

Youth-led Action Research Programme

Training (Part 1)



**MENTAL HEALTH
& WELLBEING**

OF

YOUTH

PREPARED BY:

Asia South Pacific Association For Basic and Adult Education

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INTRODUCTION

Young people endure extraordinary circumstances of change, transition and growth without always having the awareness or language to express their mental health needs. Moreover, the changes, pauses and impositions on the lives of youth since the COVID-19 pandemic, health, mental-health and well-being have taken a negative turn.

ASPBAE, through its YAR project and other initiatives with young people, has been engaging with mental health by conducting surveys and holding space for dialogues on mental health in the Asia Pacific region. Conversations on the effect of the pandemic has revealed three primary recurring areas of concern for the youth:

1. Pressure due to loss of jobs of parents and the lack of income in the family. This leads to stress within the family, the tension of which is often felt by young people
2. Closure of schools has caused a lot of mental stress on children and youth because they are also not able to meet their friends in school or get to go out of the house
3. Discrimination based on gender has also created a lot of stress in young people

The Youth-led Action Research (YAR) on mental health and well-being of youth is aimed at comprehensively engaging with the mental health needs of the youth. The objectives of the training are:

1. To document the impact of COVID-19 on the psychological health and emotional well-being of marginalised youth in the Asia Pacific region. This is a way to respond to the recommendations made by young people while also aiming to create new knowledge and build capacities
2. To equip youth leaders with knowledge and skills to understand psychosocial issues. The aim is to have a holistic understanding of mental health, sensitive skills in interacting with peers and the ability to comprehensively work towards building coping strategies
3. To build members' capacities to engage with youth voices around mental health and well-being, where they can understand their voices and integrate their concerns to policy advocacy

The training organised to achieve this is facilitated by the Mariwala Health Initiative (MHI) and iCall- TISS with participation by over 45 youth catalysts and their mentors from the 9 countries. This document aims to summarise the key concepts and research perspectives shared during the first part of the training with the aim to equip youth leaders in mental health research initiatives in their regional contexts.

CONCEPTS

MENTAL HEALTH

When we talk about mental health, very often we just speak about mental illness or symptoms related to mental disorders. We don't necessarily consider 'health' to be a part of mental well-being. It is also difficult to talk about mental health because there is so much stigma around it. Compared to mental health, physical health is extremely tangible - we are able to see an injury on our body, but we are not able to see difficult emotions or high levels of stress that may be going on in our minds.

HOW DO WE EXPERIENCE MENTAL HEALTH?

If someone were to ask, "Where do you think your mind is located?" each one of us will have a different answer for it - "It is located in my head," "It's in my chest," "Maybe it's everywhere in my body". Similarly, if someone were to ask, "How do you experience mental health?" every person will have a different answer - "When I am able to sleep well," "I experience my mental health through my thoughts and my emotions," "I experience my mental health through things that I feel happy and sad about". This tells us that **mental health is an abstract concept and the mind is an abstract concept.**

DEFINING MENTAL HEALTH, MENTAL WELLBEING, MENTAL ILLNESS

Since mental health is an abstract concept, defining it and recognising the feelings of being mentally healthy is a little difficult. The World Health Organization defines mental health as, "State of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2014). This understanding tells us that mental well-being is not just about feeling okay internally, nor is it just about the absence of problems or stressors.

Problems and stressors are a common part of everybody's life. When our mental health is good we are able to respond and cope with those stressors effectively. But when our mental health is not in a good shape, we are not able to respond to problems too well. So mental health is not just absence of mental illness and not having an illness does not imply that we are healthy. Good health and illness are not understood in a binary.

Mental well-being is understanding our own capacities, potential and ability to be productive and contribute to our society. Additionally, we can do all of these things despite having a diagnosis of a mental disorder.

Mental illness refers to a disorder of thinking, mood, perception, orientation, or memory. Having a mental illness can impair a person's judgment, their behavior, their capacity to recognise what is real and what is not real, or can even compromise their ability to meet their life's demands. It is extremely subjective for every person and is based on the kind of demands and access to resources they have in their life. Mental conditions are also associated with abuse of substances, alcohol, drugs but does not include mental retardation or what is also known as intellectual disability.

Mental health ranges from mental well-being to a diagnosable illness.

PSYCHOSOCIAL

Psychosocial refers to the full spectrum of psychological, social, emotional, behavioural, cognitive and physical experience. It is a term used to refer to overall well-being, resilience and mental well-being. To explain with an example:

Imagine a child from a marginalised community, whose parents are struggling with their jobs and finances. The social factors that are a part of the child's everyday life would influence how they would experience the world, along with other factors like the child's gender. If this child also faces bullying or discrimination in school and is perhaps not able to make friends, it may result in the child feeling emotionally low and may even engage in deviant behavior. Psychosocial then allows us to understand not just what the child experiences internally but also the influence of the environment that the child lives in, the social and intimate relationships that they have, and their relationship with their body. All of these challenges come together to constitute psychosocial.

Psychosocial impact is the effect caused by environmental, biological, social and psychological aspects on the well-being of the individual.

In the example above, the factors that impact the child's well-being would include their community, financial and material resources, gender-based experiences, experiences of violence and discrimination, and physical health.

When mental health is linked to society, social relationships and environment, it also means that support is also linked to these factors. **Psychosocial support would then refer to actions that address both psychological and social needs of individuals, families and communities.** Therefore, psychosocial support is situated within communities and not just individual addressing of issues. For example,

A person may share their challenges as the experience of depression. However, a deeper engagement with the person's challenges reveals that they also have other problems such as homelessness, poverty and unemployment. Any kind of intervention, in this case, would have to include addressing all these problems in order to create an impact on their mental well-being. This is what psychosocial support would include - not just addressing psychological needs but also taking into consideration social, individual, community and physical needs.

PSYCHOLOGICAL DISABILITY

People who have received a mental health diagnosis can also be referred to as having a psychosocial disability. This also includes people who have experienced negative social factors such as stigma, discrimination, exclusion or violence. The term disability, in psychosocial disability, is used to represent the presence of barriers that hinder full participation in society.

Psychosocial disability is also a term that has been used in the United National Convention on the Rights of Persons with Disability (UNCRPD) to define persons who have received a diagnosis of mental health. However, people living with psychosocial disability may or may not necessarily have a diagnosis but might definitely be people who have been users of mental health services. They could also be people who identify themselves as survivors of mental health services.

