

# Peace of Mind

Supporting religious and faith-based actors  
in providing youth-oriented psychosocial  
support in the time of the pandemic

A Trainer's Manual



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# Peace of Mind

## Supporting Religious and Faith-Based Actors in Providing Youth-Oriented Psychosocial Support in the Time of the Pandemic A Trainer's Manual





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## Acronyms and Abbreviations

<b>BARMM</b>	Bangsamoro Autonomous Region in Muslim Mindanao
<b>BKC</b>	Balik Kalipay Center for Psychosocial Response, Inc.
<b>BUC-MTYC</b>	Bishop-Ulama Conference – Mindanao Tripartite Youth Core
<b>DOH</b>	Department of Health
<b>DSM-V</b>	Diagnostic and Statistical Manual on Mental Disorders
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit
<b>GTKY</b>	Getting-to-Know You
<b>IASC</b>	Inter-Agency Standing Committee
<b>IPs</b>	Indigenous Peoples
<b>LGU</b>	Local Government Unit
<b>MHL</b>	Mental Health Literacy
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MSWDO</b>	Municipal/City Social Welfare and Development Office
<b>NARM</b>	Needs Assessment and Resource Mapping
<b>NDRRMC</b>	National Disaster for Risk Reduction and Management Council
<b>NGO</b>	Non-Governmental organization
<b>PETA-LS</b>	Philippine Educational Theatre Association - Lingap Sining
<b>PFA</b>	Psychological First Aid
<b>PMR</b>	Progressive Muscle Relaxation
<b>POM</b>	Peace of Mind Pilot Initiative
<b>PSP</b>	Psychosocial Processing
<b>UCCP</b>	United Church of Christ in the Philippines
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WHO</b>	World Health Organization
<b>YO-PSS</b>	Youth-Oriented Psychosocial Support
<b>YOUCAP</b>	Youth for a Culture of Peace and Non-Violence in Mindanao



## Foreword

The importance of mental health and psychosocial support (MHPSS) in the context of conflict and forced displacement as well as natural disasters has advanced significantly in recent years, both globally and regionally. The critical role of MHPSS interventions in crisis response and development activities has grown more evident in the Philippines, as the country has been impacted by several crises, emergencies, natural disasters, and the COVID-19 pandemic. Concerns regarding mental health have increased considerably throughout the coronavirus pandemic in the Philippines. Since March 2020, government authorities have anticipated a nationwide mental health crisis due to increased anxiety and depression cases triggered by confinement, isolation, and uncertainty. These life-changing events frequently have profound social and psychological consequences—including children and youth who are highly vulnerable.

Young people are at risk of developing mental health problems. Suicides increased in response to lockdowns, quarantines, restricted mobility, and uncertainty, particularly in rural areas<sup>1</sup>. Domestic violence and gender-based violence, according to numerous reports, are also on the rise<sup>2</sup>. Different government agencies like the Department of Health (DOH) in the Philippines demanded a more comprehensive mental health and psychosocial support (MHPSS) intervention in general, particularly for suicide prevention. In support of the call for more comprehensive mental and psychosocial support intervention, the project YOUCAP, has identified the potential for religious actors to participate as mental health providers to youth and the general population. While seeking professional psychological treatment is still considered taboo for many individuals, religious actors are frequently the major source of emergency assistance and psychosocial support, particularly for marginalized populations, due to their community origins and considerable acceptance. They have a high degree of legitimacy, acceptance, and credibility within their respective groups. As a result, the religious actors' role cannot be underestimated, particularly in Mindanao. This is the reason that the project piloted the Peace of Mind: Supporting faith-based actors and youth leaders in providing psychosocial support to youth and the community was developed.

This Peace of Mind Manual was developed after conducting the pilot initiative with a diverse range of partners from different religious backgrounds and civil societies organizations, e.g., Bishop-Ulama Conference – Mindanao Tripartite Youth Core and

<sup>1</sup>Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry Research*, 293, 113429. <https://doi.org/10.1016/j.psychres.2020.113429>  
<sup>2</sup>Mittal, S., & Singh, T. (2020). Gender-Based Violence During COVID-19 Pandemic: A Mini-Review. *Frontiers in Global Women's Health*, 1. <https://doi.org/10.3389/fgwh.2020.00004>



Duyog Marawi Inc. This document is intended to help trainers of future youth-focused psychosocial support implementers, particularly those who participated in YOUCAP's Peace of Mind pilot initiative. It is, however, written in such a way that it can be referred to by other faith-based actors interested in implementing youth-focused psychosocial support interventions. This manual is initially meant for religious and faith-based actors in Mindanao who require assistance in institutionalizing a youth-focused psychosocial support program for their communities or organizations. These religious and faith-based actors may serve as Peace of Mind (POM) implementers, trainers, or a combination of the two. This training manual is part of our effort to support civil society organizations and youth leaders in the community towards strengthening their capacity for peacebuilding and development. Mainly, it can serve as a helpful resource for anyone seeking inspiration and direction on conducting a youth-oriented psychosocial support activity that promotes resilience, prevents mental illness, and fosters mental wellness. Other community actors (e.g., health care providers, peace educators, disaster volunteers, community organizers, and local government officials) seeking direction on institutionalizing MHPSS for members of their communities or organizations, youth or otherwise, may find this manual useful. Those with a desire to grasp the MHPSS concepts and the process of developing psychosocial interventions, as well as an enthusiasm for creative teaching and learning, may also find inspiration in this material.

We hope it will be a useful resource for faith-based and religious actors working with youth, community youth leaders, and other stakeholders working in mental health and psychosocial support.

