Sciences, Karachi

Aga Khan University



Brain & Mind Institute  
from neuron to neighbourhood

December 2022



آغا خان یونیورسٹی  
THE AGA KHAN UNIVERSITY

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## FOREWORD

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Project mPareshan aims to improve the mental health of people with mental illnesses through a mobile application delivered by Lady Health Workers (LHWs). The project is being implemented in Badin Sindh by the Aga Khan University (AKU) Brain and Mind Institute (BMI) and Department of Community Health Sciences, Karachi.

This manual aims to build the capacity of non-specialist frontline community workers in mental health in order to improve their knowledge and skills in recognizing symptoms of anxiety and depression, providing psychosocial counselling, and making appropriate referrals.

The content has been mainly adapted from:

*mhGAP training manuals for the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings version 2.0 (for field testing). Geneva: World Health Organization; 2017 (WHO/MSD/MER/17.6). Licence: CC BY-NC-SA 3.0 IGO.)*

Project mPareshan team acknowledges the support and cooperation from Dr. Azra Fazal Pechuho Minister Health & Population Welfare, Department of Health, Government of Sindh, and stakeholders from Lady Health Workers Programme (LHW-P) Badin.



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## About the Manual

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This training manual is designed for non-specialist frontline community workers in Low- and Middle-Income Countries (LMICs).

The specific objectives of this manual (a trainer's guide) are to enable Lady Health Supervisors (LHSs) and LHWs in Pakistan's Lady Health Worker Programme to:

1. Develop a basic understanding of mental health
2. Understand the existing mental health burden
3. Recognize symptoms of anxiety and depression
4. Improve communication skills
5. Practice psychosocial counselling
6. Refer community members to specialist mental health services when needed.

The manual has four modules: Introduction, Essential Care and Practice, Anxiety and Depression, and Counselling strategies. At the beginning of each module key messages, learning objectives, required sessions, and time duration are outlined. Resources consulted are footnoted in each module. Comprehensive instructions are provided for the trainer/facilitator to deliver module's activity-based content. Tools for assessing the knowledge and skills of LHSs and LHWs before and after training are marked as annexures.

The recommended number of participants for this training are 12-24. This allows participants to practice communication and counselling skills in a group setting. It is recommended that mhGAP-IG be consulted for further reference.

Knowledge and skills of LHWs and LHSs participating in this training (as part of Project mPareshan) significantly improved before and after the training. We are therefore confident that this manual would serve as a useful resource to enhance the mental health literacy of front-line workers in other settings of Pakistan and LMICs. Relevant contextual adaptation and translation into local language however is a prerequisite.



*AKU mPareshan team led by Dr. Fauziah Rabbani launch the first ever training manual to improve mental health literacy and awareness for the Lady Health Workers Programme in Sind Pakistan. Minister of Health and Population Welfare, Dr. Azra Fazal Pechuho has endorsed this manual and approved its roll out all over Sindh.*

Participants from L-R: **Dr. Adil Haider**- Dean Medical College, Aga Khan University, Karachi, **Dr. Fauziah Rabbani**- Principal investigator project mPareshan & The Noordin M. Thobani Professor Public Health, Aga Khan University, Karachi, **Dr. Zul Merali**- Founding Director Brain and Mind Institute, Aga Khan University, Karachi, **Dr. Farhana Memon**- Additional Director RMNCH and LHW-P, Sind, **Dr. Sameen Siddiqi**-Chair of Department of Community Health Sciences, Aga Khan University, Karachi.

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# Module 1

## Introduction

### Learning objectives

By the end of this module participants will be:

1. Comfortable with the training facilitator and environment.
2. Able to share their thoughts on hopes and fears regarding the training workshop.
3. Oriented to the learning objectives of the training.
4. Able to take a pre-test which will assess their baseline knowledge and skills regarding symptoms of anxiety and depression, effective communication, and psychosocial counselling.
5. Able to develop a basic understanding of mental health.
6. Able to understand the importance of mental health and its burden in Sindh.

### Session's overview

No.	Session title	Duration (Min.)
1	Welcome note and participants' introduction	20
2	Workshop overview and learning objectives	15
3	Pre-test	60
4	Mental health definition, importance, and current situation	25

## **Session 1: Welcome note and participants' introduction**

### **Activity 1: Welcome note- 05 minutes**

Facilitator will

**Step 1:** Greet the participants and welcome them to day one of the workshop.

**Step 2:** Request a participant to recite a few verses of the Holy Quran.

### **Activity 2: Participants' introduction- 10 minutes**

Facilitator will

**Step 1:** Introduce himself/herself to the participants and asks participants to briefly introduce themselves.

**Step 2:** Ask participants if they have any questions regarding training.

### **Activity 3: Participants' hopes and fears- 05 minutes**

Facilitator will

**Step 1:** Request participants to share their expectations and apprehensions related to the training.

**Step 3:** Identify common hopes and fears and take note of any serious concerns raised by any participant.

## **Session 2: Workshop overview and learning objectives**

### **Activity 1: Learning objectives of the workshop - 05 minutes**

**Step 1:** Facilitator will present the learning objectives of the training.

**Step 2:** Ask participants if they have understood the objectives or have any questions.

### **Activity 2: Workshop overview and schedule - 05 minutes**

**Step 1:** Facilitator will provide hard copies of the workshop overview and schedule to participants.

**Step 2:** Facilitator will tell the participants about the schedule and how the workshop will flow over 3 days.

### **Activity 3: Norms setting - 05 minutes**

Facilitator will

**Step 1:** Encourage participants to be punctual in the workshop, show responsible behavior and respect each other's opinions.

**Step 2:** Inform them to keep their cell phones silent for minimizing distraction. Breaks can be taken only for 5 minutes in transition time between the sessions.

**Step 3:** Ask participants to feel free to ask any question at any time.

### **Session 3: Pre-test**

#### **Activity 1: Knowledge assessment - 30 minutes**

Facilitator or co-facilitator will:

**Step 1:** Distribute ‘knowledge assessment questionnaire’ to participants (Appendix A).

**Step 2:** Explain them how to fill the questionnaire along with time required to fill it, and write it on flip chart also.

**Step 3:** Instruct them to raise their hand if they have any ambiguity.

**Step 4:** Confirm all participants have filled their demographic information correctly.

**Step 5:** After completion, collect all the questionnaires from participants and keep at a secure place.

#### **Activity 2: Skill assessment - 30 minutes**

Facilitator or co-facilitator will:

**Step 1:** Distribute the ‘competency assessment form’ to each participant (Appendix B).

**Step 2:** Explain them how to fill competency assessment form and time duration, and write it on flip chart also.

**Step 3:** Make sure all participants understand it well and have filled their demographic information correctly.

**Step 4:** Facilitator and co-facilitator will do the roleplay<sup>1</sup> (Instructions for roleplay have been provided in scenarios to evaluate LHSs/LHWs skills- Appendix C).

**Step 5:** After completion, collect competency assessment forms from participants and keep them at a secure place.

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<sup>1</sup> Roleplay scenarios have been adapted from World Health Organization (2017) mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09 September 2021  
Scenarios have been simplified and contextualize to suit the local context while ensuring preservation of all essential components.

## Session 4: Mental health definition, importance, and current situation

### **Activity 1: Definition of mental health - 15 minutes**

**Step 1:** Facilitator will ask participants how they define mental health.

**Step 2:** After listening to participant responses, facilitator will explain mental health definition and its importance as given in box 1.1

#### ***Box 1.1: Definition and importance of mental health<sup>2</sup>***

### Mental Health



“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”

### Importance of mental health

Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Good mental health is important to

- Cope with the normal stressors of life
- Be physically healthy
- Have good relationships
- Make meaningful contributions to your community
- Work productively
- Realize your full potential

**Step 3:** After explaining the definition of mental health, facilitator will ask participants for their understanding of the explained definition.

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<sup>2</sup> World Health Organization (2018). Mental health: strengthening our response. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>. Accessed on 10<sup>th</sup> March 2022

**Step 4:** Facilitator will ask participants to reflect on the importance of mental health.

**Step 5:** Facilitator will ask participants if they have any questions.

**Activity 2: Mental health burden in Sindh - 10 minutes**

Facilitator will

**Step 1:** Ask participants to share their views about mental health burden in Sindh, and will write their responses on flip chart.

**Step 2:** Present the information (Box 1.2) showing burden of mental illness, particularly anxiety and depression.

**Box 1.2: Mental health Burden in Sindh<sup>3</sup>**

<p><b>Mental health Burden in Sindh</b></p> <p>According to a latest Sindh Mental Health Authority report,</p> <ul style="list-style-type: none"><li>• Around 42% people suffer from depression</li><li>• 85% prevalence of self-reported anxiety</li><li>• 25% of the population had suicidal thoughts.</li><li>• Badin has second-highest suicide rate in the province.</li></ul>	
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**Step 3:** Keep participants engaged by asking about possible reasons for mental health issues and their solutions. Note their responses on the flipchart and mark if an unexpected reason or solution comes out. Expected responses could be (but not limited to):

- *Access to mental healthcare is a major challenge for rural communities of the district and treatment is often avoided due to the stigma attached to the condition.*

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<sup>3</sup> Hussain, G. (2021). Survey says 42pc people in Sindh suffering from depression due to Covid. Available from: <https://www.dawn.com/news/1636285/survey-says-42pc-people-in-sindh-suffering-from-depression-due-to-covid>. Accessed on 28<sup>th</sup> September 2021

- *Mental health practitioners are not available locally and accessing care from much-needed psychiatrists and psychologists requires travel to hospitals in megacities like Hyderabad and Karachi.*

**Step 4:** At the end of the introductory module facilitator will ask participants if they have any questions regarding this session.