Mental health services could include any kind of services that our countries provide within public, private or non-government sectors. These are services that could be hospital based, community based, informal or even peer support. These are services which support people in keeping up with their mental health.

POLITICS OF LANGUAGE

Language plays an important role in speaking about mental health. It is very important not to use terms that label people based on their diagnosis or experience of mental health. This is significant because language can play a big role in stigmatising mental health and consequently lead to a lot of stress and discrimination. On the other hand, using the correct terms to speak about mental health will be inclusive. There are several ways in which mental health challenges can be addressed:

- Person with psychosocial disability
- Person having a diagnosis of a mental health condition
- Person assigned a diagnosis of a mental health condition
- Person who is a user of the mental health system
- Survivor of the mental health system

We must always remember that it is a **personal choice for people to self-identify** with any of these terms.

INTERPRETING MENTAL HEALTH

In this section, we will try to find out how to interpret mental health. For this, we will engage with models of disability, some risk and protective factors of mental health and understand what the psychosocial lens means.

The discrete model of mental health notes that if you are mentally healthy you cannot have an illness and if you are mentally ill then you cannot be healthy. This has been the primary understanding of mental health for many years. This understanding holds mental illness in isolation and does not see any overlap with mental health. However, over time and research, this model of understanding mental health has been questioned and been reworked to viewing it on a continuum.

CONTINUUM OF MENTAL HEALTH AND WELL-BEING

Mental health is not a binary between mentally well and mentally unwell. Our capacity to function differs in time and context. For example, transitions like moving out of school to college; from a small city to a big city; from young adult-hood to middle-age may all be difficult periods in our times. In these times our capacities to cope may vary. Either we may feel that everything is going well and are able to deal with difficult times or we may have support from others and hence might feel like we are feeling mentally well. However, there may also be times when we might be able to function but might find it harder to cope with such difficult times.

Health is a continuum and cannot be confined in just two states of being well and unwell.

Further, mental health cannot be understood from an individualistic perspective. This means that the person cannot be seen as the problem. A comprehensive interpretation of mental health will include consideration of environment, socio-economic factors, and genetic vulnerability.

MODELS OF DISABILITY

CHARITY MODEL OF DISABILITY

The charity model of disability views people with disability as victims or as individuals who cannot function without the support of the able-bodied individuals. The model also believes that people who are normative and able-bodied are supposed to be more benevolent towards people with disabilities. It considers people with disabilities as those who lack capacities to participate in the community.

While the charity model does involve values like kindness and benevolence, it is very disempowering because the perspective that people with disabilities only require help and cannot function without somebody else's help takes away any agency from them. This perspective is not capable of viewing them as individuals who can function on their own.

Further, this perspective also believes that able-bodied people are “normal” people, who have the job of extending support to persons who have disability. This outlook also presents a problematic perspective of engaging with disability.

MEDICAL MODEL OF DISABILITY

When people were researching health and mental health previously, they focussed more upon the genetic factors that contribute to any physical health mental health issues.

According to the medical model, disability is a health condition needing treatment and people with disabilities are thought to be different from what is understood to be “normal”.

According to the model, the majority of the people are able to function a certain way, and when somebody who does not have the same capacity as the majority is believed to be the problem. The aim of the treatment is to cure a person so that they can become “normal” again.

This model is also very disempowering as it looks at disability from the perspective that the problem is within the person. This would also mean that it leaves social issues unresolved and leads to exclusion and discrimination.

SOCIAL MODEL OF DISABILITY

According to the social model, disability is understood to result from the interaction between persons with actual or perceived impairment and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (Preamble to the CRPD). The social lens is looking at instilling equality within the society. It talks about how every individual, irrespective of their social background or ability, is entitled to equal rights and access to opportunities in society. In this model, disability results when barriers prevent inclusion in society. For example,

If we were to consider a case of a person with visual impairment, the medical model views it from the perspective that the person is the problem because they are not able to see. Whereas, the social model will identify the impairment not with the person but as originating from society. To elaborate, if this person were to go into any public space where there is no provision to read braille or look at sign boards that are easily understandable, the social model of disability says that the public space does not have the provision to accommodate the person with disability.

Intervention in the social model of disability is also different. The charity model talked about bestowing a lot of kindness and benevolence, the medical model talked about giving treatment so that people with disabilities can function as people who are normative, but the social model talks more about inclusion. **It focuses on recognising the different abilities of people with disability and making provisions to accommodate them into the larger community to offer them equal access.** So that they also can have access to the opportunities that others would have. Therefore, the social model also puts the responsibility onto the society.

These models are applicable to all kinds of disability and more so in the context of psychosocial disability. When somebody has a diagnosed mental health condition, these models become more relevant for how we respond to their mental health challenges.

BEST PRACTICE GUIDELINES

When we are in the position to offer intervention to people with mental health issues, we need to be informed by the social model and some of the best practice guidelines are:

- We must regard the situation as the problem and not the person as the problem. Whenever a person is expressing a certain problem, we need to understand that there is a lot in their context that is contributing to that issue and it is not them as individuals who are contributing to the issues
- We must integrate, and not just list out various possible causes for a more personal understanding of the person's challenge
- Our approach should not be based on functional psychiatric diagnosis such as schizophrenia or personality disorder. Instead, we must understand experiences as the basis of psychiatric diagnosis
- We must include a cultural perspective to the person's expression of distress

A counselor or volunteer who is more informed of the social model will take into account all of this and will try to address the issue.

SOCIAL DETERMINANTS OF MENTAL HEALTH

Social experiences and problems that either impact mental health and make it either better or worse are social determinants of mental health. They are the predictors of positive and negative mental health.

POVERTY AND UNEMPLOYMENT

A key issue in the mental health of communities is poverty and unemployment. **There is a very strong association between poverty and the risk of mental health disorders.** Disorders are when somebody has a diagnosis, that is, the individual's distress level is so high that they can be given a diagnosis. It also implies that if there are so many people who have disorders, many more are in distress.

An analysis of 115 studies on poverty and risk of mental health, which was done in low and middle-income countries, reported that about 70 percent of people who were struggling with poverty had some sort of positive association with a common mental health disorder. Common mental health disorders might be depression, OCD, anxiety, panic, and so on.

For example,

Consider the case of an individual, who is healthy but has a lot of problems in their life. There are fights at home, they face discrimination in the community, they don't have access to health care, and are at the risk of losing employment. This is when the individual will start getting stressed. When the stress increases and the individual does nothing to seek help, or they don't have the resources to seek help or are dependents who rely on others for support and hence are not able to seek help, their stress can gradually move to a disorder. If the person gets enough support, they can always move back from being stressed to healthy.