I would like to express my gratitude to everyone who contributed to making this manual a tool for fostering peace and well-being, especially Balik Kalipay Center for Psychosocial Response (BKC), for conducting the pilot initiative remotely and in a creative and conflict-sensitive manner.

**Gunhild Schwitalla-Ruf**

Principal Advisor

Youth for a Culture of Peace and Non-Violence in Mindanao, Philippines  
(YOUCAP) Project



## Acknowledgment

**We dedicate this work to the memory of Dr. June Pagaduan Lopez, the founding president of Balik Kalipay Center for Psychosocial Response, Inc. (BKC). She was our steadfast and indefatigable leader, mentor, friend, and co-advocate in the field of human rights, mental health, spirituality, and peacebuilding.**

The mission of Balik Kalipay Center for Psychosocial Response, Inc. (BKC) focuses on capacitating the general public in providing psychosocial support to build caring communities amidst crises and disasters. Through YOUCAP's Peace of Mind pilot initiative, BKC, in collaboration with the Lingap Sining Program of the Philippine Educational Theatre Association (PETA-LS), was able to pursue this mission in the context of the COVID-19 pandemic. Its outcome did not just include training an interfaith group of faith and religious actors and youth leaders in providing youth-oriented psychosocial support, but an opportunity to reach more community actors on the ground through this training manual that has been developed out of the pilot activities.

In a gist, this manual is an amalgamation of carefully put together materials culled out of BKC's extensive knowledge and experience on capacitating state and non-state actors on the foundations of MHPSS and of PETA's creative pedagogy that has been tried and tested in their provision of a psychosocial intervention to communities coping with and preparing for disasters. It is apropos to the new landscape that is the Covid-19 pandemic and is particularly responsive to the training needs of the religious and faith-based actors to serve their role as effective providers of youth-oriented psychosocial support. Related sources have been consulted but the lessons learned from the series of sessions, engaging dialogue, and encounters with the trainees during the pilot activities enriched this manual in many ways.

Hopefully, more fellow sojourners even beyond the pandemic will be encouraged and guided by this manual as they embark on a similar journey of creating more caring and compassionate communities through promoting hope, enhancing resilience, and fostering peace of mind amidst life's adversities.



Our heartfelt gratitude goes to the many individuals who are instrumental in developing this manual - the 30 religious and faith-based actors, all peace advocates, and many are youth leaders in their communities who joined us in the pilot initiative until completed. Thank you to:

Jalanie M. Ali, Sitty Samrah Hasana U. Andar, Junrey T. Ayangod, Rev. Camilo N. Baconga, Fr. Jomil C. Baring, CsSR, Babino N. Casanaan, Jr., Rohanisa O. Casanali, Hujaiifa Lim Daie, Al-Haron D. Datudacula, Paul Mark Divino, Rimo Bansilan Espanola, Roland R. Fernandez, Sahabudin B. Giduwan, Rex H. Gimena, Krisha Jane D. Intay, Darwiza O. Jamsani, Maily I. Lagwas, Emerlito M. Lundah, Abdul Racman Y. Macod, Darwin H. Malayo, Janisah M. Montay, Raynisah C. Nasroden, Leonardo Manuel N. Padua, Jaira Dane C. Paglinawan, Mary Rose I. Pasilang, Rev. John Patrick Pelonio, Cyril Mae Q. Salera, Haniya D. Sarip, Doanie Grace Sulda, and Sr. Marife S. Vargas, MSM.

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We wish to thank the Bishop-Ulama Conference, particularly Miss Jana Jean Dacobor and Duyog Marawi Inc., particularly Brother Reynaldo Barnido, for identifying and recommending the participants and joining us at the culminating activity of Peace of Mind. Their unwavering commitment to peacebuilding for the tri-people of Mindanao interlinked with the goals of the pilot initiative.

Our team is grateful for all the organizations and the key people who allowed and sustained our trainees throughout the engagement.

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## **Introduction**



## Background and Rationale

Amid building new resources and adapting to the new normal, global health experts warned that a “second pandemic<sup>3</sup>” is looming, characterized by a surge in mental health crises. Early evidence has shown that globally, the COVID-19 pandemic has caused significant psychological distress across nations and populations<sup>4</sup>. An increase in anxiety, suicide, depression, and sleep problems has been noted, and worse psychological outcomes for the more vulnerable groups are predicted. Those susceptible and unable to adapt to the demands of the new normal may end up developing clinical disorders if

improperly addressed. In the long run, the mental ill-health associated with COVID-19, the second pandemic, will have a perilous impact on our society, causing burdens on our mental health and well-being, essentially in all areas of human life. Concretely speaking, this may include loss of academic performance and work productivity, struggles in personal relationships, and possibly, heightened conflict and violence at the level of individual, family, organizations, and communities.

Consequently, mental health decline is costly, and the cost is felt at multi-



levels. As individuals suffer, families and communities are burdened. A Lancet Commission report on mental health dated 2018 revealed that as psychiatric disorders continue to increase in every country, it will cost the global economy \$16 trillion by 2030<sup>5</sup>. This foresight, however, is now underestimated, given COVID-19's drastic impact and high contribution to poor mental health. At this point, a sustainable and systematic solution to mitigate the potential adverse impacts of the pandemic to

the mental health and well-being of all vulnerable populations is critically needed.