**Step 5:** After answering their queries, facilitator will conclude this module and will move to module 2.

# Module 2

## Essential Care and Practice<sup>4</sup>

### Learning objectives

By the end of this module participants will be able to:

1. Understand and practice effective communication skills while interacting with community members suffering from mental health issues.
2. Understand how to treat community members suffering from poor mental health with respect and dignity.

### Session's overview

No.	Session title	Duration (Min.)
1	General principles of essential care and practice	60

### Key messages

- ❖ Effective communication skills should be practiced by lady health workers and supervisors for everyone including people with poor mental health and care providers.
- ❖ Effective communication skills enable lady health workers and supervisors to build rapport and develop trust with people from their community as well as enable them to understand the health and social needs of people with mental health issues.

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<sup>4</sup> All content in this module except box 2.6 have been adapted from World Health Organization (2017) mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 08 September 2021. To adapt, it has been simplified and shortened.

## Session 1: General principles of essential care and practice

### Activity 1: Introducing general principles of care-30 minutes

Facilitator will

**Step 1:** Begin the session by listing the topics to be covered in this session.

**Step 2:** Explain to the participants that WHO mhGAP-IG highlights two general principles of care.

1. Effective communication
2. Promoting respect and dignity

**Step 3:** Explain general principles of care and their importance to participants, given in box 2.1.

#### *Box 2.1: General principles of care and its importance<sup>5</sup>*

<b>Module 2: Essential Care and Practice</b>	
	
<b>1. Effective communication</b> <ul style="list-style-type: none"><li>• Active listening</li><li>• Empathy</li><li>• Open and close ended questions</li><li>• Summarizing</li></ul> <b>2. Promote respect and dignity</b> <ul style="list-style-type: none"><li>• Stigma and discrimination</li></ul>	<b>These principles aim to promote:</b> <ul style="list-style-type: none"><li>- Respect for the privacy of people seeking care for poor mental health.</li><li>- Foster good relationships between health-care providers, service users and their family.</li><li>- Ensure that care is provided in a non-judgmental, non-stigmatizing and supportive environment.</li><li>- Create a comfortable environment where the person can share troubling thoughts, beliefs and emotions that underpin their symptoms.</li></ul>

**Step 4:** Emphasize the importance of using good communication skills when LHSs/LHWs are interacting with community members during household visits.

<sup>5</sup> World Health Organization (2017) mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 95. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 08 September 2021

**Step 5:** Highlight that effective communication is particularly important when LHSs/LHWs are interacting with community members having poor mental health. Good communication will help in making the person comfortable, and they will open up and discuss their mental health issues in detail.

**Step 6:** Begin a discussion around “effective communication”. Facilitator will ask participants to share their thoughts about effective communication. Responses will be listed on a flip chart or black/ whiteboard.

**Note:** If participants do not consider the role of body language in communication, then prompt them to think about how body language affects communication.

**Step 7:** Ask participants about what they perceive as barriers to communicating effectively.

**Step 8:** Show information in box 2.2 on active listening and emphasize that LHSs/LHWs should carefully listen to the community members.

**Box 2.2: Active listening- Essential care and practice<sup>6</sup>**

<b>Module 2: Essential Care and Practice</b>	
<p style="text-align: center;"><b><u>Active listening</u></b></p> <p style="text-align: center;"><i>“Listening without being distracted”</i></p> <ul style="list-style-type: none"> <li>• Avoid distractions (e.g., using a phone, doing other things, or talking to other people).</li> <li>• Use non-verbal gestures to indicate that you are listening (e.g., “uh-huh”, “OK”, “I see” and “hmm”).</li> <li>• Listening and paying attention               <ul style="list-style-type: none"> <li>○ Verbal messages (what is being said).</li> <li>○ Non-verbal messages (what is being said with body language, pauses, facial expressions etc.)</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Active Listening Skills</b></p> <ul style="list-style-type: none"> <li>Ask open-ended questions</li> <li>Request clarification</li> <li>Be attentive</li> <li>Summarize</li> <li>Paraphrase</li> <li>Reflect feelings</li> <li>Be attuned to feelings</li> <li>Ask probing questions</li> </ul>

<sup>6</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 99. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 08 September 2021

*Explain the content in box 2.2 to participants that people often express their feelings through their actions, facial expressions, and body language, but struggle to name or express those emotions. Therefore, concentrating, listening, asking questions, and taking time to hear and clarify what people are telling you are core skills.*

**Step 9:** Ask participants if they have any questions.

**Step 10:** Move to the box 2.3 and give participants two minutes to think about what empathy means and why it is important.

**Box 2.3: Empathy-Essential care and practice<sup>7</sup>**

<b>Module 2: Essential Care and Practice</b>
<p style="text-align: center;"><b><u>Empathy</u></b></p> <p style="text-align: center;"><i>“The ability to understand and share the feelings of another person”</i></p> <p>If LHS/LHW is empathetic, she will be able to:</p> <ul style="list-style-type: none"><li>○ Understand the feelings of another person</li><li>○ Show respect and provide emotional support to a person by letting them know that you really understand their feelings and making them feel less lonely.</li><li>○ Build rapport, encourage dialogue, and build a healthy communicating relationship with a person suffering from poor mental health.</li><li>○ To understand the individual’s perspective, thus ensuring that any care they receive meets their needs and priorities.</li></ul>

**Step 11:** Ask participants to share their thoughts and understanding of empathy and take note of their answers.

**Step 12:** Further explain empathy by giving examples of empathetic responses:

- *That sounds like a very challenging experience.*

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<sup>7</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 100. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

- *I understand how painful this has been for you.*
- *You have experienced many stresses in life.*
- *You have been through a very difficult time.*

**Step 13:** Give an example to the participants and ask them to share examples of how they would respond with empathy.

**Example:** A woman from the community telling LHW/LHS that *“My husband has lost his job, I don’t know what we are going to do now.”*

Possible correct response from LHS/LHW can be similar to: *“That must be difficult for you. Can you tell me more about how you are feeling?”*

**Step 14:** Emphasize that this is just one example of empathetic response, as there are lots of different ways to express empathy. With practice, LHSs/LHWs will develop their own way to express empathy.

**Step 15:** Following this, facilitator will provide the information in box 2.4.

**Box 2.4: Examples of open and close-ended questions<sup>8</sup>**

<b>Module 2: Essential Care and Practice</b>	
<b><u>Open vs close ended questions</u></b>	
<p style="text-align: center;"><b>Open ended questions</b> <i>“open up communication”</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• How are you feeling?</li> <li>• How did you travel here?</li> <li>• What is family life like for you?</li> <li>• What do you like to do?</li> <li>• Tell me about yourself?</li> </ul>	<p style="text-align: center;"><b>Close ended questions</b> <i>“shut down conversation”</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Are you feeling happy?</li> <li>• Did you come here by bus?</li> <li>• Do you enjoy time with your family?</li> <li>• What is your name?</li> </ul>

<sup>8</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 101. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 08 September 2021

**Step 16:** Elaborate the difference between open and close-ended questions and provide examples.

Open-ended questions: *These questions invite a person to start a discussion and let them tell about their experience in their own words.*

**Close-ended questions:** *Once the person had an opportunity to describe their problems, close-ended questions can help to check a list of symptoms.*

**Step 17:** If time allows, write some questions on the flip chart, and ask participants if they are open or close-ended.

- *Did you tell your husband that you are going to attend training?*
- *Could you tell me more about yourself?*
- *Is your husband a supportive person?*

**Step 18:** Explain the meaning of Summarizing (Box 2.5), by telling the participants that

- *“Don’t just repeat the person’s response – put it into your own words and communicate how you have understood the person’s situation”*

**Box 2.5: Summarizing- Essential care and practice<sup>9</sup>**

<p style="text-align: center;"><b>Module 2: Essential Care and Practice</b></p>
<p style="text-align: center;"><b><u>Summarizing</u></b></p> <p style="text-align: center;"><i>“Re-state the main (content) points of the discussion”</i></p> <p>Summarizing can be another very useful technique to use when trying to understand the details about what the person is experiencing and clarifying if you understood it correctly.</p>

<sup>9</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 102. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on October 2021

**Step 19:** Give examples of useful phrases for summarizing to participants e.g.

- “What I am understanding is...”
- “In other words...”
- “So what you are saying is....”

**Step 20:** Display the information in box 2.6 and explain to participants about stigma and discrimination.

**Box 2.6: Respect and dignity- Essential care and practice<sup>10</sup>**

<b>Module 2: Essential Care and Practice</b>	
<b><u>Respect and dignity</u></b>	
<b>Stigma</b>	<b>Discrimination</b>
Stigma is when someone sees you in a negative way because of your mental illness. “Negative labelling, name calling, and marginalization is a form of stigma” <sup>a</sup>	Discrimination is the unfair or prejudicial treatment of people based on characteristics such as race, gender, age, or sexual orientation. <sup>b</sup>
Social stigma and discrimination can make mental health problems worse and stop a person from seeking the help they need. <sup>c</sup>	

**Step 21:** Ask participants some questions to keep them engaged and write their responses on

<sup>10</sup> Content in box 2.6 has been adapted from following sources:

<sup>a</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 112. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

<sup>b</sup> AMERICAN ASSOCIATION PSYCHOLOGY (2019). Discrimination: What it is, and how to cope. Available from: <https://www.apa.org/topics/racism-bias-discrimination/types-stress#:~:text=What%20is%20discrimination%3F-Discrimination%20is%20the%20unfair%20or%20prejudicial%20treatment%20of%20people%20and,make%20sense%20of%20the%20world.> Accessed on December 2021

<sup>c</sup> AMERICAN ASSOCIATION PSYCHOLOGY (2020). Stigma, Prejudice and Discrimination Against People with Mental Illness. Available from: <https://www.psychiatry.org/patients-families/stigma-and-discrimination#:~:text=Stigma%20and%20discrimination%20can%20contribute,reduced%20hope.> Accessed on December 2021

flipchart.

