



South Africa - HIV

ATTC

Addiction Technology Transfer Center Network
Funded by the President's Emergency Plan for AIDS Relief through
the Substance Abuse and Mental Health Services Administration

Basic Mental Health and Practitioner Self-Care Resource and Training Manual

**Facilitator's Guide
2020**



Name _____

Date _____

Venue _____

Authorship

The manual has been developed by the UCT-based South Africa HIV Addiction Technology Transfer Centre (ATTC).

History and background to this training

The original manual was developed as part of a PhD by Dr Goodman Sibeko, in partnership with the Western Cape Department of Health. The PowerPoint driven training programme was developed and piloted in 2 sites in the Western Cape for CHWs in line with the UNESCO guidelines; the WHO Mental Health Gap Action Programme and the South African National framework for CHW training. The desire and intent to bridge the treatment gap and provide a practical and relevant training programme to ensure task-sharing that is widely valued and supported.

The results of the initial pilot demonstrated significant improvement in knowledge, which was sustained at 3-months. There was also significant improvement in confidence, along with positive changes in attitude, indicating improved benevolence, reduced social restrictiveness, and increased tolerance to rehabilitation of the mentally ill in the community.

Although the training was deemed acceptable and feasible it was decided to manualise the training and provide a participant manual as well as a facilitator guide to standardise the programme in preparation for scale-up as an intervention in mental health services. The programme is under constant review to remain responsive to the ever-changing demands of the health care environment.

Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1

Disclaimer

The information provided in this manual is tailored for use by non-specialist providers of health care (these include community care workers, social auxiliary workers and nurses) working with individuals and communities in HIV burdened areas in primary health care in South Africa. The purpose of the comprehensive Mental Health and Self-Care Training is to help a non-specialist health care provider to recognise, detect and refer patients with mental health problems. Health care providers are always encouraged to work within their scope of practice. UCT/ATTC does not take responsibility for practices made outside of the recommendations contained in this manual.

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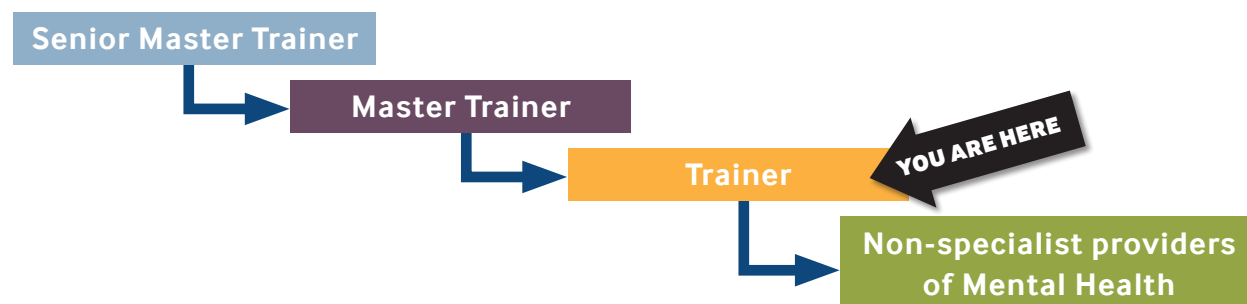
Please contact us at sahivattc@gmail.com for more information.

Website: www.ATTCnetwork.org

Welcome to your Facilitator's Guide!

We hope that your 3-day training will be fruitful for you as you learn how to train non-specialist providers of mental health care to recognise, screen and refer patients with mental health problems.

The ATTC Mental Health training programme uses a cascade model of training and this is where you fit into the picture.



Training is provided for every level of the cascade, each requiring a tailored package to meet the specific outcomes so that the right people get trained at the right time using the appropriate manuals.

Your Facilitator's Guide provides the "how to train" non-specialist health care providers to recognise, screen and refer patients with mental health conditions at Primary Health Care level. This Guide is designed to be used together with the Basic Mental health and Practitioner Self-Care Resource and Training Manual for non-specialist providers of mental health care. (Participant Manual).

Master trainers are then trained "how to train" trainers to facilitate the Mental Health training for non-specialist providers of mental health.

The three manuals are designed as a coherent suite of materials that are carefully crafted to progressively layer the knowledge and information so that each level is able to meet their specific outcomes with ease.

Training	Purpose	Duration	Materials
Master Trainers training	Equip selected trainers to train a ToT	3 days	<ul style="list-style-type: none">• Master Trainer's Guide• Facilitator's Guide• Participant manual
Trainers training (ToT)	Equip trainers to train non-specialist providers of mental health care	3 days	<ul style="list-style-type: none">• Facilitator's Guide• Participant manual
Train non-specialist providers of mental health	Equip non-specialist health care providers to recognise, screen and refer patients	3 days	Basic Mental Health and Practitioner Self-Care Resource and Training Manual (Participant manual)

The more you use your Facilitator's Guide and make it your own, the more at ease you will be when you co-facilitate a training.

Please write in your Guide so that when you are training your specific highlights and notes will be useful for you!

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Section 1

Why *this* mental
health training?

A team approach to care

Working in primary health care and especially mental health, requires a team approach. The various teams consist of professionals such as psychiatrists, psychologists, social workers, pharmacists and psychiatric nurses. For lack of a better term, essential in this team are the non-specialist health care workers such as lay counsellors and community health workers. Each cadre needs to be aware of what other team members are doing and work within their respective scope of practice.

Despite significant efforts in the public health sector to provide integrated mental health services, there unfortunately remains a shortage of trained providers of non-specialist mental health care. Community Health Workers (CHW) are often the first port-of-call in the community. To date they generally have insufficient training in mental health, limiting their ability to deal with the complexity that mental illness brings to a community. There is a need to address staff shortage by providing training in mental health that supports task-sharing. In this way the resulting recognition of common mental disorders in the community may lead to appropriate referral to health care services. This is the goal of this ATTC-developed Mental Health Training for non-specialist providers of mental health care.

Your role and responsibility

To be truly effective, participants who leave a training need to know when and how to use their new knowledge and skill immediately, or otherwise it is lost!

- It is essential that you as a trainer are aware of the different levels of care to ensure that your participants feel confident to work within their scope of practice.
- Participants need to know where they fit into the system, no matter what organisation or facility they come from.
- Actively form a link between the training, the organisation and the health care system.
- Become the bridge and link participants to mentoring programmes within their work environment. Application of knowledge needs to be nurtured for it to become embedded in daily practice.

Section 2

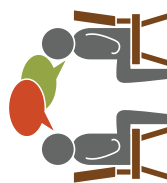
The training principles and practices of the basic mental health and self-care programme explained

This Section details the the training principles and practices of this programme.

These consist of:

1. the clinical content/curriculum
2. self-care strategies
3. the spirit of Motivational Interviewing
4. the methodology of adult education principles and practices

What facilitators need to know and do about the Mental Health training principles and practices



What

FACILITATORS

need to

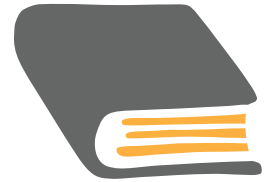
KNOW

and

DO

CONTENT	SELF-CARE	BEING A GUIDE	METHODOLOGY
<p>Mental health conditions that are prevalent in primary health care and Kessler 10 screening tool</p> <ol style="list-style-type: none"> 1. Depressive Disorder 2. Bipolar Disorder 3. Anxiety Disorders 4. Psychotic Disorder 5. Suicide 6. Managing physical aggressive patients and Mental Health Care Act 7. Substance Use Disorders (SUD) 8. People living with a disability 9. Mental Health Concerns in the Older Person 10. Mental Health Issues in Children 	<p>In order to care for others, we need to be able to care for ourselves</p> <p>Self-care starts from finding ways to recognise</p> <ul style="list-style-type: none"> • our own histories and exploring our values • the need for self-care – breathing and use of senses to be still • ways to balance my Wellness Wheel 	<p>Skills to becoming a compassionate guide</p> <ul style="list-style-type: none"> • Using the flower to guide the listening skills discussions • Critical reflection using the head, heart, feet model 	<p>Experiential learning</p> <ul style="list-style-type: none"> • Adult education principles embedded in the training programme • Critical reflection using the head, heart, feet model • Learning Styles Inventory to understand how adults learn
<p>Have working knowledge</p>	<p>Practise self-care</p>	<p>Model being a GUIDE</p>	<p>Allow participatory learning</p>

About the clinical content



By the end of the training, non-specialist providers of mental health care will be familiar with the 10 mental health conditions/components listed above. These conditions formed part of a training intervention written by Dr Goodman Sibeko for his PhD which was piloted in two locations in Cape Town in 2016 (*Sibeko, 2016 and Sibeko G, Milligan PD, Roelofse M, et al., 2018*). The aim was to equip non-specialist providers of mental health care with the knowledge required to identify and refer patients with mental health problems. Mental health, because of its complexity and possible personal resonance, is often neglected in the delivery of routine health care.

For you as a facilitator, it is useful to have a working knowledge of these conditions and topics so that you can ensure an understanding amongst the participants. The step-by-step to training in Section 4 provides clear instructions on how to engage participants to navigate their way to understanding the conditions. Your experience and working knowledge of mental health will also help you to stimulate and enjoy fruitful discussions.

The content is structured in a way that helps with easy recognition of the features and management options. For example, there is a brief overview of the condition, the features are presented according to what the patient might think and feel and how they might behave. Specific management options are proposed.

Using a screening tool

A screening is used to assist health care providers make appropriate referrals. Using a recognised screening tool helps to integrate knowledge into practice and to promote practical outcomes.

There are several screening tools in circulation in primary health care, some specific to the province and/or organisation. This Mental Health training programme utilises the Kessler 10 which is a widely recognised tool to assist in screening for psychological distress such as anxiety and depression. Detail of the Kessler 10 and how to train participants to administer this tool is provided in the participant manual in Section 3. If an alternative screening tool is preferred, please use this during the training.

Working collaboratively

In primary health care, a team approach is always best – equip as many people as possible to work collaboratively and share tasks appropriately. The content knowledge is well within the scope of practice of the group at hand. Before the training starts make sure that you are fully aware of the referral pathways so that this can be encouraged during the training to prevent uncertainty after the training. Be sure that the person at the facility receiving the referrals is also aware of the training and the proposed capabilities of the group being trained.

Citations:

1. *Sibeko, G: Mental Health Training Mental health training for community health workers in the Western Cape. (2016) Cape Town: University of Cape Town. Retrieved from <https://open.uct.ac.za/handle/11427/22850?show=full>*
2. *Sibeko G, Milligan PD, Roelofse M, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18(1):191. Published 2018 Jun 14. doi:10.1186/s12888-018-1772-1*

Self-care

What we also know is that people working in stressful environments such as health care, need emotional support which is something that may be difficult to accept and practice. People working in health are “givers” and making time for themselves can be challenging and feel “out of place” or even selfish.

This training promotes self-care and provides simple tools such as a breathing technique and a senses exercise (explained in the participant’s manual) which are embedded in the programme. It is important for you as a facilitator to use these tools in your daily life so that teaching them becomes an extension of yourself.



The Spirit of Motivational Interviewing (MI)

According to Miller and Rollnick (2009), Motivational Interviewing is a “collaborative, person-centered form of **guiding** to elicit and strengthen motivation for change”. Essential to this process of guiding, is the SPIRIT of MI, which refers to learning how to be a guiding companion rather than the fix-it specialist who knows what’s best for everyone and every problem.



The Spirit of MI is complex – the practical working knowledge is made accessible in an activity called “being a guide on the side” described in the participant manual. To support the integration of these concepts into the training, your understanding of the following elements is essential. These elements are: Collaborate, Accept, Evoke and Respect. The diagrams below provide a summary of each element. Your role is to understand these elements, and as co-facilitators model how to live them.

What is the Spirit of MI?



Collaborate =

- Partner WITH the person
- Enter into THEIR story
- Explore THEIR experiences
- Understand THEIR point of view

Golden nugget: as a partner, the person knows that you are there with and for them.



Accept =

- Know and accept yourself so that you can be open to know and accept the person
- Respect the name and (hi)story of the person
- As you accept that ultimately you are responsible for your own story, the same applies to the person

Golden nugget: do all you can to understand what is going on in the persons life.



Evoke =

- Evoke means to help a person to remember a feeling, a memory or an experience
- Guide the person to explore why it is so important for them to change their situation
- Check how confident they feel about making the changes
- Remember the person has been through tough times before, help them to tap into their strengths and resilience that will help them to make the necessary changes

Golden nugget: motivation and commitment to change comes when the person decides what they want to change and how they want to do it.



Compassion =

- Look at your patient with all the love in your heart so that you can not judge them in any way
- The greatest gift you can give your patient is to let them see themselves through your compassionate heart

Golden nugget: remember it is their story not yours, use your skill to help them find their own resources to live their lives fully again.

You are required to model the relationship that you want the participants to have between one another and ultimately between themselves and their patients. Use the language of MI wherever possible so that it becomes natural.

Modelling

Modelling has many different meanings and therefore different understandings. Modelling in this training means that you as facilitators are conscious of the impact of your behaviour on the group. What and how you behave towards each other, and the participants, becomes a point of reference.

Essentially, you need to walk your talk. As co-facilitators you need to practice self-reflection and self-care. In practical terms, use the terminology of MI whenever appropriate, link self-care, values and culture at every opportunity.

Co-facilitation

This training programme is not possible to facilitate on one's own, therefore, it is essential that 2 facilitators trained in this programme work cohesively together. At the beginning of each day there is an abbreviated programme to help facilitators to plan who is responsible for leading which session. In any training programme there are two essential elements, namely, content and process. Content refers to the curriculum or, knowledge that needs to be integrated into practice. And process refers "how to engage" the group, how to create a safe learning environment so that the required knowledge can be internalised and used in practice. The step-by-step of the programme is crafted to automatically integrate content and process, and to be successful, you are advised to follow this without deviation.



A companion's tool towards growing as a GUIDE

Reflecting on the questions below will help you to support each other to model the Spirit of MI and BE the facilitator that guides and provides the opportunities for self-learning resulting in confident practice. Rating yourself helps to track your growth and development.