In the Philippines, the provision of comprehensive mental health care as part of the COVID-19 response is still lacking given the breadth and depth of mental health needs in the country vis-à-vis the meager number of mental health practitioners and the current model of care. With the release of the National Guidelines on MHPSS in



<sup>3</sup>Choi, K. R., Heilemann, M. V., Fauer, A., & Mead, M. (2020). A second pandemic: mental health spillover from the novel coronavirus (COVID-19). *Journal of the American Psychiatric Nurses Association*, 26(4), 340-343. <https://doi.org/10.1177/1078390320919803>

<sup>4</sup>Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., ... & Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *Plos one*, 15(4), e0231924. <https://doi.org/10.1371/journal.pone.0231924>

<sup>5</sup>Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392 (10157), 1553-1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)



Disaster and Humanitarian Response and the enactment of the Mental Health Law, also known as Republic Act (R.A.) 11036<sup>6</sup>, in late 2018 that called for the improvement of current initiatives and establishment of needs-based mental health programs and policies in various sectors including schools, workplaces and communities, important steps were made. However, there is still a long way to go.

Stigma and low mental health literacy, compounded by the high costs of mental health services and their non-availability, especially within rural communities, are among the stumbling blocks to Filipinos' mental health care.<sup>7,8</sup> These factors play out in the

lives of young people and practically all members of marginalized groups such as IP communities, impoverished families and communities, individuals and families struggling with mental health issues and comorbidities pre-pandemic, and groups in current and post-conflict situations. In the Philippines, like in many other countries worldwide, from low-income to high-income countries, there is insufficient investment in mental health care<sup>9</sup>. This hinders the prompt development and cascading of evidence-based interventions in our communities and the increase of mental health professionals -resources that are vital and significantly needed by Filipinos in these trying times.



<sup>6</sup>Senate of the Philippines (2017) Senate Bill No. 1354: Mental Health Act of 2017. An Act Establishing a National Mental Health Policy for the Purpose of Enhancing the Delivery of Integrated Mental Health Services, Promoting and Protecting Persons Utilizing Psychiatric, Neurologic and Psychosocial Health Services, Appropriating Funds Therefore and for Other Purposes. Senate of the Philippines.  
<sup>7</sup>Martinez, A.B., Co, M., Lau, J. et al. Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. *Soc Psychiatry Epidemiol* (2020). <https://doi.org/10.1007/s00127-020-01937-2>  
<sup>8</sup>Tuliao, A. P. (2014). Mental health help seeking among Filipinos: a review of the literature. *Asia Pacific Journal of Counselling and Psychotherapy*, 5(2), 124-136. <https://doi.org/10.1080/21507686.2014.913641>  
<sup>9</sup>Lally, J., Tully, J., & Samaniego, R. (2019). Mental health services in the Philippines. *BJPsych international*, 16(3), 62-64. <https://doi.org/10.1192/bji.2018.34>

## The Importance of Psychosocial Support to Youth



According to studies, young people during the pandemic are tremendously affected by prolonged social isolation and disconnection with structured activities, including work, school, and extracurricular events.<sup>10</sup> The recession that is predicted to follow is also expected to cause a decline directly and indirectly in their overall well-being. These factors constitute both immediate and longer-term psychosocial impacts to this group of people.

Youth in conflict and post-conflict communities are among the high-risk groups to develop adverse psychological outcomes within this population. The stresses resulting from uncertainty, unprecedented periods of isolation, economic instability, and the general sense of loss may reactivate personal or transgenerational traumas, as well as other pre-pandemic psychosocial issues.<sup>11</sup> Family distress, heightened clashes in religious and socio-political beliefs, stigma and discrimination related to conflict are

<sup>10</sup>Power, E., Hughes, S., Cotter, D., & Cannon, M. (2020). Youth mental health in the time of COVID-19. *Irish Journal of Psychological Medicine*, 37(4), 301-305. <https://doi.org/10.1017/ipm.2020.84>  
<sup>11</sup>Rousseau, C., & Miconi, D. (2020). Protecting youth mental health during the COVID-19 pandemic: A challenging engagement and learning process. *J Am Acad Child Adolesc Psychiatry*, 59(11), 1203-1207. <https://doi.org/10.1016/j.jaac.2020.08.007>





just a few of the issues contributing to this group's mental health risk.<sup>12</sup> Mental health issues could lead to being more vulnerable to violence and radicalization. Mental health issues can shatter the youth's peace of mind.

The provision of mental health and psychosocial support services, which primarily aims to protect and promote people's mental health and well-being, is urgently needed by this population today. Interventions within the MHPSS framework can help build trust and a

sense of safety, promote connection and reduce stigma and discrimination. Interventions can also target healing and recovery from trauma that the youth may have embodied, their families and communities exposed to or living amidst violent extremism and insurgencies. Finally, and perhaps the most basic of all for this group, it could help prevent individual push factors as socio-cultural drivers of multi-level conflicts.

## The Importance of Religious and Faith-Based Actors in Promoting and Protecting Mental Health and Well-being

Most Filipinos primarily turn to spirituality, specifically their faith and religion, to cope amidst crises and adversities.<sup>13</sup> The belief that any God will never leave his people in trying times, promotes a sense of hope among believers while joining religious practices and rituals fosters meaningful connections with others in the community or congregation. The act of praying deepens one's relationship with a transcendent being

or an infinite power, as it also cultivates one's experience of peace of mind. All these also imply that religious and faith-based actors who teach, lead, and facilitate these processes play a significant role in the lives of individuals and the collective faith communities, especially those contending and coping with adverse life events such as the difficult experience brought by the pandemic.