- *What impact does stigma have on the individual?*
- *What impact does it have on the family?*
- *What impact does it have on the community?*

**Step 22:** Summarize the key discussion points highlighted by the participants and explain *that*

*stigma can bring a sense of shame, blame, hopelessness, distress, reluctance, and fear to seek and/or accept help.*

**Step 23:** Explain to participants that it is important to respect people suffering from poor mental

health. Proceed to next box 2.7 to show DOs and DON'Ts to promote respect and dignity of community individuals.

**Box 2.7: Respect and dignity- Essential care and practice**<sup>11</sup>

<b>Module 2: Essential Care and Practice</b>	
<b><u>Respect and dignity</u></b>	
<b>DOs</b> <ul style="list-style-type: none"><li>• Treat people with poor mental health with respect and dignity.</li><li>• Protect the confidentiality of people with poor mental health.</li><li>• Ensure their privacy.</li><li>• Always provide access to information and explain the proposed plan, risks, and benefits in writing, if possible.</li><li>• Make sure the person provides consent.</li></ul>	<b>DON'Ts</b> <ul style="list-style-type: none"><li>• Do not discriminate against people living with poor mental health.</li><li>• Do not ignore the priorities or wishes of people with poor mental health.</li><li>• Do not make decisions for, on behalf of, or instead of the person with poor mental health.</li><li>• Do not use overly technical language in explaining proposed management plan.</li></ul>

<sup>11</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 113. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 09-2021

## **Activity 2: Good vs poor communication skills-10 minutes**

Facilitator will

**Step 1:** Inform the participants that you are going to watch two different interactions, after each interaction they will discuss the effectiveness of the communication skills they observe.

**Step 2:** Show the demonstration of poor communication first by following the instructions given below.

### **Instructions for demonstration of poor communication<sup>12</sup>**

- The facilitator will play the role of an LHW/LHS, and a co-facilitator (or volunteer) will play the role of a person from community suffering from persistent headache.
- The co-facilitator will be seeking help from LHS/LHW.
- The facilitator will start the interaction by asking “what do you want?” and then will not listen to the person, speak over them, pay more attention to his or her phone or to others, turn away from the person halfway through the interaction and start doing something else.
- The facilitator is judgemental and does not believe that the person has any problem at all, and instead believes that the person is just seeking attention.

**Step 3:** After the demonstration of poor communication, facilitator will ask from participants

- *What did the LHS/LHW do that made this communication a poor one?*
- *What could the LHS/LHW have done to improve their communication?*

**Step 4:** Facilitator will do the second demonstration of good communication by following the instructions given below.

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<sup>12</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 96. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 09-2021

### **Instructions for demonstration of good communication<sup>13</sup>**

In this interaction, the facilitator will continue to play the LHW/LHS, and the co-facilitator will play a person from community seeking help for persistent headache.

- The facilitator will start the interaction by introducing themselves and their role, ensuring the person is safe, using active listening to understand what is happening to the person, using positive body language to ensure the person is comfortable, etc.

**Step 5:** After performing the demonstration, facilitator will ask participants to compare the behaviors they observed during the two demonstrations. Ask participants to think of what made the second demonstration more effective.

### **Activity 3: Practice effective communication skills-20 minutes**

Facilitator will

**Step 1:** Assign roles to participants and encourage them to practice effective communication skills.

**Step 2:** Provide “Tips for effective communication” sheet if participants need further help to improve their communication skills. See appendix D for the sheet.

**Step 3:** Conclude day 1 of the workshop with a note of thanks.

**Step 4:** For further reading refer participants to mhGAP-IV 2.

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<sup>13</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Essential care and practice, Page 96. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 09-2021

## **2<sup>nd</sup> day of training**

### **Recap of day 1**

Facilitator will

**Step 1:** Walk participants through each activity of the previous day and ask them to summarize important points of what they learned during day 1.

**Step 2:** Ask participants if they have any questions regarding the previous session.

**Step 3:** Give an overview to participants about today's session objectives and activities.

# Module 3

## Anxiety and Depression<sup>14</sup>

### Learning objectives

By the end of this module participants will be able to:

1. Understand the definition of anxiety
2. Demonstrate and recognize symptoms of anxiety
3. Recognize the common and core symptoms of depression
4. Demonstrate the key difference between anxiety and depression
5. Understand the causes of anxiety and depression

### Session's overview

No.	Session title	Duration (Min.)
1	Anxiety	60
2	Depression	120

### Key messages

- ❖ Anxiety and depression results from a combination of biological, psychological, and social factors which significantly impact on a person's ability to function in daily life.
- ❖ Anxiety and depression can be very distressing for people and can also be very serious.
- ❖ Patience, trust, and a good relationship with the person is essential to identify symptoms of anxiety or depression.

<sup>14</sup> Content in this module has been adapted from multiple sources. However, all information related to depression is from World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression Page 96. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 09-2021

## Session 1: Anxiety

### **Activity 1: What is anxiety-20 minutes**

*(Facilitator will start the session by reinforcing important points from the last session and give an overview of this session's activities)*

**Step 1:** Facilitator will involve participants by asking what anxiety is. Have they heard this term before? Or what is anxiety called in their local language?

**Step 2:** Facilitator will show the information given in box 3.1 and ask one participant to read it loudly.

#### **Box 3.1: Introduction to anxiety<sup>15</sup>**

### **Module 3: Anxiety and Depression**

#### **Introduction to anxiety**

- It is a common emotional state
- It can arise in response to encountering a problem at work, entering an unfamiliar setting or any other challenging situation.



The illustration shows two cartoon characters. On the left is a woman wearing a yellow headscarf and a purple patterned dress. Above her head is a thought bubble containing the word 'Tension'. On the right is a man wearing a white traditional garment. Above his head is a thought bubble containing the word 'Worry'. A faint watermark 'shutterstock' is visible behind the characters.

**Step 3:** Facilitator will explain to participants that anxiety has different psychological and physical symptoms by showing information in box 3.2.

<sup>15</sup> David Richards, Tim Bradshaw, Hilary Mairs. (2003). Helping People with Mental Illness-Module A. Available from: [https://www.who.int/mental\\_health/policy/en/Module%20A.pdf](https://www.who.int/mental_health/policy/en/Module%20A.pdf). Accessed on 11 December 2021

**Activity 2: Recognize symptoms of anxiety - 40 minutes**

Facilitator will

**Step 1:** Ask participants to reflect on the symptoms of anxiety they have learned. Write all these symptoms on the flipchart.

**Box 3.2: Symptoms of anxiety<sup>16</sup>**

 <b>Sweating</b>	 <b>Trouble with focus</b>	 <b>WEAKNESS /FATIGUE</b>	 <b>Nausea and stomach pain</b>
 <b>Trembling</b>	 <b>Increased heart rate</b>	 <b>Restless</b>	 <b>Panic</b>
<b>Symptoms lasts for at least 6 months and causing disruption in work, social or family life</b>			