The key idea to remember is that all of us, given whatever is going on in our life, can move back and forth on the mental health continuum. When we look at the connection of poverty with the risk of mental health disorders, about 70 percent of people in low and middle-income countries who struggle with poverty are likely to experience some sort of mental health disorder.

Other problems that lead to mental health disorders are debt, low educational attainment, material disadvantage, unemployment, social isolation, insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health. All of these are social problems that contribute to mental health disorders. Therefore, mental health is not experienced in isolation. It's not just about a person's mind and they being positive or trying hard to overcome my problem. Mental health is also determined by life's reality.

In South Asia, the reasons for mental health disorders are more social and are related to social determinants as opposed to the West or developed countries, where mental health diagnoses are more personal, relational, and individual. But in Southeast Asia, we find the reasons to be associated with poverty, unemployment, substance abuse, discrimination, violence and so on.

Data tells us that people who have less favorable economic, social or environmental conditions have lesser support systems. For example,

Somebody who comes from a low socio-economic status, perhaps a woman who does housework for people living in her locality. She is already struggling economically and when she needs resources or any sort of help, she may not have support systems around her. Maybe she has migrated from another city so her family is not around to support her. She can't afford to be unwell or she can't afford to take time off to deal with her mental distress or depression because she needs to earn the money. There could be other problems such as violence or substance abuse that this woman may be experiencing which could be contributing to her challenges. This is in contrast to somebody who is coming from an upper class background, who may be able to go to a therapist or psychiatrist, maybe able to seek support systems, maybe able to take time off work and spend time at home till they are able to feel better. That is the difference that having access to treatment and support systems makes.

There is also a very high association with low levels of education. It's not merely that low education leads to a risk of mental disorder, but low level of education limits opportunities of employment, development, forming connections, and economic growth. All these factors put you at a risk for mental health concerns.

Similarly, there is a two-way relationship between socio-economic status and mental health disorders. This means that if a person from a low income household is struggling with employment, dealing with poverty, their risk of mental health disorder is high. But at the same time, if they have a mental health disorder, the chances that they will struggle with income, employment, or poverty are high. This is because having a diagnosis may lead to not

getting a job, or not being able to hold a job for not meeting job-expectations, or they are being discriminated within the community. If you see poverty puts you at a risk for mental health conditions, but at the same time a mental health condition also puts you at a risk of poverty and unemployment. This two way relationship can become a vicious circle that people can be caught up in.

GENDER

Gender is also a critical determinant of mental health. Especially in Asia, gender is very strongly linked to power and control over socio-economic determinants. Women, persons who are non-cis gendered may also be individuals who have access to lesser resources, lesser power. For example,

In India a lot of times women may be earning and doing jobs, but their expenditure is controlled by the male members of their families. They don't have the liberty to spend the money that they earn. They may not always have decision-making power, they may not have control over seeking help. This leads to her mental health becoming worse.

Problems such as violence, socio-economic disadvantage, issues related to community, class, religion, low-income, inequality in income contribute to mental health challenges and put women at a risk for mental health problems. Women are twice as likely to experience depression as compared to men. Whereas, in men, problems of substance abuse, antisocial personality disorder are higher.

GENDER AND SEXUALITY DIVERSITIES AND MENTAL HEALTH

Some other risk factors include gender and sexual diversities which would again put one at the risk of developing emotional distress. This may lead to not having access to support systems, being cut-off from family, not having access to economic support, or not having opportunities due to gender and sexual identities.

There may even be laws which will keep people from being open, living freely, which will also lead to struggles with being in society and hence causing distress. There is stigma and discrimination related to your gender or sexual identity. People with non-hetersexual identities and non-cis genders are more likely to experience abuse, violence. They are also more likely to run away from home.

One of the things that happened during the COVID-19 pandemic was that many people who identified as non-heterosexual, who had moved away from their parents' home, were forced to move back. These homes are often not safe spaces for them and might experience violence causing them to experience suicidal ideation.

Even the lack of non hetero-normative scripts for living everyday life and having relationships can cause a lot of distress. People are also often forced into marriages. Stigma and lack of inclusive support systems may lead to discrimination from even mental health professionals may exacerbate mental distress.

OTHER DETERMINANTS

Some other social determinants could be:

- Failure to meet basic needs like clean water, sanitation, nutrition, housing, immunization
- Patriarchy that results in gross gender injustice and significantly affects the health of girls and women
- Structural violence, social discrimination and social exclusion
- Interpersonal problems and marital discord
- Social and occupational stress
- Domestic violence and sexual abuse
- Armed conflict and war

SIGNS AND SYMPTOMS OF HAVING A MENTAL HEALTH CONDITION



Figure 1. *The Mental Health Continuum*

On the mental health continuum, health is on one side or illness is on the other end. How do we know when we are ill or well? Depending on what is going on in our life - could be stress due to exams, going through a relationship breakup, fighting with friends, parents are fighting at home - a person experiences common symptoms of stress. Some common and reversible symptoms of distress are:

- Thinking a lot
- Worrying a lot
- Not being able to understand how to proceed further
- Concerns with decision making

At this stage, people need self care and social support. With self-care and social support, the individual is able to address their distress and can go on to becoming healthy. However, if the distress is not addressed, the situation can get worse and mental health will move towards being injured. If mental health is further neglected, the situation can continue to get worse and stress will then start interfering with the individual's functioning. Symptoms at this stage could negatively affect:

- Ability to wake up in the morning
- Ability to go to school or work
- Engage with friends

Now, the individual may need professional support and self-care but if that is not provided, they can move to illness. However, if provided, they can move towards a more healthy part of the continuum. Depending on whatever is going on in the individual's life, if the right kind of support is provided, they can move back to being healthy or can deteriorate towards illness.