<sup>12</sup>Balay Rehabilitation Center (n.d.). Psychosocial Impact of Internal Displacement Preliminary Results of Balay Case Studies. <https://balayph.net/news-events/features-and-articles/24-psychosocial-impact-of-internal-displacement-preliminary-results-of-balay-case-studies>

<sup>13</sup>Ladrado-Ignacio, L., & Perlas, A. (1995). From victims to survivors: Psychosocial intervention in disaster management in the Philippines. *International Journal of Mental Health, 24*(4), 3-51.



Studies show that religious and faith-based actors along with family and friends are sought out over mental health professionals by Filipinos experiencing psychological distress.<sup>14,15</sup> As an alternative to professional mental health care, turning to them may be attributed to many factors. One, they are recognized as highly credible, reliable, and trusted leaders and members in their respective communities; thus, many, including young people, seek them out for spiritual care and emotional and psychosocial support. They are also more accessible and approachable to the community than counselors, psychologists, or psychiatrists because of their role as facilitators of rituals and other faith-based activities regularly witnessed by the people. As a result, community people conveniently look up to them for support or advice. For instance, as recounted by one of our pilot trainees, the confessions he facilitates are sometimes transformed into counseling sessions as their confessants seamlessly narrate their struggles amidst the pandemic. Finally, the inclination to turn to them and other lay networks for psychosocial support may also be driven by the



need to remove the stigma associated with professional psychological help-seeking. Indeed, faith-based actors are key allies in providing psychosocial support to individuals, families, and communities.

<sup>14</sup>Bunagan, K. S., Tuliao, A. P., & Velasquez, P. A. (2011, August). Alternative sources of psychological help, attitude towards counseling, and the moderating effects of gender. *Martinez, A.B., Co, M., Lau, J. et al. Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. Soc Psychiatry Epidemiol* (2020). <https://doi.org/10.1007/s00127-020-01937-2>

<sup>15</sup>Abe-Kim, J., Gong, F., & Takeuchi, D. (2004). Religiosity, spirituality, and help-seeking among Filipino Americans: Religious clergy or mental health professionals? *Journal of Community Psychology*, 32(6), 675–689. doi:10.1002/jcop.20026

On the other hand, when viewed using the MHPSS perspective and principles in humanitarian response in general, religious and faith-based actors sometimes do more harm than good, especially through practices that do not lean toward impartiality and neutrality.<sup>16</sup> For instance, they become barriers to timely and effective treatment of mental disorders when a serious problem is dismissed as a non-issue or when spiritual advice is

favorable over consulting with mental health professionals. It is also worth mentioning that some actors may not know how to deal with the severe mental stresses, especially young people, and lack the tools to be conflict-sensitive with the young people reaching out to them.

Capacitating religious and faith-based actors in providing mental health and psychosocial support means sensitizing



<sup>16</sup>French, M., Fitzgibbon, A., Ager, W., Ager, A., & Horn, R. (2018). A Faith-Sensitive Approach in Humanitarian Response. Islamic Relief Worldwide.

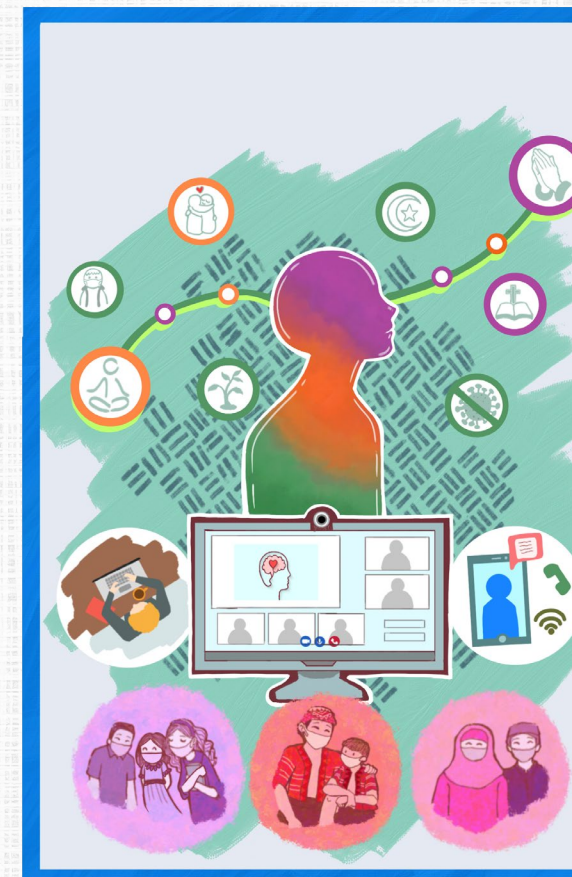




them on the principles of humanitarian response and making them aware of the potential harm they can induce in the context of protecting and promoting people’s mental health and well-being. Most importantly, capacitating them to be part of their community’s mental health gatekeepers through the MHPSS framework will highlight their role and strength as agents of positive change and facilitators of resilience at the grassroots. Such is a necessary boost to the country’s limited mental health resources and complementary to what mental health professionals can do, providing specialized psychological

services. Indeed, there is great value in engaging religious and faith-based actors in MHPSS work, particularly in providing psychosocial support to the identified vulnerable population, such as too many youths today, needing this kind of support during and after this global health crisis.

## Peace of Mind Pilot Initiative: An Overview



The Peace of Mind (POM) pilot initiative conceptualized and implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) under its Youth for a Culture of Peace and Non-Violence in Mindanao (YOUCAP) project, with technical support from Balik Kalipay Center for Psychosocial Response, Inc. and the Lingap Sining Program of the Philippine Educational Theatre Association, was a concrete response to the very limited mental health care resources amidst

the increasing psychosocial needs of many young people today.