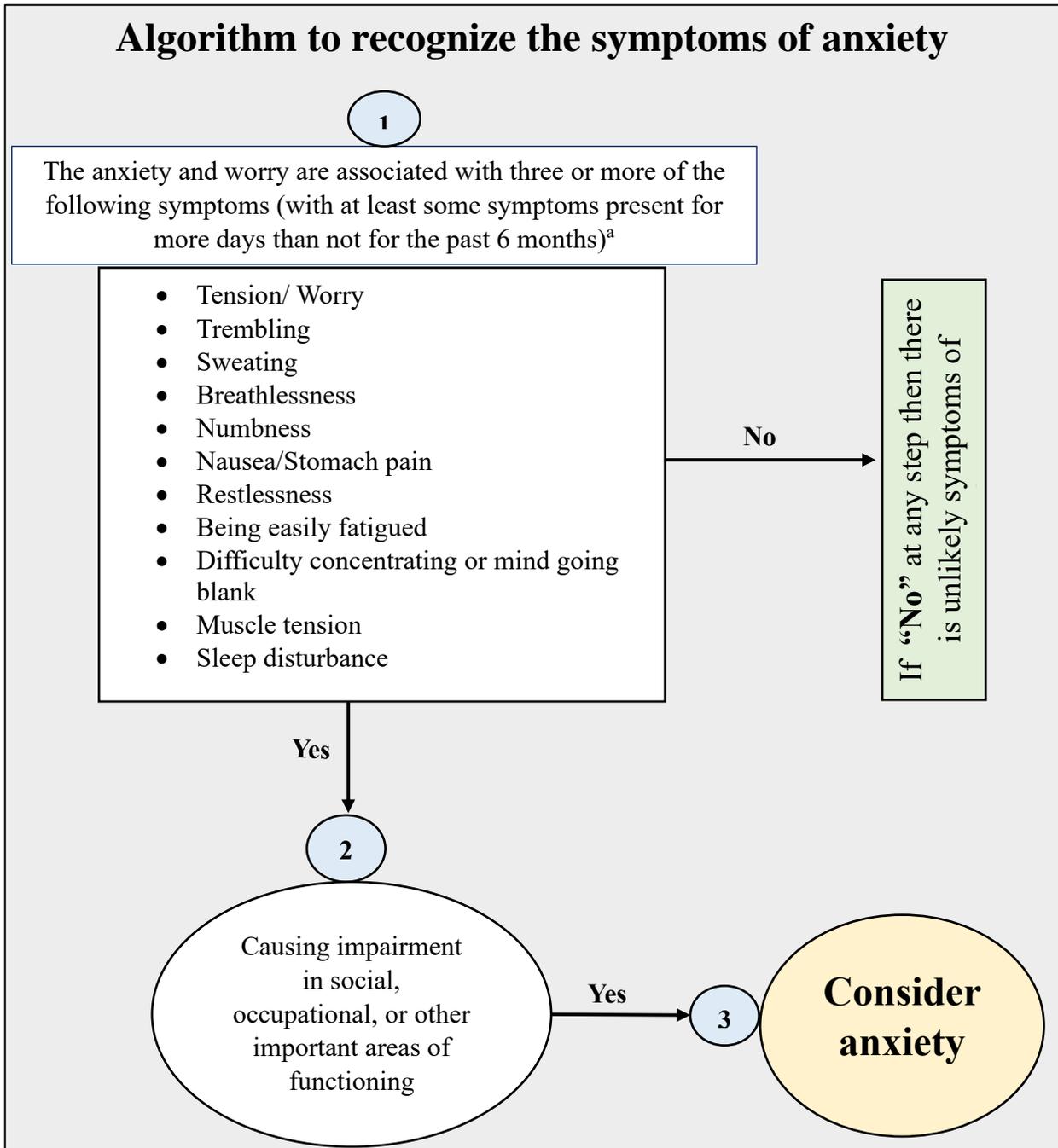
**Step 2:** Ask participants to share their experiences if they know any person from their community suffering from these symptoms.

**Step 3:** Move to the information in following box 3.3 and explain about using an algorithm to

<sup>16</sup> David Richards, Tim Bradshaw, Hilary Mairs. (2003). Helping People with Mental Illness-Module A. Available from: [https://www.who.int/mental\\_health/policy/en/Module%20A.pdf](https://www.who.int/mental_health/policy/en/Module%20A.pdf). Accessed on 11 December 2021

recognize the symptoms of anxiety.

**Box 3.3: Algorithm to recognize the symptoms of anxiety<sup>17</sup>**



<sup>17</sup> David Richards, Tim Bradshaw, Hilary Mairs (2003). Helping People with Mental Illness-Module A. page 10 Available from: [https://www.who.int/mental\\_health/policy/en/Module%20A.pdf](https://www.who.int/mental_health/policy/en/Module%20A.pdf). Accessed on 11 December 2021

<sup>a</sup> Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health [Internet]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t15/> Accessed on 11 December 2021

**Step 4:** Ask participants to reflect on their understanding of all steps mentioned in box 3.3. Give them time to understand it well if they need.

**Step 5:** Give 5 minutes break to participants before starting next session.

## Session 2: Depression

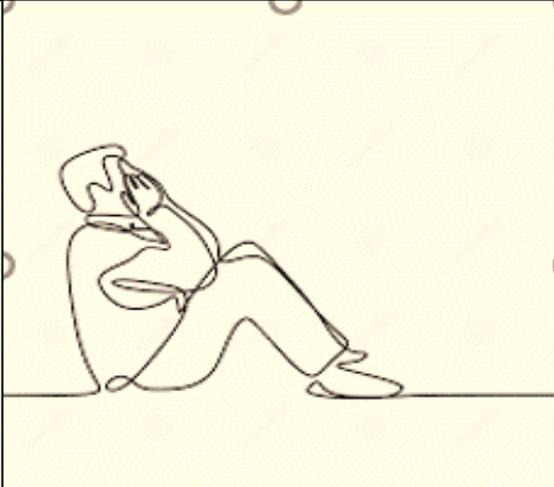
### Activity 1: What is depression- 20 minutes

Facilitator will

**Step 1:** Ask participants what depression is according to them. Get their views and write on flip chart.

**Step 2:** Show participants the information in following box 3.4.

#### *Box 3.4: Introduction to depression*<sup>18</sup>

<b>Module 3: Anxiety and Depression</b>	
<b><u>Introduction to depression</u></b>	
<p>Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.</p>	

**Step 3:** Explain participants that depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. Like anxiety, it can also lead to a variety of emotional and physical problems and can decrease your ability to function at work and home.

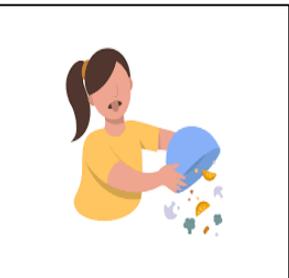
**Step 4:** Show the information in box 3.5 and explain common symptoms of depression to

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<sup>18</sup> American Psychiatry Association (2020). Available from: <https://www.psychiatry.org/patients-families/depression/what-is-depression> Accessed on 5 November 2022.

participants.

**Box 3.5: Common symptoms of depression<sup>19</sup>**

			
<b>Feeling sad</b>	<b>Suicidal thoughts</b>	<b>Body aches</b>	<b>Digestive problem</b>
			
<b>Trouble with focus</b>			
<b>Sleep problem</b>			
<b>Changes in weight and appetite</b>			
<p>Symptoms present from last two weeks and causing difficulties in carrying out routine activities at work, home life and withdrawal from friends or social activities</p>			

**Step 5:** After explaining the common symptoms of depression facilitator will explain

to participants the core symptoms of depression and will highlight that low mood is normal and transient; many people can experience low mood from time to time. Depression lasts longer and has a profound impact on a person's ability to function in everyday life.

<sup>19</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression Page 146,147. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 6 October 2021

**Box 3.6: Core symptoms of depression<sup>20</sup>**

<b>Module 3: Anxiety and Depression</b>	
<b><u>Core symptoms of depression</u></b>	
<ol style="list-style-type: none"><li>1. Persistent depressed mood</li><li>2. Markedly diminished interest in or pleasure from activities</li></ol>	<p>When identifying depression, it is important to consider</p> <ol style="list-style-type: none"><li>1. The duration of the symptoms.</li><li>2. The effect on daily functioning.</li></ol>

**Step 6:** Ask participants to reflect on the symptoms of depression they have learned. Write all these symptoms on flipchart.

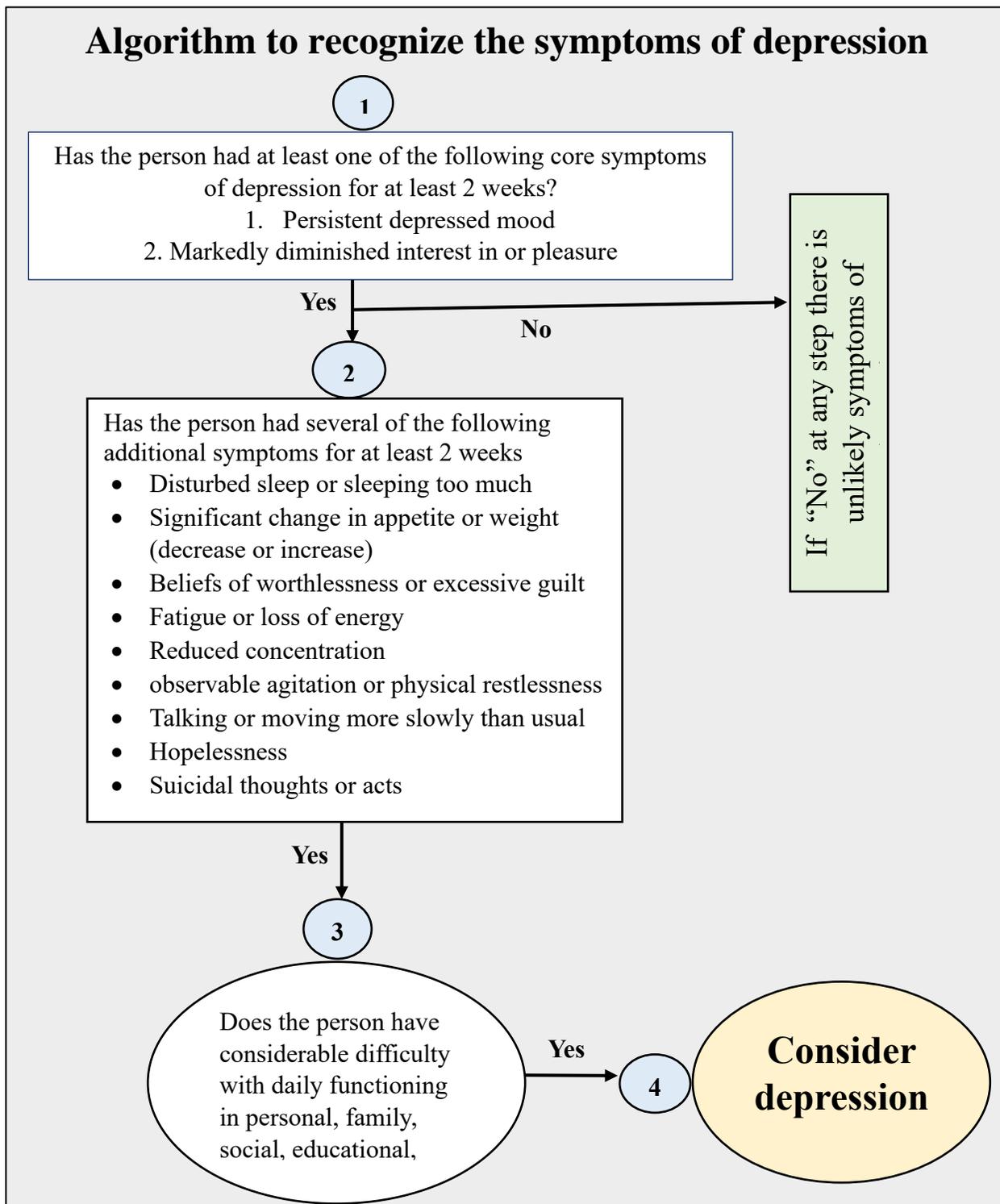
**Step 7:** Ask participants to share their experiences if they know any person from community suffering from these symptoms.