1 I/we did not manage at all

2 I/we managed but only partially

3 I/we did that well

Live the Spirit of MI	1	2	3	Ways to be more aware and grow...
Did I partner with my co-facilitator and participants?				
Did I show acceptance of my co-facilitator and participants?				
Did I evoke motivation for my co-facilitator to make the changes she/he felt necessary?				
Did I show compassion where needed? Was I non-judgemental?				
Apply MI Core Skills (OARS)	1	2	3	Ways to be more aware and grow...
Did I use O pen ended questions?				
Did I A ffirm my co-facilitator and participants?				
Did I R eflect with my co-facilitator and participants?				
Did I S ummarise appropriately?				
Reflection and self-care	1	2	3	Ways to be more aware and grow...
Did I practice the breathing and senses exercises often enough?				
Did I use the reflection tool to help find meaning and growth?				

Adult education: facilitation methodology made explicit

Adult education principles and practices

Many people land up as learning facilitators without any formal training or qualifications. Facilitating becomes part of the job and we usually mimic what we have seen done before. As adults we are continually learning and as learning facilitators it is useful to understand how we learn so that we can provide meaningful and appropriate learning strategies that will enliven learning and ultimately change practice.



Adult learning principles

As adults, we are learning all the time, whether formally or informally. As facilitators, it is important for us to understand 5 basic adult education principles and how they can help you to be a guide.

Adult learning principles		Your role as <i>guide</i> is to:
1 Adults are internally motivated and self-directed Adult learners resist learning when they feel others are imposing information, ideas or actions on them (<i>Fidishun, 2000</i>).	<ul style="list-style-type: none"> stimulate reflection so that your participants can benefit fully from experiential learning rather show and not tell. (Explained in "Experiential learning is deep learning" on page 15) 	
2 Adults bring life experiences and knowledge to learning Adults like to be given opportunities to apply their existing knowledge and experience gained from life and apply it to their new learning experiences.	<ul style="list-style-type: none"> draw on everyone's experience by simply asking them to contribute, problem-solve or apply reasoning processes when appropriate recognise experience through the use of linking summaries 	
3 Adults are goal oriented Adults become ready to learn when "they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems" (<i>Knowles, 1980 p 44, as cited in Fidishun, 2000</i>).	<ul style="list-style-type: none"> recognise that we all learn when we want to learn and when we are ready to learn learning also involves change and change is growth, something we need to be ready to embrace 	
4 Adults are relevancy oriented Adult learners want to know the relevance of what they are learning to what they want to achieve.	<ul style="list-style-type: none"> provide meaningful activities linked to their life situation – they want to be seen as contributing to life/their world the closer the activity is to real life the more it will be applied 	
5 Adults are practical Adult learners learn through practical experience interacting with real life situations.	<ul style="list-style-type: none"> provide relevant, real-life, hands-on problem-solving activities to promote active participation and engagement 	
6 Adult learners like to be respected Adult learners want to be valued.	<ul style="list-style-type: none"> regard each person as an equal in life experience always acknowledge contributions take an interest as if you were partnering the person encourage decision-making and autonomy 	

Experiential learning is deep learning

If you tell me something, I will most likely forget it. If you provide me with an opportunity to explore a topic and allow me to find out for myself I will discover what the experience means for me personally. I will develop a sense of enquiry. I will become internally motivated; I will want to know more. Learning then becomes lifelong and meaningful.

Making sense of experiences is what Paolo Freire, an educational theorist, calls 'critical reflection'. The model of Experiential Learning used in this training programme is one that allows participants to discover the content so that they can work things out for themselves. They are also offered a structured reflective model, namely, the head, the heart and the feet to help with reflection (described in detail below).

Your role as a facilitator is to be the guide who allows reflection so that participants can look at their experiences in a new way – one that expands their knowledge so that it can be applied both personally and professionally.

How adults learn

Learning styles

Adults come to a training filled with knowledge and experience. We all learn differently, yet there is a pattern of how we learn. There is no correct or wrong way of learning. We tend to prefer a particular way because, for some or other reason, it feels more natural to us. We also tend to think that everyone learns in the same way as we do and we get frustrated when they don't! For us as facilitators, we need to recognise our own style and the style of the participants in the group so that we can provide the best learning experience for everyone. This programme is written to acknowledge all four learning styles. It is challenging to find a middle ground so that every participant feels safe and can be natural and learn with ease.

Identify your learning style

Think back over the past few months about how you have learnt best. A useful situation is to think back to a meeting or a training you recently attended. When you returned to your place of work, did you:

1. Rush back ready to start trying out all your new ideas? (Activist)
2. Observe others and imitate the skills you want to develop? (Reflector)
3. Take on additional research to explore the subject further? (Theorist)
4. Take your own experiences and those of others and apply them to a new situation? (Pragmatist)

The table below identifies the 4 learning styles and highlights when each learning style learns best and what they find difficult. There is no right way or wrong way to learn and we usually have aspects of all four learning styles with one or two being dominant.

1 **ACTIVISTS** (have an experience)

Your philosophy: "I'll try anything once"



You learn best when there are new exciting experiences. You like learning in the here and now and bring on the challenges. You are quick minded and can easily jump between topics and ideas.



You don't like being passive, not involved or working on your own. You don't enjoy analysing data or anything repetitive or theoretical. And, "please don't give me precise instructions".

2 **REFLECTORS** (learn from it)

Your philosophy: is to be careful. "Look before you leap"



You learn best when you are able to observe, do research, review the information at hand. You also thrive on thorough planning and preparation and a slow steady pace works for you.



You don't like being in the limelight. You become stressed when you don't have time to plan, or feel under pressure. You also do not like acting/thinking on your feet.

3 **THEORIST** (draw an idea from it)

Your philosophy: "If it's logical, it's good"



You learn best when there is structure, a clear purpose with enough time to explore concepts. You also need time to work methodically.



You don't like dealing with emotions/feelings. You also don't like it when there is no clear purpose, no apparent policy/principle and no clear structure.

4 **PRAGMATIST** (apply a new idea)

Your philosophy: "If it works, it's good"



You learn best when there are clear techniques and tips on "how to..." You like immediate application and want to try it out now.



You don't like theoretical all talk and no action or endless talking in circles and not getting anywhere. You become frustrated when there are no tips on "how" to and where there is no immediate benefit.

The theory behind the practice

According to David Kolb, one of the adult learning and teaching theorists, learning forms a continuous cycle (See Diagram 1). Peter Honey and Alan Mumford have connected each stage in this learning cycle to a preferred learning style. See Diagram 2.

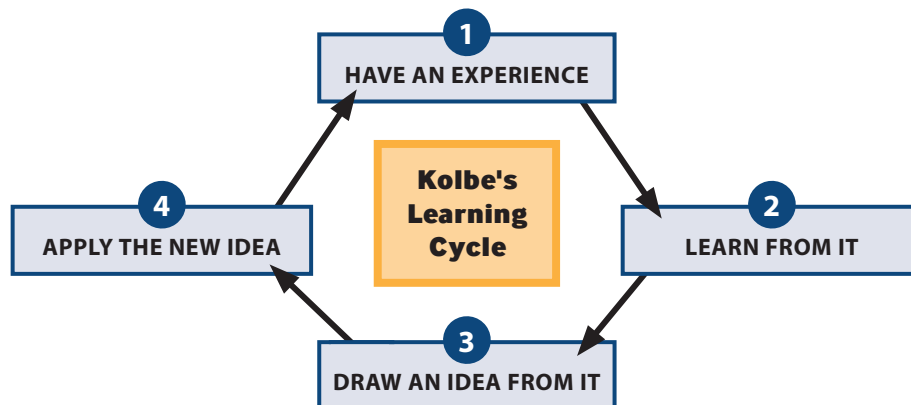


Diagram 1: Kolbe's Learning Cycle

Now that you have an idea of how you learn, when you learn best and what activities don't help you, take a closer look at the detail of each learning style. As a facilitator it is useful to understand your participants through this lens. It is especially useful to ask the appropriate questions so that everyone engages fully. The same activity, but the way the question is phrased, can immediately change the engagement of participants and ultimately the dynamic of the training.

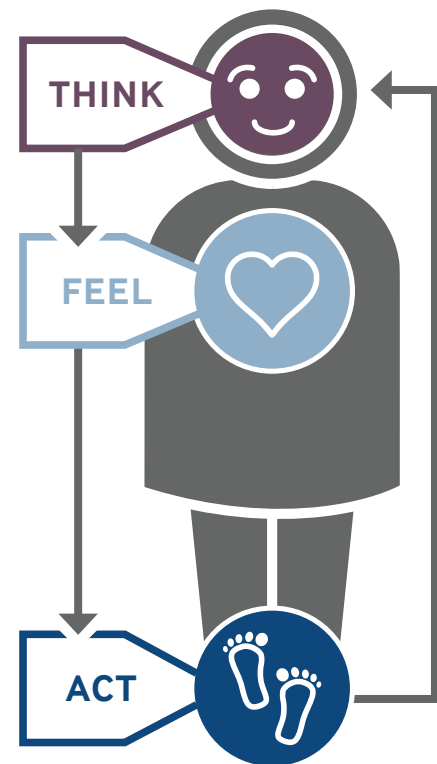
ACTIVISTS = Have an experience		
Immerse themselves fully in new experiences. Open minded, enthusiastic, flexible. Act first, consider consequences later.	Sensing/feeling	Dynamic learners/Concrete experience
DO		ASK: WHAT IF?
REFLECTORS = Learn from it		
<ul style="list-style-type: none"> Learn best from observation/experience of others. They review the situation before taking any action. 	Watch	Imaginative learners/Reflective observation
REVIEW		ASK: WHY?
THEORISTS = Draw an idea from it		
Think through problems in a logical manner, value rationality and objectivity. Disciplined, aim to fit things into rational order.	Thinking	Analytic learners/Abstract conceptualisation
CONCLUDE		ASK: WHAT?
PRAGMATISTS = Apply the new idea		
Act quickly and confidently on ideas, get straight to the point. Are impatient with endless discussion.	Doing	Common sense learners/Active experimentation
PLAN		ASK: HOW?

Diagram 2: Kolbe's Learning Cycle/Honey And Mumford's Learning Styles

The multifaceted use of the head, the heart and the feet model

The model of the HEAD, HEART and FEET is used extensively in this training:

- In **adult learning** it is used as a tool to reflect on our experiences so that we can review, make the necessary shifts and internalise the knowledge – a tool to ensure that deep learning takes place.
- In the discussion section of step-by-step for the mental health conditions, this model is used to assist participants to recognise their own behaviour in dealing with the impact of working in mental health which is a high stress environment. When made conscious in a non-judgemental way, by **modelling the Spirit of MI**, participants will be able to find a safe space to recognise the impact of working with people suffering from mental illnesses. When facilitated with care, participants will be able to review their situations both personally and professionally and make the necessary attitudinal shifts.
- For easy recognition of the **mental health conditions**, the features are listed as a head indicating thought patterns or cognitive disturbances that might be evident, the heart to identify what the patient might be feeling or the emotional impact of the condition and the feet for the behaviours that might be evident for a patient suffering from that condition.
- In **Cognitive Behavioural Therapy (CBT)** it is used as a tool to develop healthy thinking skills to build resilience. Although CBT is not taught during this programme, it is mentioned as a form of therapy for several of the conditions.
- **Co-facilitators** can use the model to recognise and adjust the dynamics between them, or between a facilitator and a particular group member so that clear and supportive relationships are nurtured.



Section 3

Logistics before, during and after a training

- Every organisation and every group of participants is different and will require the organisers and trainers to be flexible and accommodating.
- Having said that, this training offers a set curriculum and mode of delivery which is designed to ensure the unique authenticity of the programme.
- This section provides practical information and tips of how to plan and prepare and follow up a successful well organised training.

Before a training...

Trainer selection

Trainers are selected in collaboration with partners offering mental health training. The selection is also based on the following minimum basic education competencies:

- Social Workers or Registered Psychological Counsellors or Nurses trained in Psychiatry
- Extensive training and facilitation experience as well as adaptability to experiential learning methodologies
- Attended, as a trainee, the 3-day the Basic Mental Health and Practitioner Self-Care training for non-specialist providers of mental health care

An added advantage:

- Prior experience in training mental health to non-specialist providers of mental health
- Experience in interactive and participatory facilitation skills

Participant selection

- This training is designed to accommodate non-specialist providers of mental health.
- Ideal participants include the following: peer educators, lay workers, community health workers, counsellors, social auxiliary workers, social workers, nurses.
- A total of 20-26 participants is ideal for this training. Numbers in excess of this requirement has had a negative impact on the training. Participants do not get the attention they need in order to internalise complex, and sometime sensitive information associated with mental health.

Email information for organisers

Once an organisation has made contact requesting training, it is useful to email them with relevant information to initiate the necessary arrangements. See Resource A for an example of the email.

Participant invitation

- A welcome letter to participants always sets the tone for your training. See example of letter in Resource B.
- Ensure that the contact person from the organisation you're working with receives this letter well in advance so that they can distribute it to the participants.
- The better prepared people are before the training, the less resistance one needs to negotiate during the training.

Venue requirements and preparation for a training

The physical environment plays a crucial role in the success of a training. The following guide provides suggestions for suitable set up for a training.

Expected numbers for training: 20–26 participants can be accommodated at the Mental Health training.

Meals: Unfortunately, the SA HIV ATTC does not supply any meals for tea time and lunch time. If possible, it is suggested that the organisation provide these catering needs or else it is recommended that participants are informed beforehand that they need to bring along something to eat during the training days. Should an organisation provide for this, please ensure that meals are light and nutritious.

Materials and equipment: ensure that the training box (see below) is always in the training room so that you do not need to look for equipment.

Printing of training manuals: in making the necessary arrangements for the training, it is important to inform the organisation you're working that they are required to arrange for the printing of the Participant Manual. This should be arranged in advance so that the manuals are at hand on the first day of the training.

Venue: Ideally, the venue should be quiet and away from disturbances. Have enough comfortable chairs and tables.