RECOGNISING MENTAL HEALTH DIFFICULTIES

STRESS	SEVERE DISTRESS	ILLNESS
<ul style="list-style-type: none"> ● Identifiable stressor ● Common and reversible distress <p>Examples:</p> <ul style="list-style-type: none"> ● Procrastinating ● Lowered energy ● Difficulty relaxing ● Decreased social activity ● Some changes in sleeping and eating patterns 	<ul style="list-style-type: none"> ● Lingering sadness, anxiety, anger or fear ● Feeling hopeless, helpless, worthless ● Deteriorating academic performance ● Significant impact on eating and sleeping patterns ● Withdrawal 	<ul style="list-style-type: none"> ● Significant impact on daily functioning ● Complete lack of self-care ● Panic attacks ● Significant difficulty with emotions ● Depressed mood for long period ● Constant fatigue ● Hallucinations ● Suicidal thoughts/intent/behaviour ● Significant disturbances in thinking

MENTAL HEALTH DISORDERS WE MAY ENCOUNTER

Mental health disorders are categorised into two groups - common mental disorders and severe mental disorders. Common mental disorders are the ones that are prevalent and commonly present. Severe mental disorders are ones that are less commonly present and require more in depth treatment.

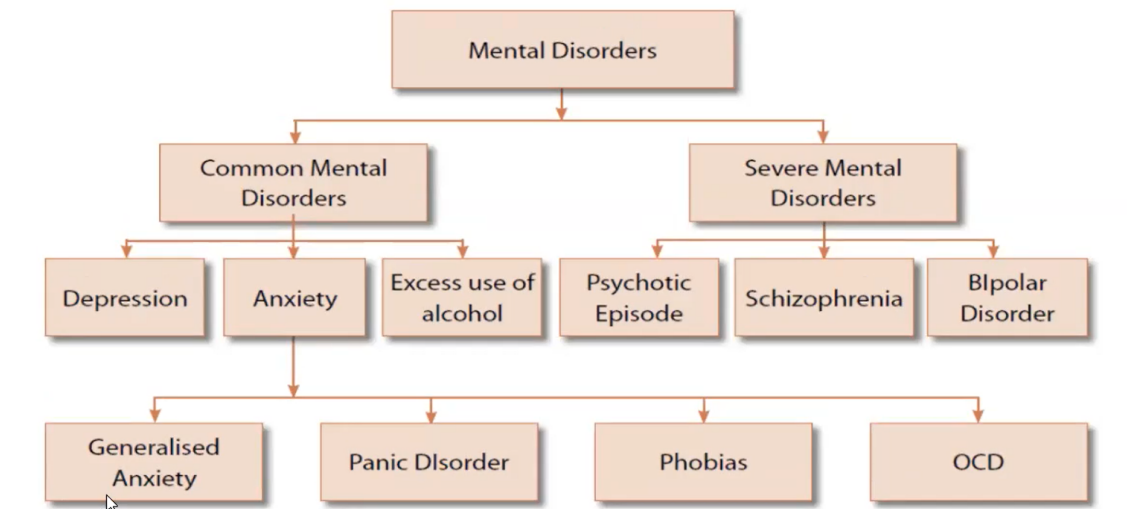


Figure 2: Overview of Mental Health Disorders

MANIFESTATIONS OF MENTAL HEALTH CONCERNS

PHYSICAL	FEELING	THINKING	BEHAVIOUR	IMAGINING
Tiredness	Sadness	Excessive worry	Crying	False beliefs
Aches and pains	Anxiety	Self blame and criticism	Social withdrawal	Hearing voices
Weight loss	Guilt	Unable to make decision	Talking to themselves	Seeing things that are not there
Pounding heart	Helplessness	Poor concentration	Aggression	Smellings things that are not there
Sleep disturbance	Loss of emotion	Thoughts of death and suicide	Poor hygiene	Tasting things that are not there
Stomach ache	Mood swings	Rapid thinking	Avoidance behaviour	Feeling things that are not there
Shortness of breath	Hopelessness	Poor judgement	Rapid speaking	
Loss of appetite	Low self-esteem		Not making sense to others	
Muscle tension	Excessive fear		Attempting suicide	
Lack of energy	Loss of motivation		Irritability	

PRINCIPLES OF EXTENDING SUPPORT - PSYCHOLOGICAL FIRST AID

The following are some principles of offering psychological first aid:

- Provide non-intrusive practical care and support. People are in need of resources and inputs that will impact their life
- Assess needs and concerns
- Help people in addressing basic needs like access to food and water
- Listen, but do not pressure people into talking
- Comfort people and help them feel calm
- Help people connect to information, services and social support
- Protect people from further harm

People who have been exposed to some sort of stressful event and are experiencing distress as an outcome of that event will need psychological first aid. Support can be provided to adults as well as children. However, it is important to remember to seek the help of a mental health professional or medical professional in care of serious injuries, life-threatening situations, and states of severe mental illness.

SOME PROTECTIVE FACTORS FOR MENTAL HEALTH

Some of the factors that help with our mental well-being are:

BIOLOGICAL: If young people are able to have age-appropriate physical development, it is a good protective factor from having any mental health conditions. This would include positive physical health and good intellectual functioning.

PSYCHOLOGICAL: Good self-esteem and high level of problem-solving ability are psychological factors that would benefit mental well-being. Factors like the ability to learn from experience and good social skills to be able to seek support would also lead to positive mental health.

FAMILY: A family which creates opportunities for positive involvement and connection with each other would be an important factor. When people are rewarded for being involved in the family and for being connected with each other, they can build stronger support systems.

SCHOOL: At school, opportunities that involve children from all diverse backgrounds and that allow them to represent themselves serve as positive factors. Positive reinforcement for academic achievement, being able to represent in the school, being able to learn from school and education being offered in a manner that it makes sense are some protective factors.

COMMUNITY: At the community level, feeling connected and safe is important. Being able to express cultural identity, celebrate with community, being rewarded for being involved in communities and having opportunities for leisure serve as positive factors of mental health.

INTERVENTION THROUGH THE PSYCHOSOCIAL LENS

- THINGS TO REMEMBER

Handling demographic dividend with care: When we are offering interventions to young people from a psychosocial lens, it is important for us to have a Rights-based perspective. We need to take into account existing attitudes towards young people which tend to generalise how young people are and how they must behave. In most countries they are regarded as the demographic dividend because they form the majority of the population.

Recognising and acknowledging inequalities: Within society there are unequal divisions of people on the ground level. When we offer support and take cognisance of those little differences that exist within communities. We need to recognise individual identities and their unique stressors.

Having a critical outlook: It is important to not consider things only at face value but instead have a critical approach. Whenever we listen to a person's challenges, it is important to see which are individual factors that are leading to distress and which are structural factors in order to identify if the context of the individual is unjust or unequal.

Organise, educate and agitate: It is important for people to be aware of their rights and how they can avail help if they feel they don't have access to equal opportunities. At the same time, we can put them in touch with support groups who can give them the support they require. A lot of times when we listen to similar challenges of other people, we are also instilled with hope. We realise that there are other people going through similar struggles, making it easier to hope for support or coping structures.