**Step 8:** After this facilitator will explain about using an algorithm (Box 3.7) to recognize the symptoms of depression.

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<sup>20</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression Page 146,147. Available from: <https://apps.who.int/iris/handle/10665/259161>. Accessed on 6 October 2021

Box 3.7: Algorithm to recognize the symptoms of depression<sup>21</sup>



<sup>21</sup> World Health Organization (2019). mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings Version 2.0. Depression Page 21,22 Available from: <https://www.who.int/publications/i/item/9789241549790>. Accessed on 11 March 2022.

**Step 9:** Ask participants to reflect on their understanding of all steps mentioned in box 3.7. Give them time to understand it well if they need.

**Activity 2: Difference between anxiety and depression- 20 minutes**

**Step 1:** Participants may get confused between the two conditions as some symptoms overlap therefore, facilitator will elaborate the main difference by displaying information in box 3.8.

**Box 3.8: Difference between symptoms of anxiety and depression<sup>22</sup>**

<b>Module 3: Anxiety and Depression</b>	
<b><u>Difference between anxiety and depression</u></b>	
<b>Anxiety symptoms</b> <ul style="list-style-type: none"><li>• Worry about the immediate or long-term future</li><li>• Have uncontrollable, racing thoughts</li><li>• Avoid situations that could cause anxiety</li><li>• Think about death, in the sense of fearing</li></ul>	<b>Depression symptoms</b> <ul style="list-style-type: none"><li>• Hopeless</li><li>• Worthless</li><li>• Guilt</li><li>• Think about death due to a persistent belief that life is not worth living</li></ul>

**Step 2:** Ask participants if they have any questions related to symptoms of anxiety or depression.

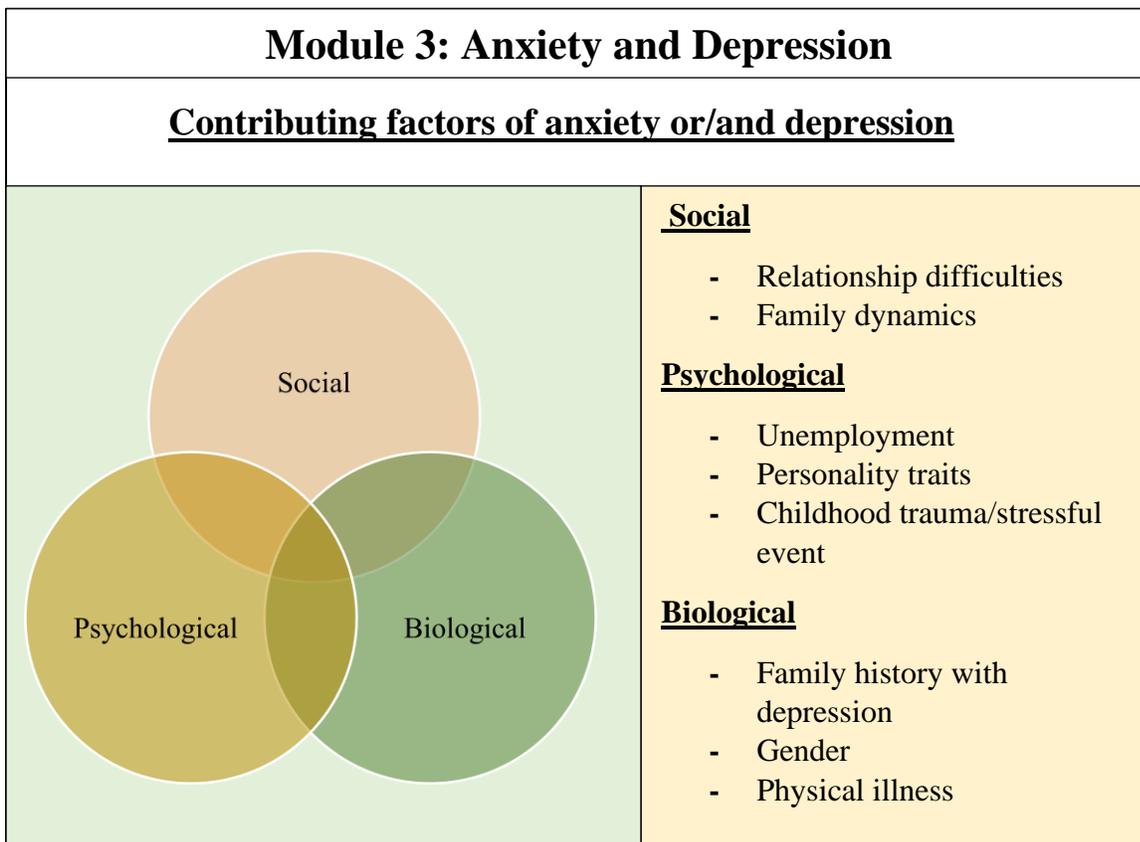
<sup>22</sup> Deborah R. Glasofer (2020). Anxiety vs. Depression Symptoms and Treatment. Available from: <https://www.verywellmind.com/am-i-anxious-4045683> Accessed on 18 September 2021

**Activity 3: Causes of anxiety and depression- 20 minutes**

**Step 1:** Facilitator will ask participants what the causes of anxiety and depression are, write their answers on the flipchart.

**Step 2:** After listening to participants’ responses facilitator will elaborate the causes of anxiety and depression by showing below information (Box 3.9) to participants.

**Box 3.9: Contributing factors of anxiety and depression<sup>23</sup>**



<sup>23</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression, Page 147. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 6 October 2021

#### **Activity 4: Story of a person from community- 30 minutes**

Facilitator will

**Step 1:** Introduce the activity and ensure participants have access to pens and paper. Ask

participants to note down the symptoms, causes, and effects of poor mental health they will hear in video.

**Step 2:** Play a video and ensure participants' engagement.

(Video link: Depression and Anxiety Awareness video - Urdu - YouTube)

**Step 3:** After watching video facilitator will ask participants to share their first thought on video.

**Note:** *Give participants time to share their immediate thoughts on what they have heard. Encourage them to reflect on what it may feel like to live with depression and how depression impacts a person's life.*

**Step 4:** Highlight the two core symptoms of depression and organize a brief group discussion

(maximum ten minutes) about local terms and descriptions used to describe depression. Gather a consensus about how people with symptoms of depression are treated and perceived by the local community.

**Step 5:** Using the reference of video, facilitator will stress that “*depression has a significant*

*impact on the person's ability to function in daily life. In many cases, depression can reduce a person's ability to carry out daily tasks such as cooking, cleaning, washing etc. Those with depression may struggle with getting out of bed and/or engaging in any activities of daily living. If a person is experiencing persistent low mood but continues to function in their everyday life then they have symptoms not amounting to depression, other significant mental health complaint”.*

**Step 6:** Provide the information in box 3.10 and inform participants that “*many people think*

*common mental illnesses like anxiety and depression are not important. This is not the case. Anxiety and depression can be very distressing for people and can also be very serious.”*

**Box 3.10: Myths and realities about anxiety and depression<sup>24</sup>**

<b>Module 3: Anxiety and Depression</b>
<ul style="list-style-type: none"><li>• Anxiety and depression does not mean weakness</li><li>• Does not mean personality problems</li><li>• Severe anxiety and depression does mean an illness which requires treatment.</li><li>• Depression can be triggered by bereavement, physical illness, financial problems, childbirth, and many other factors.</li></ul>

**Activity 5: Recognize symptoms of anxiety or depression- 30 minutes**

Facilitator will

**Step 1:** Engage participants in role-play activities by assigning them the role of an LHW/LHS and a community participant with symptoms of anxiety or depression.

**Step 2:** Observe the participants and provide feedback.

**Step 3:** Conclude day 2 of the workshop by summarizing important points.

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<sup>24</sup> David Richards, Tim Bradshaw, Hilary Mairs (2003). Helping People with Mental Illness-Module A. Page 11. Available from: [https://www.who.int/mental\\_health/policy/en/Module%20A.pdf](https://www.who.int/mental_health/policy/en/Module%20A.pdf). Accessed on 11 December 2021

## **3<sup>rd</sup> day of training**

### **Recap of day 2**

Facilitator will

**Step 1:** Walk participants through each activity of the previous day and ask them to summarize

important points of what they learned during day 2.