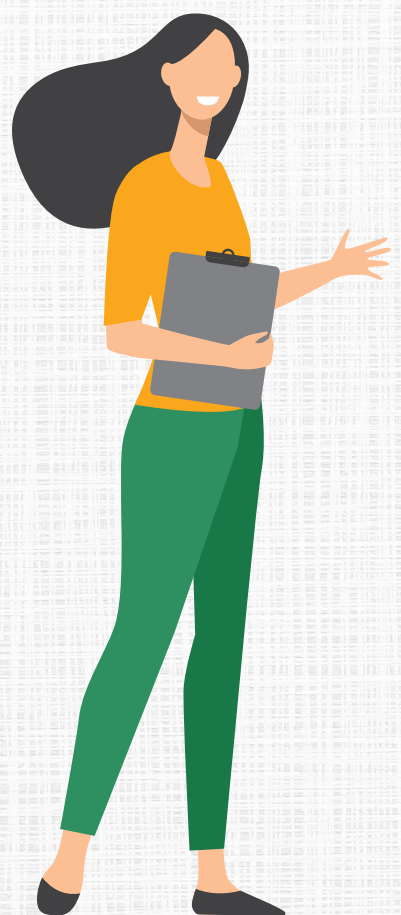
The YOUCAP project is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) in cooperation with the government of the Republic of the Philippines represented by the Office of the Presidential Advisor on Peace, Reconciliation and Unity (OPAPRU).





## Objectives

Generally, the end beneficiaries of the POM pilot initiative are the youth from Mindanao, the island region in the Southern Philippines, home to communities facing violent extremism and decades of insurgencies. To reach this vulnerable population, it has been the strategy of the POM initiative to leverage the potential of religious and faith-based actors in developing and conducting youth-oriented psychosocial support activities that are contextualized to the youth members of their respective communities/organizations, as well as in transferring the foundational knowledge and skills on MHPSS to other faith-based actors in their circle so that more psychosocial support providers may be capacitated and their reach may become wider. To realize these objectives, the initiative had three major components:



**1** “Training of Trainers” (ToT)

**2** Coaching and mentoring

**3** Manual development



### “Training of Trainers” (ToT)

This component focused on the transfer of two sets of competencies. First, the knowledge and skills on the topic of youth-oriented MHPSS, including how to plan and conduct an effective psychosocial support activity, and second, the knowledge and skills in transferring what has been learned to other potential psychosocial support providers in their faith-based organizations/communities.

**1**



### Coaching and mentoring

As part of the pilot, coaching and mentoring were directed towards developing and implementing a youth-oriented psychosocial support activity. This component, which included several group sessions with the BKC-PETA facilitators, allowed for supervised practice, also known as on-the-job training, including providing safe spaces for experimenting with what has been learned. They were set up for the trainees to develop experience and gain confidence as implementers and grow authentic as trainers - multipliers of youth-oriented psychosocial support programs and activities.

**2**



### Manual development

The manual is the knowledge product of the pilot ToT and the coaching and mentoring sessions. By manualizing the youth-oriented psychosocial support activities and the training modules developed during the Peace of Mind initiative, the activities can be replicated in a standard fashion, yet still contextualized, especially according to the needs and resources of both recipients (i.e., the youth) and providers of psychosocial support (i.e., religious and faith-based actors).

**3**





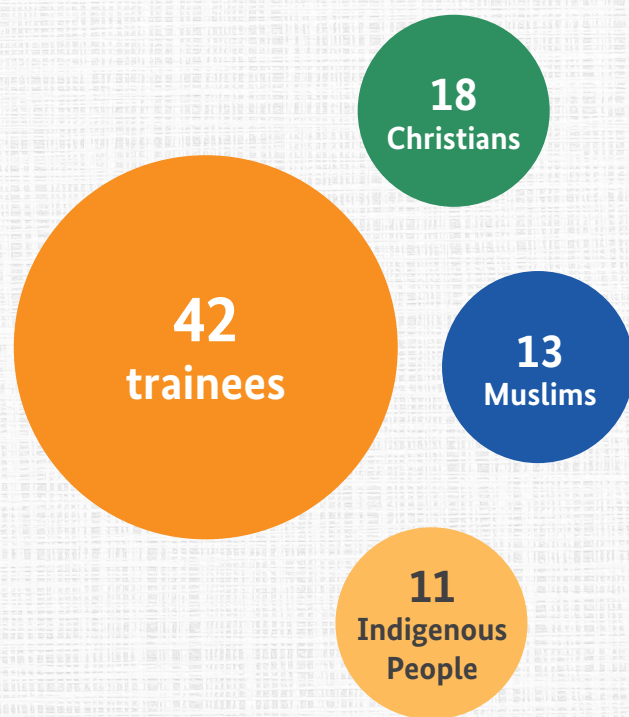
## Pilot Group

Selected religious NGOs and other faith-based organizations from regions 10, 11, 13, and mainland BARMM were invited to join the pilot initiative. The organizations identified needed to have a youth group or youth-oriented activities, with members who are either trained already in MHPSS or are willing to become trainers. As a strategy to directly capture the needs of the end beneficiaries, the youth within the age range of 15-30 years old, youth members from the identified organizations were selected along with other faith-based actors representing the tri-people Mindanao. The participation that resulted from the inclusion criteria for participant selection was an interfaith, intercultural, and intergenerational group of 42 trainees.