Training room environment:

- Seating – café style seating is recommended. Groups not larger than 4 -5 is referable
- Cleanliness – venues to be cleaned before arrival and at least once during the day
- Climate – air conditioning/fans, if necessary, in a hot or humid climate and heaters for the cold
- Lighting – lots of natural lighting is best
- Water – jugs of water and glasses to be provided and replenished during tea and lunch times where possible

Facilitator's equipment box

It is useful for facilitators to keep their materials in a box that can be transported to and from the training venue. The disposable materials need to be labelled with your name visible. These must be collected at the end of every day to ensure that you can keep on using them for further trainings.

Printed materials need to be done for each training according to the number of participants.

Items to add to the box include:

Item	Quantity	✓
Writing pens		
Thick koki pens/markers		
Flip chart paper		
Prestik		
Name tags/stickers		
Headache tablets		
Box of tissues		

Printouts	Quantity	✓
Social media permission form if required		
Pre-training evaluations		
Post-training evaluations		
ATTC GPRA forms		
Attendance registers (ATTC and organisational copy)		
Participant manuals		
Facilitator guides		

It is also important for facilitators to have a camera that can take good photos that can be used on social media platforms. It is important for facilitators to gain permission from participants to have photos taken throughout the training as well as on the final day when a group photo will be taken. They should be informed that photos may be posted on the ATTC website or other social media platforms.

Attendance register

Prior to the training event, it is helpful to obtain a list of all participant details, which can be collated onto the ATTC attendance register before the training. This information includes:

- Participant name and surname
- Contact number
- E-mail address
- Organisation
- Designation
- Signature (for each day of attendance)

The organisation may wish to have a copy of the ATTC attendance register or may wish to compile their own register for the own organisational purposes.

After training

To ensure that a training meets the requirement of the participants and the ever-changing health system, reports can help trainers to stay relevant. It is useful to write a report after every training and review them at regular intervals to look for trends and adjust the programme as needed. Every organisation has their own requirements. A report template could include:

- Logo, name of training, date, venue, facilitators names
- Organisation/s present
- Overview of attendees
- Content of the training
- What worked/what didn't work
- Group dynamics
- Uptake of the training by participants
- Compare pre-and post-training Likert scale
- Recommendations for future trainings

Pre- and post-training evaluations

Participants of the training are expected to complete pre- and post-training evaluations. These evaluations aim to capture participant's knowledge and understanding of mental health conditions before the training takes place as well as after the event. Facilitators are encouraged to look through the pre-training evaluation after the first day of training to get a clearer sense of the participant's level of knowledge and the expectations they may have around the training.

The evaluations can also be used to identify participants who have struggled and who might require support post-training. The pre- and post-training evaluations provide useful information for the training report. Please refer to Resource D and E as examples of these evaluations.

Certificates/CPD points

- Certificates of attendance are provided following completion of the full training programme.
- CPD certificates are provided for those who qualify for these points. Please send a request email to ATTC stating your profession as well as your registration with an accredited professional body.

Post-training follow up and ongoing support

Being exposed to a training about mental health conditions can potentially be emotionally challenging. This training attempts to contain emotions by providing a non-threatening reflective practice methodology and easy to use self-care options which participants are trained to use. We encourage individuals and organisations to continue to use some of these techniques after the training.

Integration and embedding knowledge usually happens in practice. It is therefore important to provide ongoing support to nurture these changes envisaged through this training programme.

Organisations that recognise the need for strengthening their mental health services are encouraged to monitor progress and as well as provide ongoing support to their staff. Even though health systems are often target-driven, please ensure that the emotional and psychosocial needs of the staff are recognised when embedding new knowledge and learning into practice.

Support for non-specialist health care workers

The most practical way to provide support post-training is to include it in the usual communication plat forms. For example:

Meetings

- Allocate an amount of time to an agenda of a routine meeting to discuss mental health issues.
- Use one of the vignettes to do psychoeducation and link this to care aspects that you would like to promote or strengthen.
- Use some of the self-help strategies learnt during the training. E.g. do the breathing exercise to help everyone focus and be present in the meeting.
- Use the head, heart and feet to reflect on how everyone is managing to ascertain what assistance might be needed.

Work performance

- Add a mental health component to the work performance documentation that can be discussed when performance appraisals are routinely carried out. Aspects to consider:
 - Self-care as suggested in the training, the ability to be a guide on the side, the ability to work in a team, the ability to ask for help when needed.

Group WhatsApp

- Create a WhatsApp group during the training that can be continued after the training. This can be used for sharing best practice, asking questions from the field, and for checking in on how everyone is doing.
- Usually these groups can be motivational and supportive.
- Before setting up the group, ensure that everyone is in agreement.

Support for trainers following a ToT

The Mental Health training can come across as simple, but there are several complex layers woven into the “back-end” of the training. These are presented in detail in Section 2 of this manual. It is therefore a non-negotiable that all trainers who wish to train this Mental Health training attend the training that they will ultimately be facilitating so that they can experience the impact of the material first-hand.

The Master Trainers model how to facilitate the training and the experiences are discussed and made explicit to ensure an understanding of the methodology and principles and practices of adult learning and teaching.

The 3-day ToT provides multiple opportunities to practice facilitating the sessions where feedback is provided and learning supported.

The ToT is structured to mirror the flow of the training that the trainers will be facilitating. In doing this, the new trainers will feel secure that they have physically gone through the training manual so that it is easy to use when facilitating.

However, it is only when a new trainer has to facilitate a group with real live participants that learning happens. Mentoring and support is crucial at this time to ensure authenticity of the training. The watering down effect of a cascade model needs to be prevented at the beginning of the learning curve before “bad” habits and short-cuts set in!

Given the resources, both human and financial at the time of the trainers first training (and potentially the second training), the following needs to be discussed and negotiated:

- An ATTC Master Trainer is present for the duration of the first training to provide guidance and be a sounding board
- New facilitators check in (using whatever form of telecommunication is best under the circumstances) at the beginning and the end of each day with an ATTC Master Trainer to check in and ensure that the content and processes of the training are being adhered to
- 2 Facilitators co-facilitate and a third facilitator becomes the mentor and provides a platform for discussion and reflection to track the progress of the training.

Section 4

Facilitator's step-by-step

This step-by-step of the 3-day training programme details every aspect for each activity. The theory and logistics are integrated in this section so that all that is required of you is to follow and enjoy it!

NOTE: this section goes hand in hand with the Participant's Manual to form a cohesive suite of materials.

Facilitating the step-by-step

How to facilitate the Mental Health Training Programme

This section of your Facilitator's Guide is designed to help you to feel at ease and to enjoy facilitating this programme. Every group will be different and as a facilitator, you need to be flexible in order to accommodate the group in front of you; a challenge indeed!

What does not change is the structure and flow of the programme which has been carefully scaffolded to ensure that information and knowledge is steadily built so that it can be assimilated and internalised. When information is internalised, there is a better chance that it will be used in practice. The programme is built on the premise that the facilitator has basic knowledge about mental health so that the content of the training is familiar to you. Following the instructions in the step-by-step ensures that experiential learning and reflective practice naturally unfolds.

The step-by-step is written as a guide for you to follow

The outline of the structure below provides a summary of how the training has been designed. This aims to guide every conversation so that the outcomes of the programme are met. It also helps you and your co-facilitator to stay on track and support one another during the programme.

Every facilitator has different training and experience as a facilitator. The more you know yourself, the better you will be able to work with your strengths and learn to rely on your co-facilitator for the aspects of the training that you are not strong on.

Because every group is different, it is your role to be so familiar with the content in the manuals so that you will feel confident when facilitating a group of participants. The theory that informs the programme has been explained in Section 3 – become familiar with it and model and use it as often as you possibly can, so that it becomes your practice.

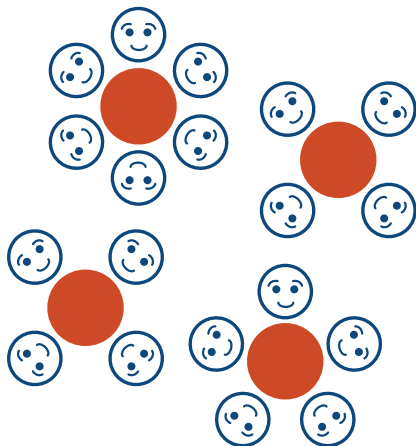
Topic	00:00-00:00 (XX minutes)
Purpose of this activity	
<ul style="list-style-type: none">Explains why you are doing this activity – what you need to achieve and what you need to work towards.	
Materials	
<ul style="list-style-type: none">The materials needed for this activity are itemised to help you prepare.	
Group	
<ul style="list-style-type: none">Group size matters as well as the importance of rotating people so that they can learn through and from one another.	
Time management	
<ul style="list-style-type: none">Detailed timing is provided to help you to keep to time.Timing also helps to show the relevance and time needed for each part of the activity.	
Instructions	
<ol style="list-style-type: none">Detailed instructions of what to do to facilitate an activity is provided.These are the steps that need to be taken to ensure the building of knowledge and information.The participant's manual provides the working document to be used.	
Discussion	
<ol style="list-style-type: none">A discussion guide is provided to help you to achieve the purpose of the activity.The discussion also includes reflective practice.	
Closure/Self-care	
<ol style="list-style-type: none">End appropriately to help transition into the next activity.Practice breathing and the senses exercises as often as possible.	

Seating

Where possible set up the venue using café style seating with preferably 4-6 participants per table. If this is not possible because of the layout of the venue, then try to ensure that participants are not in cinema style but rather in a U-shape.

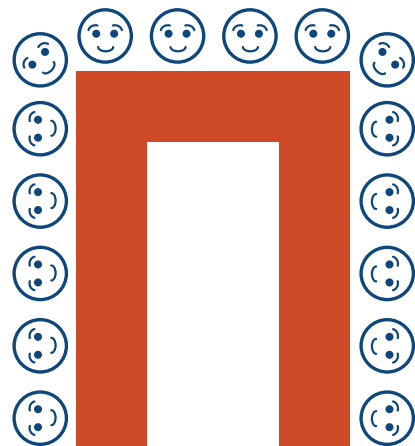
Best = Café style

because it is conducive for small group learning and can accommodate larger groups






2nd best = U-shape

because it enables people to see each other



Group size

The size of small groups affects the way people interact and engage in a group. Although café style is the preferred for set up, it still requires rotating participants so that they can learn from each other and not get stuck in a group during the training. The group size and movement of participants is suggested in the step-by-step. It is important that you are sensitive to the needs of the individuals as well as the group.

Group size	When to use and why
	<ul style="list-style-type: none"> At the start of the training to allow feelings of safety in the group To deepen sharing if and when needed Partner two very talkative people together to help settle the group
	<ul style="list-style-type: none"> Expanding the circle of people to share with Opening to more discussion and opinions to build trust in the group
	<ul style="list-style-type: none"> Good to use for working phase where there is greater trust in the group and people are better able to share freely

Training programme at a glance

	Morning	Afternoon
Day 1	<ul style="list-style-type: none"> • Welcome and introductions • Pre-training evaluation • Establishing a group culture • Mental health and this training • My name, myself/culture • Values activity 	<ul style="list-style-type: none"> • Depressive Disorder • Introduction to the Kessler 10 • Introduction to self-care tool and self-reflection • Closure
Day 2	<ul style="list-style-type: none"> • Check in and reflection • Being a guide on the side • Bipolar Disorder • The Wellness Wheel • Anxiety Disorders 	<ul style="list-style-type: none"> • Psychotic Disorder • People living with a disability • Self-care • Closure
Day 3	<ul style="list-style-type: none"> • Check in and reflection • Suicide • Aggressive and violent patients (MHCA) • The Older Person • Substance Use Disorders (SUDs) • Children's mental health care 	<ul style="list-style-type: none"> • Integration into practice • My Journey • Post-training evaluation • Celebrate participant • Farewell and photo

Programme day by day overview – 3 day

Day 1			
Time	Minutes	Topic	Facilitator
08:00–09:00	60 min	Preparing to train	
09:00–09:30	30 min	Welcome and introductions	
09:30–09:50	20 min	Pre-training evaluation	
09:50–10:05	15 min	Concerns and expectations	
10:05–10:15	10 min	Establishing a group culture	
10:15–10:45	30 min	Mental health and this training (Activity 1)	
10:45–11:10	25 min	Tea Time	
11:10–11:40	30 min	My name, myself/culture (Activity 2&3)	
11:40–12:20	40 min	Values activity (Activity 4)	
12:20–12:30	10 min	Summarise the morning	
12:30–13:15	45 min	Lunch Time	
13:15–14:45	95 min	Depression and introduce the Kessler 10	
14:55–15:45	50 min	Reflection tool and connect with myself (Activity 5)	
15:45–16:00	15 min	Closure and preparation for Day 2	

Day 2			
Time	Minutes	Topic	Facilitator
07:30–08:30	60 min	Preparing to train	
08:30–08:45	15 min	Welcome back and check in	
08:45–09:55	30 min	Being a guide on the side (Activity 6)	
09:15–10:15	60 min	Bipolar Disorder	
10:15–10:45	25 min	Tea Time	
10:45–11:15	30 min	Wellness Wheel (Activity 7)	
11:15–12:50	90 min	Anxiety disorders and Kessler 10	
12:50–13:00	10 min	Summarise the morning	
13:00–13:45	45 min	Lunch Time	
13:45–14:45	60 min	Psychotic Disorder	
14:45–15:45	60 min	Disability	
15:45–16:00	15 min	Connecting with myself and closure	

Day 3			
Time	Minutes	Topic	Facilitator
07:30–08:30	60 min	Preparing to train	
08:30–08:45	15 min	Welcome back and check in	
08:45–09:15	30 min	Suicide	
09:15–10:15	60 min	Aggressive and violent patients	
10:15–10:30	15 min	Older persons	
10:30–10:50	30 min	Tea Time	
10:50–11:50	60 min	Substance Use Disorders	
11:50–12:50	60 min	Children's mental health issues	
12:50–13:00	10 min	Summarise the morning	
13:00–13:45	45 min	Lunch Time	
13:45–14:30	45 min	Integration into practice – roles and responsibilities	
14:30–15:00	30 min	Journey exercise	
15:00–15:30	30 min	Post-training evaluation	
15:30–16:00	30 min	Celebrate each one present/farewell/photo	

Day 1

Welcome to Day 1! The focus of today is to settle in with your co-facilitator, establish a relationship with your participants and to model collaborative and supportive relationships in line with the Spirit of Motivational Interviewing. This will help establish trust that builds a safe learning environment.