**Step 2:** Ask participants if they have any questions regarding the previous session.

**Step 3:** Give an overview to participants about today's session objectives and activities.

# Module 4<sup>25</sup>

## Counselling strategies

### Learning objectives

By the end of this module participants will be able to:

1. Understand different ways to decrease the symptoms of anxiety or/and depression.
2. Provide counselling to a person with symptoms of anxiety or/and depression.
3. Recognize signs of common mental health conditions that require referral to a mental health specialist and make appropriate referral.
4. Have submitted post-test to assess the difference in their mental health-related knowledge and skills before and after the training.

### Session's overview

No.	Session title	Duration (Min.)
1	Mental health counselling strategies	90
2	Referral for specialized mental health services	30
3	Post-test	60

### Key messages

Effective communication skills for LHSs/LHWs are key to provide mental health counselling to a person suffering from symptoms of anxiety or depression including:

- ❖ Psychoeducation for the person and their carer/family.
- ❖ Strategies to reduce stress and strengthen social support.
- ❖ Promoting functioning in daily activities and community life.

<sup>25</sup> In this module three management interventions have been adapted from World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression, session 3. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021. Psychosocial interventions will be referred as counselling strategies in this manual.

## Session 1: Mental health counselling strategies

### **Activity 1: Learn about different mental health counselling strategies - 60 minutes**

*(Facilitator will start the session by reinforcing important points from the last two sessions and give an overview of today's session activities)*

Facilitator will

**Step 1:** Inform participants that in this module we will discuss about basic mental health

counselling strategies that LHSs/LHWs could provide to the people with poor mental health in their community. *“Inform them there are different ways to manage the symptoms of anxiety and depression. It depends on the severity of the condition; however mild symptoms of anxiety or depression can be improved by counselling.”*

**Step 2:** Explain the content in box 4.1 to participants.

#### ***Box 4.1: Description of mental health counselling<sup>26</sup>***

<b>Module 4: Mental health counselling strategies</b>	
<b><u>Mental health counselling</u></b>	
<p>Mental health counselling is a service provided by a skilled professional counsellor to an individual, family, or group for the purpose of improving well-being, alleviating distress, and enhancing coping skills.</p>	

<sup>26</sup> Healthy Start Standards & Guidelines (2009). Chapter 9: Healthy Start Services Psychosocial Counselling. Page 136 Available from: [https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/\\_documents/hssg-chapter%20-9-revised-2010.pdf](https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/hssg-chapter%20-9-revised-2010.pdf). Accessed on 20 December 2021

**Step 3:** After explaining mental health counselling, facilitator will brief participants about different mental health counselling strategies, mentioned in box 4.2.

**Box 4.2: Mental health counselling strategies<sup>27</sup>**

<b>Module 4: Mental health counselling strategies</b>
<b><u>Mental health counselling strategies</u></b>
<p>1. <b><i>Psychoeducation</i></b></p> <p>Provide information about anxiety or depression to the person and/or family.</p> <p>2. <b><i>Reduce stress and strengthen social supports</i></b></p> <p>Offer strategies to address current psychosocial stressors to a person with compromised mental health. This can include linking people with different social organizations e.g., any NGO working to improve mental health or offer activities that engage a person.</p> <p>3. <b><i>Promote functioning in daily activities</i></b></p> <p>Offer strategies to help a person resume daily activities and chores.</p>

**Step 4:** Explain each strategy in detail, starting from psychoeducation (Box 4.3).

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<sup>27</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression, Page 161,162. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

**Box 4.3: Psychoeducation-mental health counselling strategies<sup>28</sup>**

<b>Module 4: Mental health counselling strategies</b>	
<b><u>Mental health counselling</u></b>	
<b>Psychoeducation</b>	<p>Psychoeducation means LHSs/LHWs will explain the community participant about following:</p> <ul style="list-style-type: none"><li>• What anxiety or depression is, and its expected course and outcome?</li><li>• Anxiety or depression is very common, and it does not mean that the person is lazy or weak.</li><li>• Other people may not understand depression because they cannot see it and they may say negative things to you (e.g., under effect of witchcraft).</li><li>• People with anxiety or depression often have negative thoughts about their life and their future, but these are likely to improve once they receive counselling.</li><li>• If a person needs specialist mental health services explain him/her the reason why this would be done and how it might be helpful for person.</li></ul>

**Step 5:** Ask participants to explain the main points of this box in their own words. After making sure that they understood the crux of psychoeducation, facilitator will move to 2<sup>nd</sup> mental health counselling strategy (Box 4.4).

<sup>28</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression, Page 162. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

**Box 4.4: Reducing stress and strengthening social supports-mental health counselling strategies<sup>29</sup>**

<b>Module 4: Mental health counselling strategies</b>	
<b><u>Mental health counselling</u></b>	
<b>Reducing stress and strengthening social supports</b>	<p>LHSs/LHWs could help community participants to reduce their stress by explaining benefits of following activities:</p> <ul style="list-style-type: none"> <li>• Activities e.g. cooking, sewing, gardening etc. that used to be fun for community participant can help to recover from anxiety or depression.</li> <li>• Problem-solving techniques- prioritize your tasks, write down possible solutions of your problems, choose feasible one and start chasing it.</li> <li>• Relaxation activities, such as watching TV, listening to music, reading story book, praying etc.</li> <li>• Seeking support from friends/family members is effective in reducing stress.</li> <li>• LHSs/LHWs should use religion- (e.g. have trust on Allah), inspiring phrases (e.g. hope for the best) during counselling that give community participants strength.</li> </ul>

**Step 6:** Explain further that when people have symptoms of anxiety or depression they often stop doing things that make them feel good. LHSs/LHWs should encourage them to resume activities that used to be enjoyable. Facilitator will ask participants to share examples of activities that are enjoyable for them e.g., *cooking, sewing and decorating home* etc.

**Step 7:** Explain about last mental health counselling strategy given in this manual (Box 4.5)

<sup>29</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression, Page 161,162. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

**Box 4.5: Promoting functioning in daily activities-mental health counselling strategies<sup>30</sup>**

<b>Module 4: Mental health counselling strategies</b>	
<b><u>Mental health counselling</u></b>	
<b>Promoting functioning in daily activities</b>	<p>LHSs/LHWs could help community participants to reduce their anxiety and stress symptoms by:</p> <ul style="list-style-type: none"><li>• Discussing activities and tasks that the person could do to give them a routine and structure their day.</li><li>• Explain community participant that although it may be difficult to get back to the activities the person enjoys, it is important to slowly start to engage in themselves again.</li><li>• Discuss with the person and their family members activities that they used to enjoy and how to re-engage with them.</li><li>• Encourage community participant<ul style="list-style-type: none"><li>- to spend time with trusted friends and family members</li><li>- try to participate in community and other social activities such as religious gathering</li><li>- to exercise regularly even walking could help in reduce the symptoms of anxiety or depression.</li></ul></li></ul>

**Step 8:** After explaining this, facilitator will ask participants to share what they understood from this content.

<sup>30</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression Page 161,162. Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

## **Activity 2: Practice mental health counselling – 30 minutes**

**Step 1:** Facilitator will divide participants into 4 groups (3 participants in each group):

Groups 1 and 2 have to provide counselling (Psychoeducation, social support, and promoting functioning in daily activities) to a community member having symptoms of anxiety.

Groups 3 and 4 have to provide counselling (psychoeducation, social support and promoting functioning in daily activities) to a community member having symptoms of depression.

In each group, one participant will enact as LHW/LHS, other as a community participant, and the third one will take the role of an observer.

**Step 2:** Facilitator will provide feedback to participants after each roleplay and reverse the role and keep it continue till time allow.

**Step 3:** For further reading, facilitator will refer participants to mhGAP-IV 2.

## Session 2: Referral to a mental health specialist

### **Activity 1: Identification of signs for referral to mental health specialist-20 minutes**

**Step 1:** Facilitator will emphasize that LHSs/LHWs should be familiar with the signs of poor mental health (Box 4.6) that needs consultation from a mental health specialist.

*Box 4.6: Signs that require referral to a mental health specialist<sup>31</sup>*

<b>Module 4: Mental health counselling strategies</b>
<b><u>Referral to a mental health specialist</u></b>
If a person with depression shows any signs of <ol style="list-style-type: none"><li>1. Hallucinations and delusions</li><li>2. Suicidal act/ ideas to commit suicide</li><li>3. Self-harm</li></ol>

**Step 2:** To engage participants, facilitator will ask them to share their experiences if they know any person from their community exhibited these signs.

### **Activity 2: Identify available mental health specialist - 10 minutes**

**Step 1:** Facilitator will ask participants where they should consider referring a person to a mental health specialist? It is useful if facilitator asks participants to identify relevant specialists and hospitals in their area. Wait to hear a few answers from participants.

**Step 2:** Facilitator will inform participants about available mental health services in their area.

<sup>31</sup> World Health Organization (2017). mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (for field testing) Module: Depression, Page 163 Available from: <https://apps.who.int/iris/handle/10665/259161> Accessed on 09-2021

**Box 4.7: Identify available mental health specialists/services in Sindh**

<b>Module 4: Mental health counselling strategies</b>	
<b><u>Referral for specialized mental health</u></b>	
<p><b>Where to refer a person for specialized mental health services</b></p> 	<p>Facilitator will mention the name of available mental health specialized services. E.g. in Hyderabad there is Cowasjee Institute of Psychiatry.</p>

**Step 3:** Facilitator will conclude the session and thanks participants for their participation in the training and start conducting post-test.