Empower youth to speak for themselves: We must also ensure that we are not imposing our decisions onto others. Even though we may follow a Rights-based perspective and inform others of the available mechanisms, we must respect their agency and autonomy. We must regard them as individuals who are capable of making their own decisions.

See the big picture: It is important that we are not looking at people only from the individual lens, but are seeing the big picture. Social inequalities, oppressive systems, paternal attitudes, mistrust and infantilising of young people, hegemonic society, all come together to produce psychosocial vulnerabilities. Hence, interventions need to have a holistic focus to account for and address these challenges.

ROLE OF COMMUNITY WORKER IN PROMOTING MENTAL HEALTH

While offering mental health services within a community, interventions need to be focused both on the individual and the community. There are some steps that the individual needs to take for their own wellbeing or support needs to be offered at the individual level. Apart from that, there are also some interventions that need to be made at the community level.

At the individual level:

- Building awareness is necessary. Lack of awareness about mental health and the stigma associated with it is a problem. Therefore, it is important to integrate mental health into regular conversations
- Making mental health a part of our everyday life, talking about its relevance, and making it a part of the individual's holistic wellbeing
- Identifying signs of distress
- Providing support that needs to be offered regularly and consistently
- Referring and connecting people to services that improve mental health and the determinants of mental health.

At the community level:

- Assessing the extent of mental health awareness. One way of doing this is to see how much mental health is integrated into health-care facilities in the community
- Providing ongoing support to individuals and family
- Mitigating stigma and creating mental health literacy. For instance, there may be a counselor who is living in the vicinity of a person with mental health concerns. However, the person may not feel free to visit and consult the counselor because of people talking about them or out of fear of identity being revealed. So while there are services of care, the environment is not supportive enough.
- Understanding the context of the community. This is important to know where some of the beliefs are coming from, because they are deep rooted in the community.
- Identifying allies who can help in support and spreading awareness.

BASIC COUNSELLING SKILLS FOR WORKING WITH PSYCHOSOCIAL DISTRESS

THE PROCESS OF ENGAGEMENT WITH MENTAL HEALTH INCLUDES:

1. When we listen to somebody who has been going through distress, for the first time, it is important for us to understand their concerns in depth. We need to ask pertinent questions, understand their experiences, and build a rapport with them to know the problem in depth.
2. Once we have a comprehensive understanding of the problem, it is important to prioritise the concerns that have been shared by the individual. When we listen to a narrative of distress, it is not something that will come in a structured manner since the individual will be battling multiple challenges on different fronts.
3. Goals need to be set accordingly and then there needs to be a plan of action.
4. Towards the end of every interaction, it is important that we summarise the conversation we had with the individual. This allows the individual to also understand what the key takeaways from the conversation are. Termination refers to the closure of a counseling process. For example, **we may have supported an individual in distress and provided them with resources to help them. Now they may be able to cope without support, this is when we will realise that we need to terminate the counseling process.**
5. Finally, there is feedback and follow-up. Once the process has ended it is also important to seek feedback. We must know how the process has been for the individual and check for possible follow ups.

BUILDING RAPPORT: WHAT DOES EFFECTIVE LISTENING INCLUDE?

1. Listen to understand. Listen with undivided attention
2. Be attuned to the feelings of the individual. In order to understand the emotions of the person, then we need to reflect on these emotions. Paraphrasing is one responding skill that is useful for reflection.
3. Clarify what has been understood. In order to reflect on emotions, it is important to have a good vocabulary of 'feeling' words and words that the community will understand.
4. Ask the right questions. We want to understand the problems of the individual in more detail for which we need to ask the right questions. Questions are of two kinds: **open-ended questions** are those that call for more descriptive answers or more detailed answers. Questions that begin with HOW and WHAT are open-ended questions; **close-ended questions** are those that are likely to receive answers as a

yes-no, or short and brief answers. This way we are not likely to know more about the problem.

5. Check how intense the distress is and enquire how frequently signs of distress occur. Find out how long the periods of distress last and what impact it has on the functioning of the individual. All these would contribute to getting a more subjective sense of their well-being,

SOME AREAS OF ASSESSMENT TO LOOK OUT FOR:

- Individual:
 - Emotional disturbances
 - Intrusive or repetitive thoughts
 - Unhelpful behaviour
 - Body-based symptoms
 - Day-to-day functioning
- Interpersonal
 - Relational conflicts
 - Support systems
 - Peer influences
 - Violence
- Coping (healthy and unhealthy)
 - Mental health crisis (eg self harm, suicidality)
 - Self-care
 - Leisure activities
 - Strengths
 - Existing solutions

REMEMBER TO SET GOALS

The individual may share multiple issues and we need to help them prioritise which issue needs immediate attention and what can be resolved later. Ensure that this process of goal setting is done collaboratively. Unlike other models of giving help, the psychosocial model places the person who is experiencing distress as the expert in the situation. If we are listening to somebody sharing their distress, we have probably only listened to them for a limited period of time, but that person has been dealing with that problem for much longer. So they know about the situation much more than we do. This is why goal setting must happen in collaboration with the person who needs it. We also have to make sure that the goals are **specific, measurable, achievable, relevant, time-bound (SMART)** to be effective.

PREPARING FOR RESEARCH IN MENTAL HEALTH

ADDRESSING MENTAL HEALTH CONVERSATIONS - DOs & DON'Ts:

While preparing to conduct research in mental health, we would need to acquaint ourselves with ethics and skills that are necessary to sensitively engage with people. Some things to make note of:

- We must remember that we are not trained mental health practitioners and are entering the field as researchers. Which means there is a power hierarchy between the participants and researchers. So we must ensure we **do not diagnose, label, or decide what the other person is going through**. However, we **must recognise any needs** that the community members have and address them.
- **Do not show sympathy or pity** on people for their experiences, instead **respond with empathy**.
- In trying to identify participants for the research, **do not allow gatekeepers to control access to participants**. We must speak to people based on their **choice and consent**.
- When we disseminate our findings, make sure they are in **formats that are accessible** with a non-jarring, non-technical language so that the content and research findings can be beneficial.
- **Offer non-intrusive support**. Ensure that your research doesn't end at an uncomfortable note but instead make sure that the conversation reaches a full circle so that it is a more holistic experience.