An overview of the activities for today:

CONTENT	SELF-CARE	BEING A GUIDE
<ol style="list-style-type: none"> 1. Introduction to the programme and why get trained in mental health 2. Understanding culture and how that impacts management of mental illness 3. Depressive Disorder 4. Kessler 10 screening tool 	<ul style="list-style-type: none"> • My name, myself • Values exercise • Reflection: head, heart, feet • Self-care – breathing 	<ul style="list-style-type: none"> • Model being a guide • Values exercise • Self-care activities  



Adults learn well in groups when they can share and learn from one another. Today allow time for all the Reflector and Theorist learning styles to settle in. Be prepared for resistance when potentially sensitive topics are introduced and explored today. The best way to handle this is to be calm and remain non-judgemental.

Abbreviated programme

Time	Minutes	Topic	Facilitator
08:00–09:00	60 min	Preparing to train	
09:00–09:30	30 min	Welcome and introductions	
09:30–09:50	20 min	Pre-training evaluation	
09:50–10:05	15 min	Concerns and expectations	
10:05–10:15	10 min	Establishing a group culture	
10:15–10:45	30 min	Mental health and this training (Activity 1)	
10:45–11:10	25 min	Tea Time	
11:10–11:40	30 min	My name, myself/culture (Activity 2&3)	
11:40–12:20	40 min	Values activity (Activity 4)	
12:20–12:30	10 min	Summarise the morning	
12:30–13:15	45 min	Lunch Time	
13:15–14:45	95 min	Depression and introduce the Kessler 10	
14:55–15:45	50 min	Reflection tool and connect with myself (Activity 5)	
15:45–16:00	15 min	Closure and preparation for Day 2	

Materials for today

- Name tags
- Participant's manuals (x 1 each)
- Facilitator's Guide
- Flip chart | Koki pens | Prestik
- Attendance register (ATTC and/or organisational requirements)
- Pre-training evaluation forms (ATTC and/or organisational requirements)

Preparing to train					08:00 - 09:00 (60 minutes)
Purpose of this activity					
<ul style="list-style-type: none"> • Preparing for today helps you to connect with your co-facilitator to ensure a warm start to the training. • Preparing an environment for training models respect and helps to build trust so that a safe learning environment can be established. 					
Materials					
Facilitator's Guide	Name tags	Koki pens	Attendance register	Writing pens	
Time management					
<ul style="list-style-type: none"> • In whatever way you plan and set-up, be sure to be ready for participants to arrive 30 minutes before the start time. 					
Set up					
<ul style="list-style-type: none"> • Set up in café style – 4 – 6 chairs around a table. 					
Instructions					
<ol style="list-style-type: none"> 1. Before you start the day, connect with yourself first and then with your co-facilitator to be sure to set the scene for the day: <ol style="list-style-type: none"> a. Confirm who is leading each session b. As co-facilitators, be sure to ask for the help you might need from one another today. Some days one feels "stronger" than other days. It is useful to discuss how you feel with your co-facilitator. 2. Training room set up: <ol style="list-style-type: none"> a. Café style with 4 chairs per table is ideal, if not possible because of size of the tables, then not more than 6 people per table b. Facilitator chairs to be central and visible to all participants c. Name tags and koki pens on tables d. Attendance register and writing pens on a table at the entrance e. Ensure adequate ventilation and natural light wherepossible f. Water and glasses on the tables if possible. 					

Welcome and introductions

09:00-09:30 (30 minutes)

Purpose of this activity

- Create a safe learning environment to help establish collaboration between yourselves and the group as well as between group members.
- Build trust.

Materials

- Facilitator's Guide

Group

- Large group

Time management

- 3 minutes to explain
- 25 minutes to share
- 2 minutes to summarise

Instructions

1. Invite participants to introduce themselves by saying their name, where they work, the title of their job and say something about themselves. This can be something they like doing or their favourite colour.
2. Acknowledge everyone's contributions. No discussion or feedback needed.

Discussion

- Acknowledge everyone's contribution and summarise similarities and differences where appropriate.

Closure

- Thank everyone for their participation.

Pre-training evaluation		09:30-09:50 (20 minutes)
Purpose of this activity		
<ul style="list-style-type: none"> • Gain an understanding of the participants and their knowledge, attitude, confidence and their current involvement in mental health services. 		
Materials		
Pre-training evaluation forms. ATTC has a form and where relevant use the form required for your organisation.		Pens
Group		
<ul style="list-style-type: none"> • Large group 		
Time management		
<ul style="list-style-type: none"> • 3 minutes to handout and explain • 17 minutes to complete and collect 		
Instructions		
<ol style="list-style-type: none"> 1. Hand out the pre-training evaluation and invite the participants to complete them. 2. Explain that it is not a test but rather an opportunity for them to self-evaluate their comfort about mental health conditions as well as provide feedback about themselves for the facilitators to continually improve the programme. 3. Advise that the questionnaire should only take 15 minutes to complete. 		
Closure		
<ul style="list-style-type: none"> • Collect the forms and thank the participants for their willingness to complete them. <p><i>Note to facilitators: read through the forms at tea time to see if there is any striking information that needs to be taken into consideration. If not store in a safe place until the end of the training where you will use them for your report.</i></p>		

Concerns and expectations

09:50-10:05 (15 minutes)

Purpose of this activity

- Most people experience some form of ambivalence when walking into a training. This is normal!
- Facilitators need to model normalising these concerns and expectations to create a safe learning environment.

Materials

Flip chart paper

Koki pens

Prestik

Group

- Large group

Instructions

Content facilitator scribes while the process facilitator poses the questions and facilitates the group. Write the heading on two separate flipchart pages: 1) expectations and 2) concerns. The scribe to support and clarify as needed.

1. Start off by saying that as adults, we usually walk into a training with mixed feelings about being here.
2. Expectations and concerns explored:
 - a. Invite the group to identify and express their concerns about being here in this training room right now.
 - b. Ask what they are expecting to get out of this training.
3. Depending on the group, start off with concerns. Be sure to prevent going into a “gripe” session by bringing the discussion back to being in this training room right now. Look for fear about not coping, becoming too emotional, don’t like mental health etc.

Discussion

1. At all times the facilitator should avoid getting into the “righting reflex”; meaning that it is natural to try to fix or offer solutions to problems raised by the participants. The best way to handle this is to simply acknowledge the contribution and make sure it is written on the flip chart.
2. Inform the participants that you will come back to this discussion at the end of the training to see whether their concerns were addressed and whether their expectations were fulfilled.

Closure

1. Thank everyone for their contributions and hang the flipchart on the wall.
2. Acknowledge the group for being here today despite their challenges and concerns!

Establishing a group culture

10:05-10:15 (10 minutes)

Purpose of this activity

- Set boundaries to establish a collaborative and safe learning environment for mutual learning.
- Participants experience the value of being able to contribute to setting boundaries for mutually beneficial relationships.
- Build trust relationships.

Materials

Flip chart paper

Koki pens

Prestik

Group

- Large group

Instructions

Content facilitator scribes while the process facilitator poses the questions and facilitates the group. The scribe to support and clarify as needed.

Inform the participants that this is not group therapy, but rather a learning space to understand mental health better. With this in mind ...

1. Ask the group to think about behaviours that are useful to help the group to work cohesively so that together we can decide on group norms/culture. (What behaviours help and what behaviours hinder successful group interactions).
2. Acknowledge everyone's contributions and ask what they mean. For example, what do you mean by respect? How will you know that the group respects you?
3. If the following are not on the list, please add them if appropriate:
 - a. Listening to one another
 - b. Respect
 - c. One person to speak at a time
 - d. Participation when able to
 - e. Language – express oneself in one's mother tongue and then translate for all to understand
 - f. Confidentiality - clarify what this means, for example, "what is shared remains confidential and does not leave the group"
 - g. Mobile phones OFF including facilitators. Phones can be attended to during the breaks
 - h. Time management which includes being on time within sessions
 - i. Humour and fun
4. Once complete, hang the contributions written on the flipchart in a prominent place on the wall.

Discussion

1. Inform the group that if anyone is not adhering to this agreement, group members are encouraged to remind each other of the norms.
2. If anyone feels that they would like to add anything that they feel would help the group work well together, they must please do so.
3. Remind everyone about the start and end times for this training.
4. Make sure everyone knows where the toilets are, where they can access water for tea, or whatever the arrangement is for breaks allowing the participants to feel safe and contained.

Closure

- Thank everyone for their contributions and hang the flipchart on the wall.

Mental health and this training

10:15-10:45 (30 minutes)

Purpose of this activity

- Participants will know that this Basic Mental Health and Self-care Training will equip them to sensitise, recognise, screen and refer patients with mental health conditions.
- Become familiar with the conditions and terminology used during this training.

Materials

Participant's Manual: Section 1 & Activity 1 (Word search)

Flip chart paper

Koki pens

Prestik

Group

- Large group and partners

Time management

- Step 1 and 2 = 25 minutes
- Step 3 = 5 minutes

Instructions/Discussion

Step 1 – information about mental health and the need to be trained

Ask participants to share their impression of how mental health is viewed in the community and write their comments on a flipchart paper.

1. Participants will most likely talk about how poor the services are, how time consuming it is dealing with people with a mental illness, how emotionally draining it is. Simply acknowledge their impressions and do not allow or enter into a discussion.
2. Acknowledge the problems by summarising what you have heard. A useful way to do this is to identify themes when participants are talking. This section needs to be facilitated with care that it does not become a rant that takes up all the time allocated to this activity.

Step 2 – defining health

1. Ask the participants to define what they think constitutes "health" – write their feedback on a flip chart.
2. Then what they understand by "mental health".
3. Then ask what they understand by "mental illness".

Facilitators note: *There is a WHO definition of mental health in Section 5 of the participant manual.*

Discussion tips

- Facilitators keep this initial discussion about mental health/mental illness broad. The purpose at this stage is to provide context.
- Participants will often associate mental illness with a Psychotic Disorder. Inform the group that this training will help us to expand our knowledge and understanding of mental illness.
- Clarify and steer the discussion to make sure that there is an understanding that mental health is an essential part of health and general wellbeing.
- During this training, please be attentive when discussing and using the terms health and illness. Keep in mind that the aim of this training is to work towards mental health and wellness.

Provide the following information:

1. Explain that mental health can manifest in physical symptoms. E.g. shoulder pain, headaches to name a few. (We will explore this when we do the wellness wheel activity).
2. Explain that mental illness is a spectrum that ranges from mild to more severe which then needs a combination of behavioural health, psychological specialist treatment, and medication combinations depending on what it is.
3. Inform the group that **this training aims to improve services** through team work involving many different kinds of workers because ultimately mental health is our joint responsibility.
 - a. Team work involves many different kinds of workers of which they are included! Ask the participants to identify the team members that they are associated with and write these on the flip chart. Facilitators to ensure that all the different role players in the room are mentioned.
4. This training provides psychoeducation (information) which will help them to feel confident to recognise, screen and refer appropriately.
5. During this training we will learn about and use the Kessler 10 screening tool. Ask about other screening tools that they are familiar with and acknowledge their use.
6. **Hand out the manuals** and ask the participants to write their name on the front cover. Inform them that this is their manual to keep and encourage them to write in it and make notes so that it will be a resource for them when they are in the community or working in a facility.
7. Page through the manual and ask participants what they observe about the manual. (This helps to connect with the material and dispels the mystery about the training. They will see that it is easy to read and the information is accessible).
8. In your own words and in response to the group so far, turn to Section 1 and highlight/expand on the content covered so far.

Step 3 – word search (Activity 1)

1. Demonstrate how to find a couple of words to get going.
2. Ask the participants to turn to the person next to them and start doing the word search in Section 2.
3. Inform the group that they have 5 minutes and then we will stop and check some of the words. Let the participants know that they will not be able to complete the word search during this session, but they can always go back to it when they have a moment.
4. After you have stopped them, ask for the meaning of some of the words they have found. Ask what they notice about the words – acknowledge that these are all words pertaining to mental health and they will learn more about them during the training.

Closure

1. Check whether there are any queries about the morning so far.
2. Thank everyone for their participation.

Tea time

10:45-11:10 (25 minutes)

Facilitators remember to read through and scan the pre-training evaluation forms to see if there is anything that needs your immediate attention.

My name, myself & culture

11:10-11:40 (30 minutes)

Purpose of this activity

- Participants recognise the significance of their stories and their roots.
- Participants recognise their unique identity and acknowledge and accept who they are.
- Participants acknowledge that every person, no matter who they are or where they come from, has a history.
- Participants will understand the source of culture – their own in particular.
- Participants will be able to identify cultural explanations for unusual behaviour commonly associated with mental illness.
- Participants will understand how culture bound experiences can affect diagnosis and treatment of people with mental illness.
- To actively destigmatise mental illness.

Materials

- Participant's Manual: Activity 2 and 3

Group

- Small groups at tables

Time management

- Instructions = 2 minutes
- Sharing stories about their name = 5 minutes each = 10 minutes
- Discussion including culture bound experiences = 18 minutes

Instructions

1. Instruct the participants to turn to Activity 2 in their manuals.
2. Invite them to discuss the questions about their name with the people sitting at their table.
3. They can take it in turns to answer each question, or, they can answer the set of questions and then go on to the next person.
4. No writing, just listening.
5. Keep time and allocate 5 minutes per person sharing. After 5 minutes say out loud that there is 5 minutes left if they partners need to sway they must do so to ensure equal "airtime".

Discussion

1. Invite the participants to share what they learnt about themselves and others through discussing the story of their name.
2. Invite participants to discuss in what ways their name tells a story about the culture of their family.
3. Then, clarify what is understood by the word culture. This should include:
 - a. Knowledge, ideas, rules, and practices that are learned and shared down generations through stories and teaching
 - b. This includes language, religion and spirituality, family structures, life stages, ceremonial rituals, and customs, as well as morals and laws.
 - c. Culture may change as a result of experiences and things we are exposure to.
4. Activity 3 - culture bound experiences
 - » Once there is clarity on the meaning of culture and the participants feel confident in their own stories and histories, turn to Activity 3 and discuss the culture bound experiences that are frequently associated with mental illness. Read the introductory passage to help frame the discussion.