## Session 3: Post-test

### **Activity 1: Knowledge assessment - 30 minutes**

Facilitator or co-facilitator will:

**Step 1:** Distribute a ‘knowledge assessment questionnaire’ among participants (Appendix A).

**Step 2:** Explain to them how to fill this questionnaire and the time duration, write it on flip chart also.

**Step 3:** Instruct them to raise their hand if they have any ambiguity.

**Step 4:** Confirm all participants have filled their demographic information correctly.

**Step 5:** After completion collect all the questionnaires from participants and keep them at a secure place.

### **Activity 2: Skill assessment – 30 minutes**

Facilitator or co-facilitator will:

**Step 1:** Provide hard copies of the ‘competency assessment form’ to participants (Appendix B).

**Step 2:** Explain them how to fill competency assessment form and time duration, write it on flip chart also.

**Step 3:** Make sure all participants understand it well and have filled their demographic information correctly.

**Step 4:** Facilitator and co-facilitator will do the roleplay (instructions for roleplay have been provided in “Scenarios to evaluate LHSs/LHWs skills”- Appendix C).

**Step 5:** After completion, collect competency sheets from participants and keep them at a secure place.

**Step 6:** Thanks participants for their engagement in the training. Get participants’ feedback on the form given in Appendix E.

# Appendices

## Appendix A: Knowledge assessment questionnaire

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mPareshan: A community-based implementation research to reduce symptoms of anxiety and depression through a mHealth application delivered by frontline workers

### LHS/LHW's Knowledge Assessment Questionnaire

#### COVER SHEET

Serial No	
Test type (Please encircle one)	i) pre-test ii) post-test
Time duration	30 minutes
Name of participant	
Date	
Designation (Please encircle one)	i) LHS ii) LHW

#### Instructions:

- This test will last for 30 minutes.
- Respondents are required to read the questions carefully and encircle the letter of correct answer.

<p>1. Which of the given statements best describes mental health?  (Select one answer)</p>	<p>a) It is a sense of feeling good about self b) It is a vital part of a person's overall health c) It includes maintaining supportive relationships d) It includes all the above</p>
<p>2. How many people in Badin might be suffering from mental health problems? (Select one answer)</p>	<p>a) Most of the people are suffering from mental health problems in Badin b) Only some people are suffering from mental health problems in Badin c) There is hardly anyone who suffers from mental health problems in Badin d) No one suffers from mental health problems in Badin</p>
<p>3. What is the most effective way of communicating with a person having poor mental health? (Choose the best answer)</p>	<p>a) Speaking to the effected person only and not to their family members b) Starting the conversation by listening carefully to the person c) Using an open space for safety d) Not making eye contact frequently with the person</p>
<p>4. Which of the following promotes respect and dignity of people with poor mental health? (Choose the best answer)</p>	<p>a) Make decisions on behalf of the person with poor mental health, with their best interests in mind b) Use correct medical terminology to explain the situation if it is complicated c) Ensure privacy while communicating with the person having poor mental health d) While planning counselling sessions, give priority to family's consent over the person's consent</p>

5. What is the most common symptom of anxiety? (Choose the best answer)	<ul style="list-style-type: none"> <li>a) Fear of losing control or going crazy</li> <li>b) Suicidal thoughts</li> <li>c) Excessive sleeping</li> <li>d) Indigestion</li> </ul>
6. Ayesha seems generally happy when she is at home. However, when she is asked to go out for any reason, she goes pale, starts shaking, and gives several reasons as to why she cannot go out (for e.g., saying that “her heart isn’t working properly”). She says she must stay at home and goes to lie down with her newborn baby. About half hour later, she will get up and once again seem okay. If someone asks her to go out again, she will start behaving the same way.	
Which condition is Ayesha most likely suffering from? (Select one)	
<ul style="list-style-type: none"> <li>a) Depression</li> <li>b) Anxiety</li> <li>c) Worry</li> <li>d) Fear</li> </ul>	
7. Which of the following is a core symptom of depression? (Choose the best answer)	<ul style="list-style-type: none"> <li>a) An attempt to harm oneself</li> <li>b) An attempt to harm others</li> <li>c) Persistent low mood</li> <li>d) None of the above</li> </ul>
8. Which of the following group of symptoms best fit with an episode of depression? (Choose only one answer)	<ul style="list-style-type: none"> <li>a) Marked behavior change, agitated or aggressive behavior, fixed false beliefs</li> <li>b) A decline in memory, poor orientation, loss of emotional control</li> <li>c) Lack of attention, over-active, aggressive behavior</li> <li>d) Low energy, sleep problems, and loss of interest in usual activities</li> </ul>
9. Which of the following is the best psychosocial intervention for someone with poor mental health?	<ul style="list-style-type: none"> <li>a) Telling them to reduce their physical activity as much as possible</li> <li>b) Telling them to participate in social activities as much as possible</li> </ul>

	<ul style="list-style-type: none"> <li>c) Telling them to try and sleep as much as possible.</li> <li>d) Telling them to be as strong as possible.</li> </ul>
<p><u>Read the scenario given below and answer question 10 and 11.</u>  Misbah, a 30-year-old lady, lives in your catchment area. One day she visits you and tells you that it has been 4 years since she has been married but has not conceived yet. All her medical tests are clear and indicate no disease that prevents her from conceiving. Her mother-in-law accuses her of deliberately not conceiving. Misbah says that she is very sad about her mother-in-law's attitude. She cries most of the time and has lost interest in household activities. Sometimes she feels like taking her own life because she thinks her life is purposeless.</p>	
10. How will you help Misbah?	<ul style="list-style-type: none"> <li>a) Provide her counselling for her mental health condition</li> <li>b) Refer her to a mental health specialist.</li> <li>c) Encourage her to take part in household activities.</li> <li>d) You will talk to her mother-in-law to strengthen social support.</li> </ul>
11. What specific danger sign causes concern for Misbah's mental health?	<ul style="list-style-type: none"> <li>a) Loss of interest in activities</li> <li>b) Suicidal thoughts</li> <li>c) Crying all the time</li> <li>d) Not being able to conceive</li> </ul>

**Answers:**

1-d, 2-a, 3-b, 4-c, 5-a, 6-b, 7-c, 8-d, 9-b, 10-b, 11-b

## Appendix B: Competency assessment form

mPareshan: A community-based implementation research to reduce symptoms of anxiety and depression through a mHealth application delivered by frontline workers

### Competency assessment form for LHS/LHW to evaluate the roleplay

#### COVER SHEET

Serial No:	
Test type (Please encircle one)	a. pre-test b. post-test
Time duration:	30 minutes
Name of participant:	
Date:	
Designation (Please encircle one)	a) LHS b) LHW
Duration of role play 1	15 minutes
Duration of role play 2	15 minutes

#### Instructions for participants:

- You will be shown two role plays that will depict scenarios of LHW providing lay counselling to an individual suffering from poor mental health.
- Please observe the roleplay and record your observations in the competency assessment sheet that will be provided to you by the facilitator.

To be filled by the participants during role-play demonstration		
Competencies	Not performed by LHW	Performed by LHW
<b>Use of effective communication skills</b>		
1. Involved the person in all aspects of identification and counselling for anxiety or depression.		
2. Actively listened to the person with poor mental health.		
3. Was friendly, respectful, and non-judgmental at all times in interactions with a person with poor mental health.		
4. Used good verbal communication skills in interactions with a person with poor mental health.		

5. Responded with sensitivity when people with poor mental health disclosed difficult experiences.		
6. Protected the confidentiality and consent of people with poor mental health.		
<b>Provide psychosocial interventions (counselling)</b>		
7. Performed psychoeducation.		
8. a) Addressed psychosocial stressors to reduce stress as appropriate for the person with poor mental health b) Addressed psychosocial stressors to strengthen social support as appropriate for the person with poor mental health		
9. Promoted functioning in daily activities, as appropriate for the person with anxiety or depression.		
<b>Refer to specialists and link with outside healthcare services</b>		
10. Knew when to refer to a specialist as appropriate and available.		

To be filled by the facilitator as scoring for each participant

	Segment score	Score obtained
1. Use of effective communication skills	6	
2. Provide psychosocial interventions (counselling)	3	
3. Refer to specialists and link with outside healthcare services.	1	
Total score	10	

Participant showed good understanding of these segments:	<ol style="list-style-type: none"> <li>1. Use of effective communication skills</li> <li>2. Provide psychosocial interventions (counselling)</li> <li>3. Refer to specialists and link with outside healthcare services</li> </ol>
Participant lacked understanding of these segments:	<ol style="list-style-type: none"> <li>1. Use of effective communication skills</li> <li>2. Provide psychosocial interventions (counselling)</li> <li>3. Refer to specialists and link with outside healthcare services</li> </ol>

## Appendix C: Scenarios to evaluate LHSs/LHWs skills

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### Scenarios to evaluate LHS/LHW's communication and counselling skills

The facilitator will be using the following scenarios to evaluate the skills of LHS/LHW.

Date: \_\_\_\_\_

Name of facilitator: \_\_\_\_\_

Name of co-facilitator/Volunteer: \_\_\_\_\_

#### **Roleplay 1**

##### **Characters:**

- Facilitator will play the role of LHW (named as Huma)
- Co-facilitator will play the role of a community participant experiencing symptoms of anxiety and/or depression (Named as Nazia)

**Situation:** Individual from the community suffering from poor mental health

- Nazia is a 36 year old lady.
- She describes herself as always being worried since the past 12 months as her youngest, 3 years old son started suffering from diarrhea and lost weight.
- She wants to provide good food for her son, but her husband's income is not enough to support the growing family.
- Nazia feels tense all the time, and constantly worries about everything.
- She no longer feels that she has control over her life and her thoughts.
- She feels pain in her shoulders, stomach, and legs, and her heart races. Sometimes, she finds it difficult to breathe.
- The quality of her sleep is poor as she has difficulty falling asleep due to over thinking and bad dreams.
- She feels tired and irritated at most times.