PREPARING FOR NON-VERBAL BEHAVIOUR

It is important to pay attention to non-verbal behaviour while having conversations that are sensitive and put the participants in vulnerable positions. **SOLER** is a strategy to sensitively carry out conversations on mental health.

S - Straight

O - Open posture

L - Lean forward

E - Eye contact

R - Relax

WHO WILL BENEFIT FROM YOUR RESEARCH?

An important aspect to keep in mind while thinking about research in mental health is the fair and direct research benefits of the research. The sampling strategy becomes key for a more inclusive and sensitive research. Sampling determines who is included, who gets left out and who will benefit from the study. For a more transparent research process, it would be necessary to make the following aspects clear through an informed consent form:

- Who are the beneficiaries of the research study?
- How would the research benefit them?

The study can directly benefit the participants, the families and caregivers of the participants, local community members, villages or camp sites, or even populations affected by humanitarian crises. Knowing who the research will benefit has other implications such as training and capacity building of communities in identified areas, contribution towards building sustainable facilities at the health-care level either in the form of equipment or procedures, and developing new frameworks to meet mental health needs.

ETHICS OF MENTAL HEALTH RESEARCH

In the field of health, whether physical or mental, ethics become very important to keep in mind because we are engaging with people, their experiences, emotions, memories and them as persons. Research is something that will have outcomes and benefits for the researcher, for the society at large and for the participants of the research as well. Just as there are benefits, there could also be certain risks that are involved in being part of the research. These risks could be for the researcher, as well as for the participants of the study. Ethics regulate the benefits and risks for all the people involved. Some of the things that we could keep in mind to ensure that we are ethical, fair and just in our practice are:

AUTONOMY

The first value that is very important is autonomy, that is, we begin the study with the belief that the **research participants are autonomous agents**. They have will and choices of their own which they have the right to exercise. The participants have the right to all information there is about the research - background, hypothesis, process, and outcomes. As a researcher it is our duty to inform the participants about this and treat them as people with autonomy, rights and the capacity to make choices for themselves.

This value of autonomy has certain nuances and complications. When we treat people as being autonomous, we also need to understand that there is a corresponding value that is attached to autonomy, that is of beneficence. The value ensures that there is no harm or that there is some welfare that happens by participating in the research. At times if the autonomy of the participant is in conflict with beneficence, because you are granting autonomy to somebody, that poses a harm or threat to themselves, or to somebody else, then you need to reevaluate the limits of the autonomy.

Another way in which autonomy can be challenged is when somebody breaches confidentiality of another person. Autonomy can interfere with the rights of someone else, so we must be mindful of it. In the manner we exercise autonomy, we must also extend autonomy to our research participants.

The other nuance that autonomy as a value has, is when participants are not deemed legally to be competent enough to make autonomous choices. This will be in the case of children, minors (everybody below the age of 18 years), people who may have a history or diagnosis

of mental illness, or people who are in conflict with the law. Depending on the context, the extent to which they can be autonomous will differ. It is not that they do not have any autonomy, however, their experiences and opinions need to be taken into consideration when making important decisions about their wellbeing. So it's important to extend autonomy to them even if the extent to which we do it may be limited. Especially if we are working with young people, it is important to take into consideration the amount of decision making power that they have in their lives, which may not entirely grant them this autonomy in all contexts.

NONMALEFICENCE

The other value that is important to hold is nonmaleficence. This means, as a researcher, we will ensure no harm is caused by way of enlisting participation in the research. Some risks in participating in a research on mental health are the possibility of emotional distress, difficult feelings being evoked, trauma, sharing adverse life situations and vulnerable personal experiences. It is possible that the participants will feel emotional distress, triggered, anxious and start to feel unsafe.

Nonmaleficence as a value says that we will not, as a researcher, on purpose, inflict any pain or danger or harm onto the research participant. This would include any sort of abuse, discrimination, or unjust practice. However, there are risks to being in research which we need to account for and create support structures which would be there to help address the emotional distress that may arise as part of being in the research.

Some ways to make the research process more comfortable and safe for the participants are

- We could connect the participants with resources like a counselor or any space to talk about their issues that come up while being a part of the research.
- It is important to always close a conversation or discussion only after ensuring that they are emotionally feeling okay and if not then we must provide the participants with some resources to use or some support system must be in place for them to be able to access and resolve their distress.

BENEFICENCE

Beneficence deals with maximising the benefits for the well-being of the participants as well as the society at large. It is important to think about what will be beneficial from the perspective of the participants. Some questions that we can think about during the research process with respect to the participants are:

- What is it that they will find useful?
- What would be good to take-aways for them?
- What are some of the ways in which you can support them with the difficulties that they spoke about?
- What resources would they like? What sort of help might they need?

JUSTICE

The last value is that of justice where we **ensure that you are being absolutely non discriminatory. and inclusive as a researcher, with no bias or prejudice against any identity.**

INFORMED CONSENT

A very important part of the research process is creating an informed consent procedure. This encompasses the values of autonomy, beneficence, non-maleficence. When you engage in informed consent, it subsumes all of these values under it. **Informed consent is a procedure whereby you create a document or resource where the participant is able to access all information about your research.** This is so that they know what the research is about, research questions, methodology, how data is going to be analysed, what are going to be the likely outcomes of the research, and how the data is going to be treated after the research is completed. Informed consent will help the participant understand and be informed about these processes that are a part of the research.

In this procedure, we are asking for consent from the participant for all of these steps that are involved. Therefore **consent cannot be a blanket consent** because somebody has agreed to participate but may not have agreed to each and every part of it. We will have to check if the participant is okay with every little step of the research. All this information needs to be explained in a language that is **clear and comprehensible**. It is also possible that you may have to do repeated interviews to ensure that they have consent to all these parts of the process.

As part of informed consent, it is important to tell your participants about **confidentiality**. This would include information about the extent to which we are going to protect the anonymity and confidentiality of the information that has been taken from them.

Confidentiality may recur at different levels:

- We need to ensure that the process or the method of data collection ensures that it is confidential.
- After collecting the data, information on how the data will be treated, stored in a confidential and secure manner has to be provided.
- Real names and identities of the participants cannot be used when discussing or presenting the data at the time of dissemination.

Confidentiality will also have its limits. Hence, it is important to breach confidentiality as soon as it is ascertained that there is some threat or harm to the person involved, depending on the content that has been shared. Breach of confidentiality would entail informing a safe trusted person, most preferably identified by the participant, to ensure the wellbeing and safety of the people involved. It is important that you discuss this with them. Breach ethically - when we breach confidentiality, we must do it in conjunction with the participant, taking them into confidence and informing them.