Closure

1. Thank everyone for their participation and summarise the link between our histories, values and prepare everyone for the next session about how culture can affect diagnosis and treatment of mental illness.
2. Encourage participants to be proud of themselves and their unique story.

Values activity

11:40-12:20 (40 minutes)

Purpose of this activity

- Participants will have a clear idea of the values that strongly influence their behaviour and beliefs.
- By actively respecting another's core values and beliefs it is hoped that participants will be able to live the Spirit of MI with awareness and integrity.

Materials

Participant's Manual: Activity 4

Flip chart paper

Koki pens

Prestik

Group

- Individual, small group at the table then whole group

Time management

- Part 1 = 15 minutes
- Part 2 = 5 minutes
- Discussion = 20 minutes

Instructions

Part 1

1. First ask the participants to tell you what they understand by the word "values".
2. Then use their manual to clarify and further explain values.
3. Invite the participants to turn to the Values Activity in their Manuals.
4. Have a pen or pencil ready.
5. Step-by step take the participant through Step 1 – 4. Invite them to do this on their own.
6. Encourage silence as they think and write about their values.

Then, when everyone has identified their core value ask them to say it out loud to the whole group. No explanation or discussion at this point, only the word! (This gives a sense of the values that are relevant to the participants).

Part 2

1. Ask the participants to answer Step 5 of the values exercise.
2. Once everyone has had some time to think and write about their values move onto the discussion.
3. It is not necessary that everyone has answered all the questions in Step 5 in their manuals. It is purely to prompt thinking.

Discussion

1. Invite the participants to share what they notice about themselves and how their core values steer their life.
2. Use examples from what participants have shared and facilitate the discussion of how people might feel when core values are not met or respected.

Then, make the link to the patient's need to be respected:

3. Facilitators prepare to write on the flipchart.
4. Ask the whole group to share what happens to a patient when their values are not recognised, understood or respected.
5. To make the discussion practical and to introduce reflective practice, draw a head near the top of the flip chart and ask:
 - a. What would a patient think? (E.g. I am not seen. This person does not know me. Confused and questions oneself. They don't care. Waste of time)
 - b. Then draw a heart and ask how a patient might feel? (E.g. devalued, demotivated, I am not good enough)
 - c. Then lastly, draw feet and ask what a patient might do? (E.g. don't take their medication, don't come back, become argumentative and defensive).
6. Then ask how a patient would feel if their values were respected.
7. Summarise the discussion and link to the "my name, myself activity". Facilitate this section of the discussion using the contributions raised.
8. Hang the flip chart on the wall using the heading "respecting patient values".

Closure

1. Thank everyone for their participation.
2. Encourage them to keep taking note of the impact that their values have on their wellbeing and their relationships.

Summarise the morning

12:20-12:30 (10 minutes)

Purpose of this activity

- Gain insight into participant experiences so far.
- Bring closure to the morning's sessions.

Materials

- Facilitator's Guide

Group

- Whole group

Instructions/Discussion

1. Ask participants to think of one word only that expresses their experience of the training so far.
2. Do a round robin, that means start with one person and go in a clock-wise or anti-clock-wise circle.
3. No need to comment, but this gives you a sense of the experience so far.
4. Summarise the responses in a short sentence.

Closure

- Thank everyone for their participation and enjoy the lunch break and let everyone know what time the afternoon session starts.

Lunch time

12:30-13:15 (45 minutes)

Facilitators to check in with each other and be prepared for the afternoon's sessions.

Depressive Disorder and The Kessler 10

13:15-14:45 (95 minutes)

Purpose of this activity

- Participants will have a clear understanding of Depression so that they can recognise, screen and refer appropriately.
- Participants will be introduced to the use and application of the Kessler 10.
- Participants will recognise the impact that managing patients with depression has on their own wellbeing.

Materials

- Participant's Manual: Depressive Disorder and Section 3 Kessler 10

Group

- Small groups of 4-5 participants in each group

Time management

- Settle in and read the story, understand the features = 15 minutes
- Kessler 10 explanation and application = 25 min
- Group work following instructions = 15 minutes
- Discussion = 13 minutes
- Reflection = 7 min

Instructions

Facilitators please note: In many cultures/languages, there is no single word for depression. Ensure that there is an understanding among the participants about what depression is so that they can meaningfully build on their prior knowledge.

- You might want to ask "What comes to mind when you think of Depression".
 - No need to clarify at this point, but say that we will check our understanding after we have heard about Janet.
1. Read Janet's story so that everyone can hear you. Read the story again if necessary.
 2. Once everyone is clear about the story, ask the participants to turn to Depressive Disorder in their manuals.
 3. Ask the participants about Janet's features of depression. Systematically start with the head, then heart and progress to the feet. By doing this you are modelling how to look for features as well as exposing them to the structure of the manual.
 4. Introduce the Kessler 10 once everyone is clear about Janet's features.

Introduce the Kessler 10

Now that everyone has an understanding of the features of depression, use Section 3 to explain the Kessler 10.

1. Administer the Kessler 10 to Janet (ending up with a score of 33). You can either roleplay this with your co-facilitator, or you can ask the participants to respond to the 10 questions. Ask them to think about how Janet would respond to the questions.
2. Follow the structure in Section 3 of how to prepare and ask a patient the questions.
3. Scoring – demonstrate how to score and explain the meaning of the scores.
4. Make sure that everyone knows to whom they would refer a patient like Janet.

Understanding management

1. Ask the participants to use the information provided for Depressive Disorder in their manuals and questions 3 and 4 in the box at the end of this condition.
2. They must work together at their tables.
3. Inform the participants that we will discuss the answers to their questions.
4. Let the participants know how much time is available to them to complete the questions.

Discussion

1. Once everyone has answered the questions ask for feedback.
2. Start with one group and continue with the next stating which group will answer the next question.

Summary: Facilitators to use the participants manual to summarise so that the information is clear and the common features are highlighted. Recap on the use of Kessler 10. Remember it is not necessary to repeat everything that has been said but only clarify and highlight relevant information about Depressive Disorder.

Once everyone understands depression then continue the discussion as follows:

Reflection

3. Ask what their greatest challenge is of working with people suffering from depression. Expect the following to be raised:
 - a. Time consuming, energy draining, feelings of being disempowered and overwhelmed by the magnitude of people's pain and suffering
4. Once participants have shared their challenges, ask how they feel about working with people suffering from depression.
5. What do they think about people suffering from depression and
6. How does their thinking and feeling possibly affect the way they treat patients suffering from depression. (Explore behaviour towards depression).
7. Explore in what ways their attitude towards patients might change now that they have the knowledge about depression.

Summary: acknowledge that it is challenging working with patients who suffer from depression but treatment is available. Affirm that help is also available for them as care-givers. This can be through their organisations or churches or other resources available to them too.

Closure

1. Thank everyone for their participation.

Link to next activity:

2. Inform the participants that during this training we will be learning ways of how to care for ourselves so that we can be effective when we care for others.
3. The next activity starts the journey towards listening to ourselves and learning practical ways to balance ourselves.

10 minute body break

14:45-14:55

Reflection & connecting with myself

14:55-15:45 (50 minutes)

Purpose of this activity

- Participants will be capacitated to contain their anxieties and any emotions evoked by today's sessions.
- Participants will have an understanding of the impact of occupational stress on their lives and quality of their work.

Materials

- Participant's Manual: Section 2 Activity 5 (stop after breathing exercise)

Group

- Whole group

Time management

- Introduction = 10 minutes
- Information re occupational stress = 10 minutes
- Becoming still = 5 minutes
- Discussion and closure = 5 minutes

Instructions

Facilitators note: because we are dealing with sensitive material, please ensure and prevent any labelling or self-diagnosis at any given time.

Introduction

1. Invite the participants to look at the "mind full or mindful" picture in their manuals.
2. Looking at this picture, ask what has happened to everyone's minds today?
3. Confirm that the today's activities filled their minds! That is something that happens to us all the time – there is so much going on and we need to just cope while we keep adding more and more and more to our lives.
4. Then, draw a stick figure that fills the page on another piece of flip chart paper.
5. Invite the participants to think about what happens to their bodies/lives when we have poor mental health and the impact of unhealthy habits on our lives.
6. Invite participants to come and draw a spot on the parts of the stick figure to show what happens their bodies (head, heart and action included).
7. Then ask again, what happens to us when our minds are full.
8. Facilitators to expect participants to say that they can't think any more, they feel tired and overwhelmed, they can't see clearly and can't make decisions. The mindful picture shows that the person can see what is there in front of them, they are fully present, while if our minds are full, we can't see clearly and we are not living in the present moment.

9. Explore the impact of occupational stress and the impact of burnout:
 - a. Pressure and demands made on us at work are normal but sometimes we feel pressurised to work outside of our knowledge and ability which leads to working outside of our scope of practice.
 - b. If we add work stress onto our own life situations, several things can happen to us as carers, for example:
 - i. We can start to worry a lot
 - ii. Mental and physical fatigue
 - iii. Bottle up emotions
 - iv. We can become more irritable
 - v. We can struggle with concentration and perform less well in our work
 - vi. Absentee rate increases
 - vii. We feel burdened by the suffering of others
 - viii. We blame others for their suffering
 - ix. Add to the list of features of compassion fatigue that were mentioned during the day's activities.
 - c. Reflect on how difficult it is to care for others when you feel depleted and need a little tender loving care (TLC) yourself.
10. As a reflective tool, reiterate from what we have just reflected on during the depression discussion about how our thoughts affect how we feel and then how we behave.
11. Use other practical example of what you observed during the day to illustrate this.
12. Emphasise to the group that an integral aspect of this training is to help them to find constructive ways to care for themselves to enable them to manage their stress in their pressured work environments.
13. Explain that during this workshop, we are going to give attention to ourselves, so that we can care for others and not get burn out.
14. We will be learning a simple breathing technique and a way of connecting with our senses that will help us to STOP, check what we're thinking, check how we are feeling and then take action so that we can be emotionally healthy.

Becoming still – practice breathing (steps 1-3)

15. Ask the participants to close their Manuals, clear the space around them. Go to the toilet if necessary.
16. Follow Step 1-3 of the breathing exercise.
17. Remain still for a few seconds and allow everyone to experience the stillness that follows conscious breaths.
18. Bring participants gently out of this exercise by telling them to open their eyes and stretch and yawn.

Discussion

1. Ask everyone how they experienced this exercise.
2. No need to get into a discussion – but rather affirm that we will be practising this exercise so that it becomes easy to do.
3. Summarise their experiences.
4. The bottom line is: Self-care - if I am in touch with myself and I experience stillness, I will be able to cope better in any environment.

Closure

- Thank everyone for participating.

Closure and preparation for Day 2

15:45-16:00 (15 minutes)

Purpose of this activity

- Bring closure to the day.
- Prepare for tomorrow.

Materials

- Participant's manual

Group

- Whole group

Instructions





1. Invite participants to express to their colleagues at their table what their greatest learning was for today.
2. Each group to find a common theme between them to share with the whole group.
3. Add to what has been said so that all the activities of the day have been mentioned.
4. Ask participants to read through their manuals tonight to see if they have any questions that they would like to raise tomorrow.
5. Encourage them to find more words in the word search and to discuss the meaning of their names and their values with their families/friends.
6. Remind the group of tomorrow's starting time.

Closure/Self-care

1. Thank everyone for participating.
2. Remind them to stop and breathe...!
3. Wish everyone a safe journey home.

Day 2

Welcome to Day 2! Today you will probably find that the group is more settled indicating that trust has been established. Participants will get involved in activities with greater ease. Reflection will become more natural. The content for today is intense and might elicit feelings that need to be contained. The self-care activities are aimed at helping to model and train the participants to use the tools “in the moment” of heightened feelings.

CONTENT	SELF-CARE	BEING A GUIDE
<ol style="list-style-type: none"> 1. Bipolar Disorder 2. Anxiety Disorders 3. Psychotic Disorder 4. People living with a disability 	<ul style="list-style-type: none"> • Wellness wheel • Reflection: head, heart, feet • Self-care 	<ul style="list-style-type: none"> • Model being a guide • Using the head, the heart and feet to listen  



Yesterday participants worked with their partners at the same table. Today you can start shifting participants around so that they experience working with others. One way of doing this is that you could ask for a volunteer from each table and then ask them to move one table to their left. Whatever you do, make it fun! The reason for doing this is that it is useful for participants to be able to share their knowledge and experience with others in the group.

Participant usually appreciate this and feel they get to know more people by the end of the training. It also helps shift unhealthy dynamics that might occur between participants.

Abbreviated programme

Time	Minutes	Topic	Facilitator
07:30–08:30	60 min	Preparing to train	
08:30–08:45	15 min	Welcome back and check in	
08:45–09:55	30 min	Being a guide on the side (Activity 6)	
09:15–10:15	60 min	Bipolar Disorder	
10:15–10:45	25 min	Tea Time	
10:45–11:15	30 min	Wellness Wheel (Activity 7)	
11:15– 12:50	90 min	Anxiety disorders and Kessler 10	
12:50–13:00	10 min	Summarise the morning	
13:00–13:45	45 min	Lunch Time	
13:45–14:45	60 min	Psychotic Disorder	
14:45–15:45	60 min	Disability	
15:45–16:00	15 min	Connecting with myself and closure	

Materials and preparation for today

- Name tags
- Koki pens | Flip chart | Prestik
- Attendance register
- On a separate piece of flip chart paper, prepare the outline of the flower for Activity 7. Hide until required.
- Print a copy of the Kessler 10 for each participant.

Preparing to train					07:30–08:30 (60 minutes)
Purpose of this activity					
<ul style="list-style-type: none"> • Preparing for today helps you to connect with your co-facilitator to ensure that you follow on appropriately after Day 1. • Continue to model respect to build trust so that a safe learning environment can be appreciated. 					
Materials					
Facilitator's Guide	Name tags	Koki pens	Attendance register	Writing pens	
Time management					
<ul style="list-style-type: none"> • Plan your time appropriately so that you are ready to receive the participants 30 minutes before the agreed start time. 					
Instructions					
<ol style="list-style-type: none"> 1. Before you start the day, connect with yourself first and then with your co-facilitator to be sure to set the scene for the day: <ol style="list-style-type: none"> a. Check who is leading each session b. Ask for support where needed 2. Check the set-up of the training room. Be sure that it is clean, fresh and welcoming. 					