##### **Detailed script**

**Facilitator (enacting Huma):** Assalamolaikum Nazia! How have you been doing lately?  
(Assuming Nazia and LHW are aware of each other as the LHW visits her home every month)

**Co-facilitator (enacting Nazia):** Walekumasalam Huma! I always feel very tired.

**Huma:** (listens to her actively to understand what is happening to her, using positive body language and friendly behavior throughout the conversation)

Since when have you been feeling this way, Nazia?

**Nazia:** I have always been worried, but my situation has become much worse over the past 12 months since my youngest son fell sick.

**Huma:** What happened to your son?

**Nazia:** He has had several episodes of diarrhea and he is losing weight. I want to feed him healthy food, but our family income is not enough.

**Huma:** (*Empathetic tone*) Nazia, it sounds as if you are having a hard time. It is good that you mentioned this issue to me. I can help you if we discuss the situation.

Can you tell me more about the other thoughts that bother you?

**Nazia:** I am constantly worried about everything and cannot control these thoughts. I also feel tightness in my shoulders, stomach, and legs. My heart beats faster and sometimes I find it difficult to breathe.

**Huma:** I understand your situation and I believe you (*responds with sensitivity*). You will be fine. Do you sleep well?

**Nazia:** No, my sleep is very poor. I am unable to sleep, as when I close my eyes, I start thinking about all the bad things happening in my life and I start worrying about them. If I do fall asleep for a while, I wake up frightened after having a bad dream.

**Huma:** How do you spend your time at home? Which activities do you enjoy most?

**Nazia:** I do not enjoy anything. Everything seems a burden on me. Even small things irritate me.

**Huma:** If you allow me (*taking consent*) I can tell you an easy way to overcome your stress. You must prioritize your health and should take care of yourself. Let me familiarize you with a breathing exercise which will help you relax.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X

## Roleplay 2

### Characters:

- Facilitator will play the role of LHW (Named as Huma)
- Co-facilitator will play the role of a community participant experiencing symptoms of anxiety and/or depression (Named as Raza)

### Situation: Confirmed case of depression

- Raza is a 40-year-old man.
- He used to run a local grocery store and had to shut it down 06 months ago.
- His wife has been unwell. She is anemic and does not seem to be recovering.
- He always feels worried about his wife's deteriorating health and is unable to afford a good diet and medicines for her.
- He is unable to sleep and has lost his appetite.

- As his mood deteriorated, he started to always feel sad, and his personality became dull. He used to be a very cheerful person.
- He became irritable and stopped going to his shop on time. Within weeks, he had damaged his reputation with local villagers resulting in closing his shop.
- He socially isolated himself, stopped spending time with friends and family as he felt embarrassed and ashamed about how his life has changed.
- He blames himself for everything that has happened in his life.
- He sought help one week ago when the thought of taking his own life occurred to him.

### **Detailed script**

(When Huma comes to the Raza HH for her monthly visit, Raza's wife tells Huma that last week he visited a tertiary care hospital in Karachi, where he was told that he is suffering from depression. His wife asks Huma to help Raza in this regard)

- **Huma:** This is a common mental illness; it is not your fault, and I am happy that you tried to seek help. It can be improved with small efforts.  
Can you please tell me the reasons that upset you?
- **Raza:** Deteriorating health of my wife makes me upset, she is anemic, and I do not have money to buy healthy food and medicine for her. I feel sad all the time, and this has affected my work performance. I was unable to go to my shop regularly, and I lost the only source of income I had.
- **Huma:** Can you tell me more about the other thoughts that bother you?
- **Raza:** I am irritable and cannot eat and sleep well anymore. I cannot even face my relatives.
- **Huma:** Sad to hear, can you tell me about activities that you used to enjoy doing previously? (*Huma starts taking notes*)
- **Raza:** I used to sit outside my shop with my friends, every day after Isha prayers. I used to be very cheerful and talkative. But now I avoid everyone and feel ashamed of my condition.
- **Huma:** Raza, everyone faces problems as they are a part of life. You cannot let them spoil your life. I would suggest that you start re-opening your shop for a few hours every day. Spend time with friends and play with your son like you used to. This will make you feel good about yourself.
- **Raza:** Let me tell you that last week I got so upset that I thought of hanging myself to the fan to take my own life.
- **Huma:** I would advise you to visit a mental health specialist who can take better care of your current mental state. You can go to Dr. XYZ at ABC facility.

## Appendix D: Tips for effective Communication

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### Effective Communication Skills

#### Communication tip #1

Create an environment that facilitates open communication.

The health care provider should create a private and safe environment for conducting an assessment.

Start by explaining:

- That you will be making brief notes during the consultation, so that you do not miss something important.
- That you will refer to your (mhGAP-IG) guide (on your table/phone or a master chart on your wall) to check important points.
- How much time you will spend doing the consultation/examination.
- That you would like to see the patient alone first (with a chaperone where needed) for an assessment and will then invite the family member for further discussion.

Then close the door to ensure privacy and reassure the patient that the consultation is confidential.

#### Communication tip #2

##### Involve the person

The health care provider should involve the patient in every step of the assessment and management of the condition. They should aim to work together with the patient to establish common treatment goals.

To see a health care provider for emotional/psychological difficulties may be seen as stigmatizing or admitting to a weakness. So, patients may find it difficult to get involved in the intervention as a whole or in parts of it. Some patients may come with expectations that the health care provider will fix their problems. It is important to address the patient's expectations and educate them about the role of the health care provider.

Following are some examples of questions that can be used throughout the assessment to actively engage the person, rather than giving a lecture.

- What do you already know about your condition?
- What questions do you have?
- What problems are affecting you the most?
- Would you like to work with me to explore possible solutions for your problems?

#### Communication tip #3

##### Start by listening

The health care provider should:

- Be focused on the interview/assessment.
- Avoid distractions (e.g. using a phone, doing other things or talking to other people).
- Listen carefully.
- Use non-verbal gestures to indicate that they are listening (e.g. “uh-huh”, “OK”, “I see” and “hmm”).
- Be empathic by conveying that they understand the person's feelings.

Some examples are:

- That sounds like a very challenging experience.
- I understand how painful this has been for you.
- You have experienced many stresses in life.
- You have been through a very difficult time.
- I can see why you are so sad/frightened, etc.

#### Communication tip #4

Be friendly, respectful, and non-judgmental at all times.

The health care provider should be aware of their own bias towards people with mental health conditions and make active efforts not to judge them for any limitations.

#### Communication Tip #5

##### Use good verbal communication skills

##### Open-ended questions

These questions invite patients to start a discussion and let them tell about their experience in their own words. The noticeable aspect of open-ended questions is that they are short and suggest no anticipated reply.

Some examples are:

- How are you feeling?
- How did you travel here?
- What do you like to do?
- Tell me about yourself.
- Can you describe your problems?

### **Closed-ended questions**

Once the person had an opportunity to describe their problems, a list of closed-ended questions can help to check a list of symptoms. The closed-ended questions have may have “Yes” or “No” answers, which may not describe fully what the patient wants to say.

Some examples are:

- Are you feeling sad?
- Did you come here by bus?
- Do you enjoy your work?
- Do you sleep well?

The skill of taking an accurate history in a given time lies in the balance between “closed” and “open” questions.

### **Communication tip #6**

#### **Respond with sensitivity**

when people disclose difficult experiences (e.g. sexual assault, violence or self-harm)

The health care provider needs to be extremely sensitive when asking these questions. The confidentiality of disclosed information is essential. It is very important to remain gentle and respectful during an assessment.

To help a person feel comfortable talking about difficult or embarrassing topics, always acknowledge the difficulty and thank them for being trusting.

For example:

- Thank you for sharing this experience with me.
- I understand how difficult it must be for you.
- This is something that does happen to other people and/or children, and it is not their fault that it happens.
- I will not tell anyone about this without your consent.

## Appendix E: Participants feedback form

### Instructions:

Please respond to the statements from 1 to 5 by checking the option you think was closest to how you feel about the statement.

Last two question require your personal feedback.

No	Statement	Response				
		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1	The training workshop met its objectives					
2	There was an increase in my knowledge and skills to identify symptoms of anxiety and depression.					
3	I am confident to provide counselling for symptoms of anxiety and depression.					
4	The workshop was well organized.					
5	Facilitator delivered all sessions in effective way.					
6	Two things that you liked about the workshop.					
7	Two things that you disliked about the workshop.					

## TRAINER NOTES

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AKU mPareshan team meeting with Minister of Health & Population Welfare, Sindh

Participants from L-R: **Dr. Suhail Chanar**- Senior Research Coordinator, **Amjad Mirani**-Consultant, **Dr. Azra Fazal Pechuho**- Minister of Health & Population Welfare, Sindh, **Dr. Fauziah Rabbani**- Principal investigator project mPareshan & The Noordin M. Thobani Professor Public Health, **Samina Akhtar**-Senior Research Coordinator, Project mPareshan, Department of Community Health Sciences, Aga Khan University, Karachi.





Certificate Distribution ceremony for LHSs and LHWs in Badin on completing the first ever training on mental health: credits to mPareshan training manual adapted from WHO mhGAP IG