Specifically, 14 organizations endorsed



by Bishop Ulama Conference and Duyog Marawi sent their representatives to attend the pilot activity. Eighteen (18) participants identified as Christians, 13 as Muslims, and 11 as Indigenous People. Their age ranged from 18 to 49 years old. 24 or 59% are youth (18-30 y.o.). They held various roles in their organizations (i.e., youth leaders, teachers, Islamic educators, volunteers for peace, tribal leaders like chairman and councilors, pastors and church minister, priests and deacon, youth director, parish staff, campus ministry, and youth group coordinators).



## Methodology



A comprehensive training needs assessment in the form of an online survey accomplished by the trainees guided the content design and methodologies of the POM training and coaching sessions.<sup>17</sup>

Overall, a series of online activities over a 12-week period that included a pilot training on MHPSS, coaching and mentoring sessions, and trainees' pilot implementation of their own youth-oriented psychosocial support activity that involved accompaniment and supervision, as well as debriefing and evaluation transpired between August to October 2021. The training needs analyses developed six (6)

training modules and two (2) coaching modules.

Due to the limitations and affordances of the project team, partners, and participants caused by the pandemic, the pilot initiative harnessed the benefits of online teaching and learning, which utilized Internet-based communication technologies. Synchronous modality was mainly done for virtual meetings, wherein the facilitators and the participants gathered together, in real-time, on the virtual learning platform to engage in activities, discuss essential concepts, and actively participate in conversations. In between each

<sup>17</sup>It inquired about the trainees': sociodemographic profile, training background and experience related to MHPSS, familiarity with creative modalities, level of knowledge about key MHPSS concepts, readiness to perform tasks related to being a psychosocial facilitator, perceptions of the most significant psychosocial challenges the youth face today.





4-hour session that transpired weekly, asynchronous modality was utilized for learning activities such as preparing for assignments that included individual reflection exercises and group meetings to discuss group presentations.

Despite the limitations of the technology, the participatory and experiential learning approach was employed and then expanded throughout the pilot training and coaching workshop sessions. The activities were not just developed for the sake of exercises but for the trainees to experience how it is being recipients of a psychosocial support activity themselves. Because of this, trainees shift back and forth from being participants of psychosocial support activity to being psychosocial

facilitators, the latter requiring them to wear their trainers' hats. Embedded in the sessions were the continued exploration and discussion of the psychosocial needs of the youth today. The information gathered guided the trainees in planning and delivering their own pilot psychosocial support activity for the youth in their organization. Consequently, key activities had been designed so that the trainees could cultivate the learnings gained from the training through hands-on application of knowledge and skills involving the youth in their networks. All these were made possible by integrating creative pedagogy despite intricacies in the process.



## Outcome

Thirty trainees completed the pilot activity. From the training and coaching workshop, the trainees were sensitized on the whys and wherefores of MHPSS, the psychosocial needs and resources of the youth in their communities, and the role of faith and religion in MHPSS programming. They experienced firsthand the power of creative strategies both as recipients of psychosocial activities and as trainees learning to become direct implementers of youth-oriented psychosocial support. As trainees, they practiced different creative approaches as implementers of youth-oriented psychosocial support to their fellow trainees within the series of training sessions.

For their on-the-job training, which required planning and implementation



of a one-session youth-oriented psychosocial activity, the trainees were grouped according to their faith and religious affiliation (i.e., Catholic Group, Muslim Group, United Church of Christ in the Philippines or UCCP Group, and Indigenous People or the IP Group). The trainees opted for this approach as it allowed them to come together physically and online during the planning sessions and connect at the level of their faith. It was easy to reach out and connect to their target youth within the same faith community with this set-up. This approach was deemed faith-sensitive and strength-based. It was simultaneously conflict-sensitive in that it prevented potential discourse related to the different ways, sometimes even conflicting with each other, various faith and religion is applied on MHPSS and vice versa.

The pilot psychosocial activities of all four groups conducted either online or on-ground following a 3-hour program design was informed by the target group's needs established during the pilot. Given that the groups were homogenous according to their faith or religious affiliation, it was easy for them to select participants within their organization and mobilize their



organization's resources. As a result, they could customize their program design aligned with their faith. For instance, the Muslim group included some Muslim psychology concepts in their input. On the other hand, the IP group promoted "the IP way of coping" among their youth participants.

While the activities were customized based on their context, as recommended, all were resilience-focused (i.e., established meaningful connection among their participants and increased the sense of social support, enhanced the participants' knowledge about mental health, including coping skills), and employed creative methodologies that made the session engaging and fun and therefore truly youth-oriented. These activities were concrete applications of

the knowledge and skills learned from the training and coaching sessions.

In pursuing the goal of reaching more youth in Mindanao, it is indispensable for the pilot group and the BKC-PETA MHPSS team to re-echo what has been experienced and learned in the process. This is the reason behind the manual development. The manual shall serve as a reference primarily to support the pilot group and their organizations, to help them establish and train their own core MHPSS team, then develop and institutionalize a sustainable context-based youth-oriented psychosocial intervention. The manual shall also serve as reference for various religious and faith-based actors in Mindanao.



## The Peace of Mind Manual

### Objectives

This manual aims to guide the trainers of future implementers of youth-oriented psychosocial support, particularly those who participated in the POM pilot initiative of YOUCAP. However, it is written also to serve as reference for other faith-based actors who would like to implement youth-oriented psychosocial support interventions.