Welcome back and check in

08:30–08:45 (15 minutes)

Purpose of this activity

- Continue to create a safe learning environment.
- Build trust.
- Internalise mindful/mind full and breathing exercise.
- Introduce one or two of the senses.

Materials

- Participant's manual: Activity 5

Group

- Large group

Instructions/Discussion

1. Welcome everyone back to the training.
2. Start off by becoming still, feet on the ground, backs straight, hands on laps and slowly do 3 rounds of breathing (4 breaths in, hold for count of 4 and breathe out for a count of 4).
3. Naturally flow into becoming aware of one or two of the senses. Touch and hearing are usually easier to become aware of.
4. End appropriately with taking a deep breath in and a stretch to ensure that everyone is back in the room.

Then,

5. Check in to see whether everyone's mind is full or mindful?
6. Once there is a sense of calm and peacefulness in the room, check in to see if there are any highs or lows after yesterday's training?
7. What do they feel they need today to become "mindful" rather than "mind full"? Perhaps summarise some of the discussion about mindful and mind full from yesterday.
8. Ask what they are looking forward to learning today?

Closure/Self-care

1. Thank everyone for their contributions.
2. Remind the group that the more they practice checking their minds and doing the breathing, and now also being able to connect with a sense, the more it will become second nature to them and they will be able to use it in difficult situations

Being a guide on the side

08:45–09:15 (30 minutes)

Purpose of this activity

- Participants will be introduced to the concept and elements of how to be a guide on the side.
- The characteristics and behaviours of what it means to journey alongside another will be explored through reflective practice using the head, heart and feet.

Materials

- Participant's manual: Activity 6

Group

- Large group

Time management

- Complete flower = 10 minutes
- Discussion = 20 minutes

Instructions

Facilitators put up the prepared flower so that it is ready to fill in the participants answers.

1. Invite participants to turn to Activity 6.
2. Guide the participants through the process of completing their individual flower.
3. Allow about 7 minutes to complete this activity on their own.

Discussion

Assure that participants that they are not required to tell the group about their problem. What is required for this activity is to express their feelings of what it was like to have someone listen to them deeply.

1. Systematically go through each of the numbers and ask the participants to tell you about their answers. Capture as much of their feedback as possible (Essentially what you are doing is introducing them to the Spirit of MI without using the terminology).
2. Explain that being a guide for our patients is like a beautiful flower with petals that allows each petal to open when it is ready.
3. Turn to the being a guide on the side activity in the participant manual and using the examples given by the participants summarise the use of:
 - a. Head/thinking/logic
 - b. Heart/feelings/emotions
 - c. Feet/actions/behaviour
4. Clarify what happens when we do not listen with our head, our heart and our actions.
5. Emphasise that the person we turned to did not judge, criticise or tell us what to do. Essentially they were compassionate. Ultimately they believed in us and helped us find our OWN path and supported us in our decision.
6. **This is what we are being called to do ... simply to be a “guide on the side” and not take over.**

Closure/Self-care

1. Do the breathing exercise for 3 to 4 breaths.
2. Hang the flower on the wall.
3. Thank everyone for their participation.

Bipolar Disorder

09:15–10:15 (60 minutes)

Purpose of this activity

- Participants will have a clear understanding of Bipolar Disorder so that they can recognise, screen and refer appropriately.
- Practice administering the Kessler 10 to promote familiarity and confidence in using the tool.
- Participants will recognise the impact that managing patients with Bipolar Disorder could have on their own wellbeing and the wellbeing of others who work in the same environment.
- Participants will be able to make conscious decisions about how they can protect themselves from occupational stress and burnout.

Materials

Participant's Manual: Bipolar Disorder

Flipchart paper

Pens

Prestik

Group

- Small groups of 4-5 participants in each group

Time management

- Settle in and read the story, understand the features and K10 score = 15 minutes
- Kessler 10 practice = 10 minutes
- Group work = 20 minutes
- Discussion = 15 minutes

Instructions

Facilitator's note: Bipolar Disorder is a complex condition which is easily misunderstood. Please ensure the correct understanding of the condition and reinforce the facts provided in the Participant's Manual.

1. Divide participants into small groups of 4-6 people.
2. Read Jeandre's story so that everyone can hear you. Read the story again if necessary.
3. Once everyone is clear about the story, ask the participants to turn to Bipolar Disorder in their manuals.
4. Ask the participants about Jeandre's features using the head, heart and feet.
5. **Practice administering the Kessler 10**
 - a. Ask the participants to find a partner at their table.
 - b. Decide who is A and who is B.
 - c. Participants to turn to the blank Kessler 10 score sheet in their manuals.
 - d. Partner A is a "patient" suffering from bipolar and partner B is the health care practitioner who will administer the Kessler 10.
 - e. Partner B needs to finalise the scoring and refer if necessary.
 - f. Advise that they have 7 minutes to administer the screening tool.
 - g. Facilitators to circulate and assist where necessary.
6. **Discussion**
 - De-role!
 - Ask about challenges in using the Kessler 10.

Advise that to gain confidence in using the tool, they need to practice reading the 10 questions.

Then, continue managing Jeandre as follows:

7. Inform the participants that Jeandre has a score 20 on the Kessler 10. Discuss if they feel he needs to be admitted to a hospital? Explain why?
8. Now that everyone has a clear understanding about Jeandre's condition, invite the participants to use their Manual and answer the questions at the end of Bipolar Disorder.
9. Facilitators to circulate between the groups to make sure that they are on track and have understood the instructions.
10. Guide the conversation when necessary.

Discussion/Summary

Discuss and summarise

1. Once everyone has answered the questions ask for feedback.
2. Facilitate the feedback by ensuring that the questions are answered.

Summary: Facilitators to use the manual to summarise by highlighting relevant information about Bipolar Disorder.

Reflective practice

Once everyone understands Bipolar Disorder then continue the discussion to allow for internalisation of knowledge and information as follows:

3. Ask what their greatest challenge is of working with people suffering from bipolar mood disorder and link this to reflective practice using the head, heart and feet.
4. Once participants have shared their challenges, ask how they **feel** about working with people suffering from bipolar.
5. What do they **think** about people suffering from bipolar disorder and,
6. How does their thinking and feeling possibly affect the way they treat patients suffering from bipolar. (Explore **behaviour** towards a patient suffering from bipolar disorder).
7. Explore in what ways their attitude towards patients might change now that they have the knowledge about bipolar disorder.

Summary: acknowledge that it is challenging working with patients who suffer from bipolar disorder but treatment is available.

Affirm that help is also available for them as care-givers. This can be through their organisations, churches or other resources available to them too.

Closure

1. Once complete, hang the contributions written on the flipchart on the wall. Make sure that the heading on the page is "Bipolar Disorder".
2. Thank everyone for their participation.
3. End the session with becoming still to clear the mind by using breathing and/or connecting to one of the senses.

Tea time

10:15–10:45 (30 minutes)

Wellness Wheel

10:45–11:15 (30 minutes)

Purpose of this activity

- Provide a framework for participants to critically reflect on their own wellbeing.
- Participants will be sensitised to the fact that their lives might not be in balance and that by exploring their wellness wheel they will be able to make simple changes towards their own happiness and wellbeing.
- Reflect with participants that it is not selfish to care for oneself.

Materials

Participant's Manual: Activity 7

Flipchart paper

Pens

Prestik

Group

- Individual and large group

Time management

- 1 = 5 minutes
- 2 = 15 minutes
- Discussion = 10 minutes

Instructions

1. Draw a replica of the circle with 6 compartments on a piece of flipchart paper and invite participants to tell you what they think the 6 essential components of a balanced life consist of.
 - a. Once they have given some answers, ask them to turn to Activity 7 to check if their wheel of life is balanced or not.
 - b. You can expect a lot of laughter and ask them to write down what they notice about themselves in the block on the page. No need to spend too much time on this, it is there to simply provide a prompt for people to think about their general wellness.
2. Ask the participants to list some practical things they can do every day to balance their own wellness wheels. Where possible and appropriate, link this activity to the self-care discussion of Day 1.
3. Participants to then select 1 thing they want to work on to balance their wheel and ultimately take care of themselves.
4. Plan an activity using the steps provided in their manual.

Discussion

1. Ask for feedback about the type of things that spin our wheels out of balance.
2. Discuss the perceptions of people who do take care of themselves by asking them to complete the following sentence:
 - a. People who take care of themselves, in my opinion, are
3. Check assumptions and make it safe for participants to see the value of self-care.
4. Discuss the type of things participants wrote down to make sure that their wheels were not spinning and going in the right direction! Take note of these on flip chart paper so that ideas can be shared.
5. Make sure that the things they plan to do are practical, achievable and have a time-frame.

Note to facilitators: remember what people have said they are going to do and when appropriate remind or encourage or acknowledge their decisions.

Closure/Self-care

1. Once complete, hang the contributions written on the flipchart on the wall.
2. Thank everyone for their participation.
3. End the session with becoming still to clear the mind by using breathing and/or connecting to one of the senses.

Anxiety disorders

11:15–12:50 (90 minutes)

Purpose of this activity

- Participants will have a clear understanding of Anxiety Disorders so that they can recognise, screen and refer appropriately.
- Practice administering the Kessler 10 to promote familiarity and confidence in using the tool.
- Participants will recognise the impact that managing patients with anxiety could have on their own wellbeing.
- Participants will have an idea of how anxiety may be related to HIV diagnosis, treatment and adherence behaviour; what might cause someone with HIV to be anxious.
- Participants will be able to make conscious decisions about how they can protect themselves from occupational stress and burnout.

Materials

Participant's Manual: Anxiety Disorders

Flipchart paper

Pens

Prestik

Group

- Small groups of 4-5 participants in each group – new groups, see below

Time management

- Settle in and read the story, understand the features and K10 score = 20 minutes
- Kessler 10 practice = 20 minutes
- Group work = 20 minutes
- Discussion = 20 minutes

Instructions

This is a good time to move groups because it provides an opportunity to raise anxiety and serves as a good introduction to the topic at hand.

Ask 2 people from each table to stand. No need to explain why. All you ask for is 2 people from each table to stand. Once there are 2 people standing at each table, then ask them to take their belongings and move to the table on their left.

Where possible, use the experience to introduce anxiety.

Anxiety is often experienced by many people working in a high stress environments. It might be useful to keep in mind and highlight the difference between normal healthy anxieties versus disruptive anxiety. (Refer to the introduction in the Participant's Manual)

Facilitators note: this session could evoke the participants own anxiety.

1. Read Emanuel's story so that everyone can hear you. Read the story again if necessary.
2. Once everyone is clear about the story, ask the participants to turn to Anxiety Disorders in their manuals.
3. Ask the participants about Emmanuel's features using the head, heart and feet.

4. Practice administering the Kessler 10
 - a. Ask the participants to find a partner at their table.
 - b. This time partner A and B to swop roles.
 - c. Participants to turn to the blank Kessler 10 score sheet in their manuals.
 - d. Partner B is a “patient” suffering from anxiety and partner A is the health care practitioner who will administer the Kessler 10.
 - e. Partner B needs to finalise the scoring and refer if necessary.
 - f. Advise that they have 7 minutes to administer the screening tool. This time we have more time to understand the tool and to discuss the possible challenges.
 - g. Facilitators to circulate and assist where necessary.
 - h. Discussion
 - i. De-role!
 - j. Discuss in more detail the possible challenges they will face when administering the Kessler 10.
 - k. Remind everyone to practice administering the Kessler 10.

Then continue as follows:

5. Now that everyone has an understanding of Anxiety Disorders, invite the participants to use their Manual and answer the questions at the end of the Anxiety Disorders section.
6. Facilitators to circulate between the groups to make sure that they are on track and have understood the instructions.
7. Guide the conversation when necessary.

Discussion

1. Once everyone has answered the questions ask for feedback.
2. Facilitators explain that there are many different types of Anxiety Disorders, some are listed in their workbooks for future reference.

Summary: From what you heard while circulating, highlight key points that were discussed in the groups.

Ask if they have any further questions about anxiety. Model using the Manual to clarify the content where necessary.

Once everyone understands Anxiety Disorder then continue the discussion to allow for internalisation of knowledge and information as follows:

8. Ask what their greatest challenge is of working with people suffering from anxiety.
 9. Once participants have shared their challenges, ask how they **feel** about working with people suffering from anxiety.
 10. What do they **think** about people suffering from anxiety and
 11. How does their thinking and feeling possibly affect the way they treat patients suffering from anxiety. (Explore **behaviour** towards anxiety).
 12. Explore in what ways their attitude towards patients might change now that they have the knowledge about anxiety.
3. Facilitator note: look for coping mechanisms and use some of the Treatment Options for Anxiety. Example, lifestyle management, psychosocial connections.

Closure

1. Thank everyone for their participation.
2. End the session with breathing and becoming still to clear the mind.

Summarise the morning

12:50–13:00 (10 minutes)

Purpose of this activity

- Summarise the activities of the morning.
- Bring closure to the morning.

Materials

- Facilitator's Guide

Group

- Whole group

Instructions

1. Invite participants to think about their greatest learning so far and to share it with those at their table.
2. Ask for a volunteer from each table to share their greatest learning.

Closure/Self-care

1. Take 3 slow breaths and when everyone is still thank the group for their participation.
2. Tell everyone what time the afternoon session starts after lunch.

Lunch time

13:00–13:45 (45 minutes)

Psychotic Disorder

13:45–14:45 (60 minutes)

Purpose of this activity

- Participants will have a clear understanding of Psychotic Disorder so that they can recognise, screen and refer appropriately.
- Participants will recognise the impact that managing patients with Psychotic Disorder could have on their own wellbeing and now extended to others in the community.
- Dispel the myths and stigma associated with psychosis.
- Understand how HIV may be related to psychosis.