MANAGING DATA

Confidentiality extends to the way in which data is stored and managed. Even the space in which data is collected needs to be private and secured. While storing data, it is preferable that pseudonyms, initials or case numbers are used to identify different participants instead of using real names.

Tips for effective dissemination:

- Be mindful of the language of dissemination of the contents of the research.
- Ensure the format of the study is inclusive, understandable, non-technical, appealing to the participants of the research. The format of sharing needs to be inclusive of the abilities of people.
- It is important to structure your content of the dissemination in a way that it is understandable and beneficial to the participants.
- It needs to consider literacy level, education level, and comprehension abilities of the people.

HANDLING EMOTIONAL DISCLOSURES

Microskills of counselling practice, both verbal and non-verbal, tell us how to maintain our own body language and how to interpret somebody else's body language. This is especially important when we are having an emotionally heavy conversation with somebody. This effort makes people feel heard, understood and facilitates deeper reflections from the research process.

A brief model of conversation:

G - **Greet** people when you first meet them

A- **Ask** them how they are doing

T - **Tell** them the purpose of your meeting and what they can expect from you

H - **Hear** their narratives, experiences and challenges

E - **Explain** if they have any questions

R - **Return** to close the loop of the conversation

A good research skill is to not make the participant feel like they are giving an interview, but instead feel like they are sharing their narrative and that it is being respected. They are sharing their life's work with us, it deserves to be respected and appreciated.

Keep in mind the following when we are handling sensitive disclosures

- Be non-judgemental. We must remember that people might find this as a safe space and might share their deepest secrets and challenges, so be respectful of them.
- Be genuine, kind, appreciate their sharing. We must not discount or invalidate their sharing, it might be very difficult for them to share their experiences in the first place.
- Ensure to keep in mind the safety of the participants.
- Be careful about conversations that might be triggering by warning them about it, sharing resources, not forcing people to share.
- Approach the participant from the psychosocial lens and acknowledge structural challenges along with individual challenges

ESTABLISHING RAPPORT

EFFECTIVE LISTENING AND ENCOURAGING

Listen not to get an answer to a question or provide solutions to the participants, listen to understand what they are saying. Give undivided attention to the participants. Be attuned to their feelings and acknowledge them. Put aside your own judgement, criticism, stories. Respect their beliefs, opinions and diversities, even if they are different from yours.

NON-VERBAL SKILLS

Positive non-verbal cues include:

- SOLER
- Facial expressions showing concern
- Nodding
- Calm tone of voice
- Facing the participants, sitting in similar chairs, preferably without a desk in-between

Negative non-verbal cues:

- Not making or maintaining eye contact
- Glancing at one's watch or phone
- Facial expressions showing irritation or boredom
- Flipping through papers or documents
- Fidgeting or tapping on something
- Sitting with the arms crossed

TALKING ABOUT FEELINGS

- Try to understand the meaning behind their words
- Listen to what they are saying and how they are saying it
- Assure them that all their feelings are valid and accept them without conditions
- Help them name the feeling and reflect it back to them
- Don't feel pressured to give solutions at this point

SKILLS FOR RESEARCH OF SENSITIVE TOPICS

THE ROLE OF A RESEARCHER:

- Listen to people's challenges and narratives. We have to do that by making use of ethics and keeping confidentiality to help people build trust in the process so that they feel comfortable enough to share.
- Make people comfortable not by jumping into the topic but by building it up. Ask how they are doing, talk about the context of mental health among young people during the pandemic, ask about their context.
- Use judgement-free language, mannerisms and facial expression.
- Pay close attention to non-verbal cues that may indicate stress.
- Offer compensation to the participants. Consider the best form and amount of compensation.
- Upon request, offer referrals and reference materials.
- Remember to keep the participant at the centre of the conversation and create a space of empathy and safety instead of shame and judgement.
- Keep engaging with the research protocol to draw boundaries to keep the information in the research space separate from an interaction in a social setting.

SOME PROBES THAT WILL HELP TO CARRY OUT INTERVIEWS:

- Continuation probe: "Mmm hmm," "then what?" "You were saying..."
- Elaboration probe: "Could you give me an example?" "Can you say more about that," "Such as..."
- Attention probe: "Okay, I understand," "That is interesting."
- Clarification probe: "Can you say that again?" "I'm sorry I didn't understand."
- Sequence probe: "Could you tell me what happened step by step?" "When did that happen?"
- Steering probe: "Sorry, I distracted you with that question: you were talking about..."
- Slant probe: "How did you feel about it?" "Did the person/event upset you?"

THINGS TO REMEMBER ABOUT ENGAGING SENSITIVITY WITH RESEARCH PARTICIPANTS:

- Be aware of the challenges faced by the participant.
- Do more to understand the experiences of the participant. Research is a co-learning process and hence it will be useful to explore to understand better.
- Validate and acknowledge the experiences of the participants.
- Be aware that recovery is a process and that the participant may be at any stage of the process.
- Value the experience shared by the participant. Respond to them with empathy.
- Be aware of our own limitations.

RESPONDING TO EMOTIONS:

- Always let the other person break the silence
- Validate
- Reflect
- Appreciate the sharing and express gratitude
- Don't distract

TOOLS TO HELP PEOPLE PROCESS THEIR EMOTIONS:

Every person has their own way of expressing emotions. When we look at distress, it is not necessary that the research participant would express it in a uniform manner - they may not always cry or grow silent. There are different ways in which they may choose to express their emotions. If we are observing them and if we are holding a conversation with them, it is important for us to be mindful of these non-verbal cues that they may be expressing.

Emotions are also reflected in different ways, sometimes it can come across as somebody fidgeting with something or somebody being nervous and the pace of speaking changes. It is important to reflect upon on that and check in with them as a response to their non-verbal cues if they are not able to express them verbally,

Create a worry box - this tool helps in momentarily bringing down the intensity of the emotions that we are going through. This can be an imaginary worry box that we create or if it helps somebody, we can have them get a box for themselves and maybe imagine that they

are putting all their worries in the box. When we are doing this exercise, we must ensure we are descriptive. Whenever we do any imaginary exercise, we must make sure it is very descriptive so that it helps the person imagine. To illustrate,

Suppose you tell someone to imagine a box - ask them what it is made of, what the shape of the box is, how strong the box is, and so on. Once we imagine that all the worries are put in the box, close the box and keep it aside where it is not accessible. Here we are not trying to ignore our emotions or discount any emotions, we are trying only to put them aside for some time till the time we are engaging in a conversation and then later on, whenever we feel safe, we can talk about it with somebody who can help with it.