Particularly, it can serve as a valuable resource to whoever needs inspiration and guidance on implementing a youth-oriented psychosocial support activity to enhance resilience, prevent mental ill-health, and foster peace of mind. Other community actors (e.g., health workers, peace educators, disaster volunteers, community organizers, and LGU leaders) seeking guidance on institutionalizing MHPSS for the members of their communities/organizations, youth or otherwise, may find this manual a useful resource. Those with a need for understanding the principles of MHPSS and how psychosocial interventions are developed combined with an appreciation for creative

teaching and learning may likewise find inspiration in this material.

Hence, the manual is two-fold. It presents (1) POM Intervention Program and (2) the POM Training program. These programs are the core of this manual and are discussed in two parts in the succeeding sections of the document.







## Target Users

This manual has been designed for use by religious and faith-based actors in Mindanao, those needing guidance in institutionalizing a youth-oriented psychosocial support program for their communities/organizations. These religious and faith-based actors can be implementers of POM, trainers or both.

### Who is a POM Implementer?

A POM implementer is someone who directly conducts the POM Intervention Program to the target youth who are the program's end users. An implementer is knowledgeable on the foundations of providing psychosocial support, including providing supportive communication and effective group facilitation. Ideally, they must go through the POM training program delivered by the POM trainer.



### Who is a POM Trainer?

A POM trainer is someone who trains POM implementers. The trainer can be a POM intervention implementer themselves, but in the context of the manual, a Trainer pertains to one who utilizes the POM training program to support the development of future POM implementers.

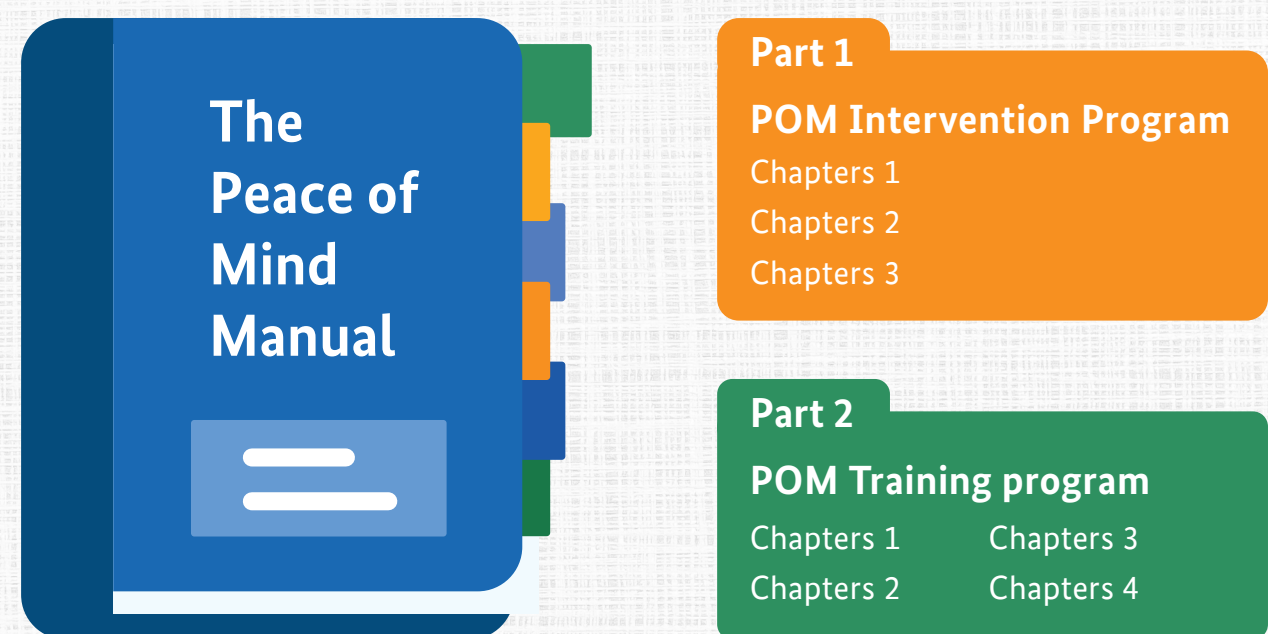


## Content and Structure

The manual is divided into two parts. Part 1 presents the **POM Intervention Program**, consisting of two chapters (Chapters 1-2) that tackle what the intervention is about, prepare for it, and finally, conduct it (Chapter 3). Part 2 is the **POM Training program**, consists of two chapters that tackle the training program's preparation guidelines (Chapter 1-2) and how to train others to implement youth-oriented psychosocial support interventions (Chapter 3). Finally, Chapter 4 briefly talks about post-training activities (i.e., Aftercare, Coaching and Supervision).

The content in Part 1, including

the modules for implementation presented, has been written to guide the direct implementation of the youth-oriented psychosocial support intervention. The content presented in Part 2, including the modules, is framed to guide the trainers in implementing the Peace of Mind Training Program that aims to train and support others in becoming implementers of the youth-oriented psychosocial support for their communities/church-based organizations. In this sense, the manual is both an intervention and training manual, albeit primarily designed for trainers as multipliers of youth-oriented psychosocial support.