Materials

Participant's Manual – Psychotic Disorder

Flipchart paper

Pens

Prestik

Group

- Small groups of 4-5 participants in each group

Time management

- Settle in and introduce Psychotic Disorder = 10 minutes
- Participants work out the questions in their manuals = 30 minutes
- Discussion = 20 minutes

Instructions

1. Briefly introduce the concept of psychosis provided in the introduction. Say this in your own words as if you were having a conversation with the group about interesting facts.
2. Read Harry's story so that everyone can hear you. Read the story again if necessary.
3. Once everyone is clear about the story, ask the participants to turn to Psychotic Disorder in their manuals.
4. Ask the participants about Harry's features using the head, heart and feet.
5. Invite the participants to use their Manual and answer the questions at the end of Psychotic Disorder in their manuals.
6. Facilitators to circulate between the groups to make sure that they are on track and have understood the instructions.
7. Guide the conversation when necessary.

Discussion

1. Once everyone has answered the questions ask for feedback.
2. Be sure to link Psychotic Disorder to the discussion about culture from the previous day.

Summary: Facilitators to use the manual to summarise so that the information is clear and the common features are highlighted.

Once everyone understands Psychotic Disorder then continue the discussion to allow for internalisation of knowledge and information as follows:

3. Ask what their greatest challenge is of working with people suffering from a Psychotic Disorder.
4. Once participants have shared their challenges, ask how they **feel** about working with people suffering from psychosis.
5. What do they **think** about people suffering from psychosis and
6. How does their thinking and feeling possibly affect the way they treat patients suffering from psychosis. (Explore **behaviour** towards psychosis).
7. Explore in what ways their attitude towards patients might change now that they have the knowledge about psychosis.

Summary: acknowledge that it is challenging working with patients who suffer from a Psychotic Disorder but treatment is available. Affirm that help is also available for them as care-givers. This can be through their organisations or churches or other resources available to them too.

Closure

- Thank everyone for their participation.

People living with a disability

14:45–14:45 (60 minutes)

Purpose of this activity

- Participants will have a clear understanding of what is meant by psychosocial disability – a break away from the usual stereotypical view of this subject.
- Participants will be able to use appropriate language when addressing a person living with a disability.
- Participants will understand and have a feel for the rights of people living with a disability.

Materials

Participant's Manual: People living with a disability

Flipchart paper

Pens

Prestik

Group

- Partners

Time management

- Introduction = 5 minutes
- Group work = 30 minutes
- Discussion = 25 minutes

Instructions

1. To stimulate thinking, start off by asking if there is anyone in the room who does not have a disability. There will be several people who say that they do not – leave it that way
2. Introduce Tom and read his story.
3. Invite participants to discuss the questions at the end of the relevant section.

Discussion

1. Once everyone has answered the questions ask for feedback.
2. Start with one group and continue with the next stating which group will answer the next question. Barriers and psychosocial disability might need further explanation and/or discussion.
3. End this session by asking if there are still people in this room who do not have a disability or who have not had a disability in the past!
4. Connect the activity to reflective practice.

Closure

1. Thank the group for participating
2. Breathe before summarising the morning so far.

Connecting with myself and closure

15:45–16:00 (15 minutes)

Purpose of this activity

- Bring closure to the day.
- Use senses exercise to bring stillness.
- Prepare for tomorrow.

Materials

- Participant's Manual

Group

- Whole group

Instructions/Discussion





1. Invite participants at each table to think about what they are grateful for today.
2. Summarise the themes of the day.
3. Ask participants to read through their manuals tonight to see if they have any questions that they would like to raise tomorrow.
4. Encourage them to find more words in the word search and to discuss the meaning of their names and their values with their families/friends.
5. Remind the group of tomorrow's starting time.
6. Continue doing the senses exercise in the way that is best for this group.
7. Remind everyone to do their self-care activity they chose for themselves today.

Closure/Self-care

1. Thank everyone for participating.
2. Remind them to breathe and connect with the sense that is most natural for them.
3. Wish everyone a safe journey home.

Day 3

Welcome to Day 3! Today you should find that the group is established and is working well together. The morning is “content heavy”, so be sure to continue to model and integrate self-care and the spirit of MI wherever possible. Be sure to use self-care to return to calm and focus in the group. Mindful or mind full? Use the reflective practice tool with greater intent today to ensure that there is resolution in one’s thinking, feeling and behaviours.

CONTENT	SELF-CARE	BEING A GUIDE
Psychoeducation, screen and refer 4. Suicide 5. Managing physical aggressive patients and Mental Health Care Act 6. Substance Use Disorders (SUD) 7. Mental Health Concerns in the Older Person 8. Mental Health Issues in Children 9. Integration into practice	Continue to internalise • Reflection: thoughts, feelings and behaviour • Self-care – breathing and senses	Continue to model critical reflection using head, heart and feet
		 

Today you will find also find that although the group is working well, there will be signs of separation anxiety. Poor time keeping and distractions are typical behaviours that you can anticipate and will need to facilitate today. As a facilitator you need to be firm, adhere to the group norms and keep focused – this provides containment and continues to strengthen trust. The metacommunication is that the containment you provide shows that you truly believe in each person and you want the best for them.



Abbreviated programme

Time	Minutes	Topic	Facilitator
07:30–08:30	60 min	Preparing to train	
08:30–08:45	15 min	Welcome back and check in	
08:45–09:15	30 min	Suicide	
09:15–10:15	60 min	Aggressive and violent patients	
10:15–10:30	15 min	Older persons	
10:30–10:50	30 min	Tea Time	
10:50–11:50	60 min	Substance Use Disorders	
11:50–12:50	60 min	Children's mental health issues	
12:50–13:00	10 min	Summarise the morning	
13:00–13:45	45 min	Lunch Time	
13:45–14:30	45 min	Integration into practice – roles and responsibilities	
14:30–15:00	30 min	Journey exercise	
15:00–15:30	30 min	Post-training evaluation	
15:30–16:00	30 min	Celebrate each one present/farewell/photo	

Materials for today

- Name tags
- Koki pens
- Flip chart
- Prestik
- Attendance register
- Post-training evaluation

Preparing to train

07:30–08:30 (60 minutes)

Purpose of this activity

- Preparing for today helps you to connect with your co-facilitator to ensure that you follow on appropriately after Day 2.
- Continue to model respect to build trust so that a safe learning environment can be appreciated.

Materials

Facilitator's Guide

Name tags

Koki pens

Attendance register

Pens

Time management

- In whatever way you plan and time the set-up, be sure to be ready for participants to arrive 30 minutes before the start time.

Instructions

1. Before you start the day, connect with yourself first and then with your co-facilitator to be sure to set the scene for the day:
 - a. Check who is leading each session
 - b. Ask for support where needed
2. Check the set-up of the training room. Be sure that it is clean, fresh and welcoming.

Welcome back and check in

08:30–08:45 (15 minutes)

Purpose of this activity

- Continue to create a safe learning environment.
- Provide an opportunity to reflect on their experience so far.
- Internalise breathing exercise and becoming still exercise.

Materials

Flipchart paper

Pens

Prestik

Group

- Large group

Time management

- Breathing and senses = 5 minutes
- Check in = 10 minutes

Instructions/Discussion

1. Welcome everyone back to the training.
2. Naturally flow into doing some breathing and becoming aware of one or two of the senses.
3. End appropriately with taking a deep breath in and a stretch to ensure that everyone is back in the room.
4. Acknowledge that we are now half-way through the training.
5. Ask for feedback about how managed to do some self-care. If yes, congratulate, if not, explore the barriers to caring for themselves.
6. Acknowledge that it is the last day and ask the participants to continue to be mindful of our group norms!

Closure

1. Thank everyone for their contributions. Encourage self-care!
2. Breathe!

Suicide - Tsidi

08:45–09:15 (30 minutes)

Purpose of this activity

- Participants will be clear about working within their Scope of Practice with regards to recognising and referring patients who are suicidal.
- Participants will recognise their own need to debrief after encountering someone who is suicidal.

Materials

Participant's Manual: Suicide

Flipchart paper

Pens

Prestik

Group

- Whole group

Time management

- Introduce topic, settle in and read the story = 10 minutes
- Discussion = 20 minutes

Instructions/Discussion

1. Read the story about Tsidi and ask if the group thinks she is at risk.
2. Using their Manuals, lead a discussion about suicidal ideation and a person at risk of suicide.
3. Allow time for participants to answer the questions at the end of the section.
4. Allow discussion time for the questions.
5. Facilitators to please ensure that the referral pathway is clear and that debriefing post trauma for themselves is essential.
6. Discuss the importance of debriefing after a traumatic experience.

Closure

1. Once complete, hang the referral pathway on the wall.
2. Thank everyone for their participation.
3. End the session with breathing and becoming still to clear the mind.

Managing aggressive & violent patients

09:15-10:15 (60 minutes)

Purpose of this activity

- Participants will explore and begin to understand some of the reasons people may become aggressive.
- Participants will have a clear understanding of how to appropriately recognise, screen and refer patients who are aggressive and/or violent.
- Participants will recognise the impact that managing aggressive and/or violent patients could have on their own and other community members' wellbeing.

Materials

- Participant's Manual: Managing aggressive and violent patients

Group

- Whole group and then small groups of 4-5 participants in each group

Time management

- Introduction and model Maria's admission = 20 minutes
- Group work = 30 minutes
- Discussion = 10 minutes

Instructions

1. Open the discussion by asking the group about who in their experience are the individuals who are at risk of becoming aggressive and violent.
2. Summarise by adding information from the list provided in the Participant manual.
3. Write answers on the flipchart when you ask how they should first protect themselves and what they need to do when someone is aggressive.
4. Provide brief information that the mental health care act makes provision to safely manage violent and aggressive patients and this session will show us how this is done.
5. Read and unpack Maria's story by following the instructions provided under "Admission has 3 clear pathways". This will allow participants to see how to use the Admission pathways and also clarify associated roles and responsibilities.

Now divide the participants into groups allowing for some groups to manage Temba and others to manage Piet.

6. Ask the groups to identify someone who will be their spokesperson so that we can all learn from each other.
7. Facilitators to circulate between the groups to make sure that they are on track and have understood the instructions.
8. Guide the conversation when necessary.

Discussion

1. Ask one of the groups who did Temba to start giving their feedback. The next group to add any information that is missing or that needs to be added. (No repetition of the whole story please!)
2. Once Temba has successfully followed the "Assisted" pathway, then continue with Piet in the same way.
3. Clarify any questions or concerns along the way.

Closure

1. Debrief the group and make sure that they do the same in a real life event.
2. Thank everyone for their participation.
3. End the session with breathing and becoming still to clear the mind.

Mental Health Concerns in the Older Person

10:15–10:30 (15 minutes)

Purpose of this activity

- Participants will be introduced to understanding of the challenges faced by the older person and how to show compassion and care.
- Participants will have a better understanding of how to support family and care-givers of the older person.

Materials

- Participant's Manual: The Older Person

Group

- Whole group and then small groups of 4-5 participants in each group

Time management

- Introduction = 5 minutes
- Discussion = 10 minutes

Instructions/Discussion

Introduction

1. Invite participants to think about what comes to mind when they think of older people. Write their thoughts on the flip chart.
2. When appropriate prompt questions according to:
 - a. normal aging
 - b. new or old medical problems or
 - c. psychiatric problems
3. Briefly link and explain the different conditions associated with the older person.

Discuss the different conditions associated with the older person.

Advise the participants that they are welcome to read the story of Mrs Dube and answer the questions at the end of this section.

Closure/Self-care

1. Thank everyone for their participation.
2. End the session with becoming still to clear the mind by using breathing and/or connecting to one of the senses.

Tea time

10:30–10:50 (30 minutes)

Substance Use Disorders (SUD)

10:50–11:50 (60 minutes)

Purpose of this activity

- Participants will have a clear understanding of the appropriate language associated with substance use.
- Participants will be exposed to the substances in use in the communities and begin to understand their effects.
- Participants will be able to recognise and refer patients who seem likely to have a substance use disorder.
- The spirit of MI will be internalised and participants will be able to show a greater sense of how to use it explicitly.

Materials

- Participant's Manual: Substance Use Disorders

Group

- Small groups of 4-5 participants in each group

Time management

- Introduction (effects and assumptions) = 5 minutes
- Specific substances = 10 minutes
- Read the story = 5 minutes
- Group work = 20 minutes
- Discussion = 20 minutes

Instructions

Introduce SUD and initiate a brief discussion by asking the following:

1. What do they think are the biggest effects of substance use in their community (and then ask in SA)? Then,
 - a. Provide the statistics in the Participant's Manual to highlight the reality of the crisis in SA.
2. Check the participant's assumptions and beliefs about substance use by reading the myth provided in the table in SUDs in the Participant's Manual and then getting participants to say what they think.
 - a. Once participants have had a chance to answer, then provide the fact.
 - b. Repeat this for all the 5 myths provided.
3. Briefly discuss specific substances
 - a. Invite participants to have a look at the different substances and identify those most commonly used in their community.
 - b. What benefits have you heard users say they get from using this particular substance? Why do they use? What do they get from using?
 - c. What are the negative effects that users say they experience because of this substance use that appears to be harmful to them, in their social and occupational roles?

Introduce Thando and read his story.

1. Now that everyone has heard about Thando, invite the participants to use their Manual and answer the questions at the end of the SUD.
2. Facilitators to circulate between the groups to make sure that they are on track and have understood the instructions.
3. Guide the conversation when necessary.

Discussion

1. Once everyone has answered the questions, briefly check in that the participants accessed the correct information in their Manuals. Ask if they have any further questions about understanding the SUD. Model using the Manual to clarify the content where necessary.

Once you feel that everyone understands Thando and essentially the broader topic of substance use, then continue the discussion as follows:

2. Invite the participants to briefly share what they could do to develop an appropriate attitude towards someone like Thando.
 - a. Be sure to use the appropriate terminology provided in “A change in attitude” in the Participant’s Manual.
3. Once again, using the Head, Heart and Feet reflection tool:
 - a. Draw a head on a flip chart paper and ask what this session has done to help them to possibly change the way they **think** about people with substance use disorder
 - b. Draw a **heart** and ask how they feel about people with substance use disorder
 - c. What they can do to change the way they **feel** about people with substance use disorder.
 - d. Draw feet and ask what they think about people with a substance use disorder
 - e. What they think they can do to help themselves so that they do not become burnt out from managing people they deal with who suffer from substance use disorder?

Facilitator note: Substance use might be a sensitive issue and could raise personal experiences of dealing with family and/or community members.