Something we can also do is worry-time in the day. This is also something we can do with thoughts that are running in their mind for a very long time and that also have an impact on their day-to-day functioning. If there are a lot of such emotions or thoughts, worry-time might be useful.

The worry box can be opened once a day, for which we can allot a time. This can be done when they are in their private space, when they feel comfortable to process or reflect on these thoughts and emotions. This way, when these thoughts and emotions come in through the rest of the day, they can tell themselves that they will engage with them during worry time. This helps them bring down the intensity of the emotions when we are engaged in something else.

HELP THEM NAME THEIR EMOTIONS - CHECK IN AND CHECK OUT RITUALS

When we are starting a conversation with the participant, it is important to check how they are feeling. While doing this, it is also important to help them name their emotions. Participants may not be very clear about their feelings. They might say, "I don't know what is happening," "It is difficult for me," or express it through non-verbal cues. It is important that we take notice of these cues and reflect upon them empathetically. This is when we can help give them a name for their feelings, this way we can also check-in with them. The check-in vocabulary must also match the intensity of the feeling expressed by the participant. For instance,

If someone is feeling shocked and shattered, the emotion cannot be reflected upon as sadness as it probably doesn't match with the intensity of what they are feeling. For that purpose, it is important to have a good vocabulary of emotions.

INTRODUCE GROUNDING ACTIVITIES THROUGHOUT THE INTERVIEW

Grounding is a strategy which can help the participant feel safe. When we are feeling extremely anxious or disturbed, we are likely to feel overwhelmed. Particularly in instances of trauma, when our emotions are extremely intense it is hard to process them. We may start to feel extremely unsafe. Those emotions can trigger very difficult experiences. In those moments it is important that we make use of some strategies that can bring them back to the present.

This is done by making use of our sense organs. With the help of sense organs, we can stay in touch with what is happening around us, which can help us ground to the present moment. This also helps us in feeling safe in the present moment. It helps us reassure ourselves that while something that happened in the past was extremely difficult, we are now in an environment that is much more safe.

We can introduce this to the participant by taking a pause if the conversation is becoming extremely overwhelming for the participant. We can reflect on their emotions and suggest the grounding exercise to them for them to feel safe. There are different ways in which we can practice grounding - it will include anything that will help us come back to the present. Making use of five sense organs is one of the ways of doing it. How do we do this?

We first begin with the eyes - we tell them to spot 5 things around them. We can also make it more specific - maybe ask them to spot 5 things that are of a certain color. The idea is to use description. Next is ears - what are 4 sounds they can hear at the moment? Next is the nose - what are the smells they can feel or identify? If they can smell 3 distinct smells. Next is the sense of taste - what can they taste at that moment? They can also grab a glass of water and share how they feel when they drink the water. Touch - if they are sitting somewhere comfortably, they can rest their backs or open their shoes and let their feet touch their feet. Having a hot shower is also a form of grounding.

Sometimes when it is difficult to do all of this, you can also ask them to breathe and just focus on their breath. While breathing also we can tell them to be compassionate towards themselves.

TIPS FOR STRENGTH-BASED CONVERSATIONS

In moments where people are talking about very difficult life experiences, we may have participants who may feel helpless, uncertain, and have conversations with deep fears, anxieties, and disappointment in their own abilities. It is then important to look for exceptions in their problem stories. What does it mean? We take out different instances when they have been able to cope effectively with their problems. This comes from the theoretical framework that believes that no individual can be in a problem situation 24x7.

Every individual has the strength or the capability of coping with their issues at some point in time. This can help the participants realise what their strengths are. There are also creative ways of reminding people of their strengths and coping abilities. For example,

With young adults or adolescents we can perhaps ask them to think of their problem as an imaginary creature, ask them to describe it, check their relationship with it if the creature is always around them, how they function when the creature is not around, and so on.

Other ways to remind people of their strength is to focus on the journey of coping with challenges and their previous attempts to cope. Appreciate appropriately while actively listening to the story of the participant. Finally, help the participant envision the future will help perceive strength in the challenging conversation.

USING RESOURCES AND IEC

- Communication of data or facts about experiences, events, alternatives, or people
- Giving information is a way to help them identify possible alternatives
- Information giving is helpful when clients are not aware of the possible outcomes of a particular choice or plan of action

SHARING INFORMATION

It is important that we share information in a way that is in sync with the needs of the participant. We must first recognise the need of the participant and then provide them with information. When we do provide information, it must be from reliable sources, that we have verified ourselves as much as possible. When we give information, it is also important to explain why we are giving that information.

SUMMARISING AND CLOSING THE CONVERSATION

- Highlight what was discussed in the conversation. This helps in reviewing the conversation.
- Check with the participants how they are doing even at the end, as most conversations can be extremely heavy where they are talking about a lot of difficult emotions.
- Ask the participant if there is anything that they wish to speak about before ending the session.
- Give referrals and resources if they ask.
- End on an affirmative note.

FEEDBACK AND FOLLOW-UP

There are different types of feedback, such as - descriptive, evaluative, emotional and interpretative. Review how the participant felt about the process as a whole. Take consent from the participant for follow-ups.

SELF CARE

Some of the conversations with the participant can evoke difficult emotions within ourselves also. We also might be in the midst of something very challenging and it might be very difficult for us to process conversations that are overwhelming. It is important for us to be mindful of the emotions that have resurfaced in the process and take care of ourselves.

Self care is the **“ability to engage in human rights work without sacrificing other important parts of one’s life. The ability to maintain a positive attitude towards the work despite challenges. Self-care can also be understood as a practitioner’s right to be well, safe, and fulfilled.”**

There are different forms of self care. Every individual likes to engage in self care differently:

- **Physical self care**
- **Social self care**, where some people like being alone, they like spending time by themselves with nobody around them. There are also some people who like to connect with others, whether it is close family or friends.
- **Emotional self care**, where you actually look at your emotions, reflecting upon your emotions and giving yourself time to process whatever has happened, giving time to express whatever has happened
- **Spiritual self care** can mean different things for different people. It is important to look at what your beliefs are, what your spiritual connection is, and what spirituality means to you - it could be in the form of a prayer, just internal reflection and so on.
- **Professional self care** is self care that is done while you are working.

References

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