Closure

1. Once complete, hang the contributions written on the flipchart on the wall. Make sure that the heading on the page is “SUD”.
2. Thank everyone for their participation.
3. End the session with becoming still to clear the mind by using breathing and/or connecting to one of the senses.

Mental health issues in Children

11:50–12:50 (60 minutes)

Purpose of this activity

- Participants will have a clear understanding of the types of challenges experienced by children with mental issues.
- Participants will have an understanding that all children's mental health issues have a social context.
- Participants will understand that to manage a child means to manage the whole family.

Materials

- Participant's Manual: Children's mental health issues

Group

- Small groups of 4-5 participants in each group

Time management

- Introduction = 5 minutes
- Allow approximately 15 minutes per child
- Discussion and summary = 10 minutes

Instructions

Facilitators to please use the introduction in the participant manual and to first provide context to the children's issues being addressed during this training.

1. Invite participants to use their manuals and to answer the questions at the end of each vignette:
 - a. Developmental delay
 - b. Emotional problems
 - c. Behavioural problems
2. First identify the features that alert one to the fact that the child has problems
3. Then further explore the questions provided at the end of the vignette.

Discussion

1. Allow very brief discussion of questions ensuring that the social context of the child is recognised.
2. Summarise the key points for each child.
3. Link the child to services available in the given community.

Closure

1. Thank everyone for their participation.
2. End the session with becoming still to clear the mind by using breathing and/or connecting to one of the senses.

Summarise the morning

12:50–13:00 (10 minutes)

Purpose of this activity

- Change the energy and mood in the room.
- Bring closure to the morning.

Materials

- Facilitator's Guide

Group

- Whole group

Instructions

1. Invite participants to:
 - a. Think about how their bodies are feeling right now.
 - b. Stand up and form one big circle if possible. If not stay at their tables.
2. Once everyone is moving, start clapping in a steady rhythm and get everyone to join you.
3. Tone the clapping down once the circle is formed and ask everyone to take it in turns to simply show one movement with their bodies to express how they are feeling. This must be done to the rhythm of the clapping.
4. Say that you will start and that the movement is going to be continued by the person on the right of you.
5. No talking, just clapping and a body movement.
6. Start clapping loudly again and start by doing your body movement.

Closure

1. Thank everyone for their participation.
2. Use the stillness exercise to settle down after the active expressions.
3. Remind them what time the next sessions starts after lunch.

Lunch time

13:00–13:45 (45 minutes)

Roles and responsibilities activated

13:45–14:30 (45 minutes)

Purpose of this activity

- Participants will have an opportunity to work with their colleagues to find ways to implement their new knowledge and skills into routine practice.
- Participants will be able to prepare and present an update of their learnings for their supervisors or the organisations who sent them on this training.

Materials

Participant's Manual

Flipchart paper

Pens

Prestik

Group

- Divide the participants into groups who naturally work together.

Time management

- Grouping = 5 minutes
- Answering the question = 20 minutes
- Feedback = 20 minutes

Instructions

Groups

This is a practical exercise and the groupings need to be people who work together in practice.

Facilitators to use their common sense in the division of these groups.

1. Provide each group with flip chart paper and pens.
2. Ask them to write the heading:
 - a. "What we will do tomorrow in our organisation to make sure that mental health is integrated into routine care".
 - b. (And where appropriate following organisational discussions: in what ways will the Kessler 10 be integrated into our services?)
3. Check that everyone understands the question.
4. Facilitators to circulate and promote discussion and commitment to an action.

Feedback

1. After about 15 minutes, ask the groups to decide on the 1 thing out of all they have written on their page that they will do the next day back at work. This must be shared with the whole group.
2. The participants will take this page back to their organisations with them as a link from the training to practice.
3. Take a photo of the persons and the content on the flip chart as reference for report writing as well as ensuring contact with the organisation in the future should this be necessary.

Closure

1. Thank everyone for their participation.
2. End the session with breathing and becoming still to clear the mind.

My journey

14:30–15:00 (30 minutes)

Purpose of this activity

- Provide an opportunity for self-reflection and tracking the journey of self-discovery during the mental health training.

Materials

Participant's Manual

Crayons if available

Group

- Individual work and small groups

Time management

- Instructions = 5 minutes
- Self-reflection = 20 minutes
- Feedback = 5 minutes

Instructions/Discussion

1. Ask participants to settle in their chairs, feet firmly on the ground and to take 3 deep breaths.
2. Explain that this is an activity to help self-reflection.
3. Invite them to think of how they felt when they heard about this training, then what happened when they walked through the door on Day 1. How did they feel, what did they think. Then think about Day 2 and today...
4. It's been a journey ...
5. Invite the participants keep the stillness in the room and open their manuals on the page that says "My Journey"
6. Explain that they are not required to be artists but invite them to draw their journey from the time they walked in the door to this minute.
7. If you have crayons, make sure they are available on the tables.
8. Clarify any questions but do not feed into the anxiety about not being able to draw.
9. Explain that there is no right way or wrong way of doing this journey. It is theirs and it is personal.
10. Invite participants to share their journey with colleagues at their tables.
11. Encourage only listening and no questioning of the content shared.
12. Participants are encouraged to only share what they are comfortable sharing.
13. Allow for about 4-5 minutes per participant sharing in their groups.
14. Once everyone has had a chance to share – allow for time for participants to circulate and show their journey to their colleagues.
15. This activity can be moving – allow for emotion and support participants where necessary.
16. Take photographs if given permission by the participants – useful for reports.

Closure

1. Thank everyone for their contribution in whatever way works, for example, clapping or singing a song.
2. Take deep breaths to become still before the next activity.

Post-training evaluation

15:00–15:30 (30 minutes)

Purpose of this activity

- Gain an understanding of the how the participants perceived/experienced the training.
- Complete the ATTC GPRA evaluation forms.

Materials

- Post-training evaluation forms

Group

- Large group

Time management

- Post-training evaluation = 15 minutes.
- GPRA = 30 minutes to complete and collect.

Instructions

1. Hand out the post-training evaluation forms and invite the participants to complete them.
 - a. Remind them that it is not a test but rather an opportunity for them to self-evaluate their knowledge about mental health conditions.
2. Once these forms are complete, continue with the GPRA forms – first consent and then the forms. Check everyone understands and completes them correctly. (Please note: this is specifically for ATTC trainings)
3. Some participants might take more time to complete this.
4. If there are 1 or 2 holding up the group, ask them to complete the form afterwards.

Closure

1. Be sure to gather all the forms afterwards.
2. Thank the participants for their willingness to complete them.

Celebrate each one/farewell/photo

15:30–16:00 (30 minutes)

Purpose of this activity

- Recognise that learning is shared.
- Honour each one for their contribution.
- Officially close the training.

Materials

- Facilitator's Guide

Group

- Whole group

Instructions

1. Invite participants to briefly stand so that the rest of the group can wish them well, give them a clap, whatever transpires – allow for expression and creativity depending on the group.
2. Start at a point and make sure that everyone has been seen and recognised.
3. Once the participants have been recognised, recognise the facilitators too!

Photo and close the training

1. Take a group photo.
2. Wish everyone well and declare the training closed!

Section 4

Resources

Resource A - example of the email to the person from an organisation interested in the training

Good morning (insert name)

Thank you for your interest in us providing the mental health training for your organisation. I would like to give you some information about the training and would be glad for you to provide us with information about the group that will be attending the training as well; this will help us with booking arrangements for our team. Please take some time to go through this to ensure that we have a proper working plan in preparation for this training event.

Mental health training for Non-Specialist Providers of Health Care:

Please find the attachments which include of the following:

- The agenda for the training see Resource C as an example of an agenda
- Participants are required to complete a pre-evaluation form at the beginning of the sessions. The purpose of this questionnaire is to help us get a sense of the group's views about mental illness and understand how the group responds to the training.
- Participants will each be given a resource manual; the workbook serves as an activity resource and as takeaway training notes to refer to post training. Printing of these manuals would be at the cost of your organisation.

Participant Details

- A maximum of 20-26 participants is recommended for this training.
- Attendees may include: peer educators, lay workers, community health workers, counsellors, social auxiliary workers, social workers and nurses.
- We will request confirmation of the participants' information to be sent to us about a week before the training; ATTC will send generic sms reminders to the participants as well as to generate the attendance register. The information includes the participants name and surname as well as their cellphone numbers.

Preparation for the training:

- **Venue:** May you please confirm the exact address of the training venue as soon as possible. Our trainings are generally presented in a café style seating with preferably 4 to 6 participants per table. Ideally the venue should thus be large enough to accommodate this setup.
- **Materials and equipment requested:** a flipchart apparatus, including stand, paper, and 3 or 4 colours of dark flipchart marker.
- **Training manuals** – the SA HIV ATTC unfortunately does not print Participant Manual's. These manuals are expected to be printed by the organisation and it is strongly recommended that this be organised in advance, so that the manuals are at hand on the first day of the training.

- **Meals** – Unfortunately, the SA HIV ATTC does not supply any meals for tea time and lunch time. If possible, it is suggested that your organisation provide these catering needs or else it is recommended that participants are informed beforehand that they need to bring along something to eat during the training days.

After each training:

- Participants will need to sign a register for each day of the training.
- The post-evaluation form will be completed at the end of the training.
- There is another form that will be completed on the last day of the training. It is called a GPRA form; which is a universal brief survey form we use in all our ATTC programmes. It is a requirement from our funders. It includes questions around the sessions that are covered and how the participants experienced the trainings.

If you have any enquiries related to the logistics of this training. Please feel free to contact us.

(insert e-mail signature)

It is useful to attach the training agenda to the email. See Resource C as an example of an agenda.

Resource B – example of the participant invitation used by ATTC

Insert Organisation Logo here



dd/mm/yy

Dear colleague,

Welcome to the 3-day Basic Mental Health and Practitioner Self-care Training offered by ATTC!

Thank you for applying to attend this training in Mental Health. We hope that it will be a fruitful experience for you. During this training you will expand on your knowledge about Mental Health conditions that are regularly seen in clinical settings. This training will empower you to be an active and confident team player when you recognize, screen and refer appropriately. You will also be exposed to ways to care for yourself, while caring for your respective clients/patients.

When: The training starts promptly at 08:00 on dd/mm/yyyy and ends at 16:00 on dd/mm/yyyy.

Where: The training will be held at _____.

Attendance: Because of the way the training is structured, we request your full attendance so that you don't miss out on any of the information. This will enable you to contribute to and enjoy the fruits of active group participation.

What to wear/bring: come comfortably dressed and bring along a pen if you can. We will supply you with a training manual to write in.

We look forward to meeting you and welcoming you at _____!

Your ATTC facilitators

(provide your names)

The South Africa HIV ATTC team

Department of Psychiatry & Mental Health, University of Cape Town

Education Centre, Valkenberg Hospital

Observatory Road, Observatory, Cape Town, 7925

Email: sahivattc@uct.ac.za

URL: www.ATTCnetwork.org/SouthAfrica

Resource C – Training agenda



Basic Mental Health and Practitioner Self-Care Training Agenda

Venue:

Date:

Time: 08:30-16:00

	Morning	Afternoon
Day 1	<ul style="list-style-type: none">• Welcome and introductions• Pre-training evaluation• Establishing a group culture• Mental health and this training• My name, myself/culture• Values activity	<ul style="list-style-type: none">• Depressive Disorder• Introduction to the Kessler 10• Introduction to self-care tool and self-reflection• Closure
Day 2	<ul style="list-style-type: none">• Check in and reflection• Being a guide on the side• Bipolar Disorder• The Wellness Wheel• Anxiety Disorders	<ul style="list-style-type: none">• Psychotic Disorder• People living with a disability• Self-care• Closure
Day 3	<ul style="list-style-type: none">• Check in and reflection• Suicide• Aggressive and violent patients (MHCA)• The Older Person• Substance Use Disorders (SUDs)• Children's mental health care	<ul style="list-style-type: none">• Integration into practice• My Journey• Post-training evaluation• Celebrate participant• Farewell and photo

Resource D – Pre-training evaluation



South Africa - HIV

ATTC

Addiction Technology Transfer Center Network
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the Substance Abuse and Mental Health Services Administration



Insert
Organisation
Logo here

Mental health pre-training evaluation

Name:

Date:

Organisation:

Designation:

Please tell us if you have attended any trainings in mental health?

Y

N

If yes, briefly tell us what and when?

1. What are you hoping to learn during this training?

2. What are you concerned/worried about being here?

3. How do you hope to use this knowledge and information after the training?

Improve the quality of care for your patients?

Y

N

Educate others about mental health?

Y

N

If you have answered yes, briefly tell us more ...

4. Please ✓ the appropriate box

How would you rate your current knowledge of the following:	Poor 1	Limited 2	Adequate 3	Good 4	Excellent 5
Depressive Disorder					
Bipolar Disorder					
Anxiety Disorders					
Psychotic Disorder					
Managing someone who is suicidal					
Managing an aggressive patient/ The Mental Health Care Act					
Dealing with people with a disability					
Caring for the older person					
Children's mental health					
The Kessler 10 screening tool					
Self-care					

Anything else you would like us to tell us so that we can help you to have a great training?

Thank you for taking the time to complete this evaluation!

Resource E – Post-training evaluation



South Africa - HIV

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Organisation
Logo here

Mental health post-training evaluation

Name:

Date:

1. Tell us what you loved about this training ...

2. Tell us what you did not like about this training and suggestions to make it better?

3. What would you say is your greatest learning?

4. Now that you have completed this Mental Health Training, where and how do you plan to use it?

5. Please ✓ the appropriate box

How would you rate your knowledge and ability to recognise, screen and refer patients with the following?	Poor 1	Limited 2	Adequate 3	Good 4	Excellent 5
Depressive Disorder					
Bipolar Disorder					
Anxiety Disorders					
Psychotic Disorder					
Managing someone who is suicidal					
Managing an aggressive patient/ The Mental Health Care Act					
Dealing with people with a disability					
Caring for the older person					
Children's mental health					
The Kessler 10 screening tool					
Self-care					

6. Identify 2 practical things you are going to do to continue to care for yourself after this training? Who is going to support you to do this?

Anything other comments?

Thank you, we appreciate your feedback!