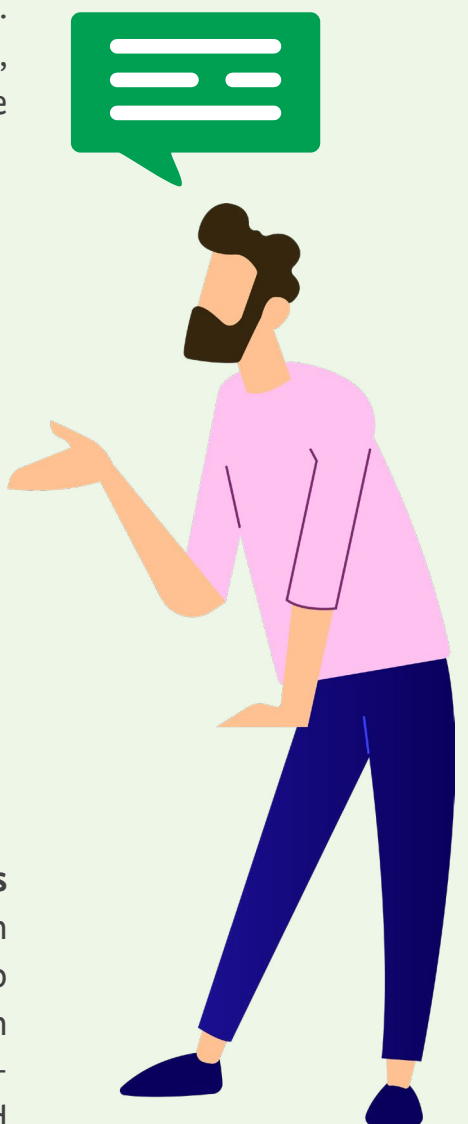


**Part 1: The guiding question of part one is how do you implement Peace of Mind, a youth-oriented psychosocial support intervention as a religious and faith-based actor?**

**Chapter 1 Introduces Peace of Mind**, the youth-oriented intervention program. It tackles the program's objectives, who implements it and who it is for, and its defining qualities as a youth-oriented intervention program. It describes its theoretical and empirical foundations, which are important information in understanding the bases of the program.

**Chapter 2 presents guidelines on preparing for the program.** It answers the question – what do I need to prepare and know about before conducting the youth-oriented psychosocial support intervention? It includes information on the program implementation plan and format of delivery, participant selection and ethical considerations, logistics requirements, and other process-related guidelines that implementers must be familiar with before the actual conduct of the intervention.

**Chapter 3 is about implementing the four modules of the POM Intervention Program.** Written in an instructional design, it answers the question: How do you deliver the four (4) modules of the POM Intervention Program? What are the session objectives, the step-by-step guide to the activities, the materials to use, and input in focus?



**Part 2: The guiding question for part 2 is how do you teach/train others in conducting the POM Intervention Program?**

**Chapter 1 of part 2 briefly presents the Peace of Mind Training Program**, its purpose, who it is for, who implements it, and its main objectives.

**Chapter 2 is about training and supporting implementers of the Peace of Mind Intervention Program.** It presents how the POM training is programmed, followed by the guidelines to prepare for pre-training.

**Chapter 3 presents the instructional design on how to conduct the four (4) modules of the training of implementers**, detailing the sessions of the training program – the session objectives, the step-by-step guide to the activities, the materials to be used and pointers for the input. The modules presented are condensed from the pilot initiative.

**Chapter 4 tackles important post-training activities** such as aftercare, coaching and supervision in the context of capacitating psychosocial support facilitators. It talks about why are these processes necessary and how are they done within the program?





## HOW How to Use the Manual

### As an Implementer

As an implementer or psychosocial support facilitator seeking to provide a direct service which is the conduct of the POM Intervention Program to the target youth, Part 1 of the manual will already serve as a guide, given that there is prior knowledge on MHPSS and skills in providing creative psychosocial support.



### As a Trainer

All trainers seeking to train and support others in implementing the POM Intervention Program must refer to both Part 1 and 2. As with any training program, trainers must be proficient with all aspects of content for delivery to be effective trainers. The POM Intervention Program and how to implement it precedes the program for the training and the latter's how-to guides.



While the manual is all about the Peace of Mind initiative, some guidelines described can serve as a reference in other psychosocial programming given their universality and applicability, while activities can be adapted as long as there is the intentionality of use. On this note, the manual is also not exhaustive in discussing all guiding principles of MHPSS. It has only discussed in greater

detail key qualities that guided the design – both in terms of content and delivery of both the intervention and training program. These qualities are anchored on the principles in providing MHPSS.

Lastly, note that implementing a psychosocial intervention and training others on how to conduct it requires



a set of minimum competencies and adherence to MHPSS standards. The user of this manual who aims to be guided as an implementer or facilitator of the Peace of Mind Intervention Program must possess knowledge on the foundations of MHPSS and demonstrate understanding of its principles, context-based understanding of the target participants, and skills in facilitating and supportive communication, among others.

While the manual discusses these capacities and many more in relation to the conduct of the intervention program and the training program, reading through them does not equate

to being trained as psychosocial support facilitators or as trainers of potential facilitators. To do no harm, users of this manual must have equivalent training on MHPSS and pertinent background in providing psychosocial support to respond to adverse life events. Mentoring, follow-up, and supervision by trained MHPSS providers and trainers, especially during the pilot run by any users (i.e., psychosocial teams), are also proposed to help ensure that the intervention is implemented correctly.

Here are recommended readings for both the trainer and the future psychosocial facilitator of the POM Intervention Program.



### Additional Readings for the Peace of Mind Program Trainer and Facilitator

The following are references that discuss MHPSS guidelines comprehensively:

- **IASC Guidelines on MHPSS in Emergency Settings 2007**  
[http://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)
- **National Disaster Risk Reduction and Management Council (NDRRMC). National Guidelines on Mental Health and Psychosocial Support in Emergencies and Disaster Situations.**  
[https://ndrrmc.gov.ph/attachments/article/3031/NDRP\\_Consequence\\_Management\\_for\\_Terrorism\\_related\\_Incidents.pdf](https://ndrrmc.gov.ph/attachments/article/3031/NDRP_Consequence_Management_for_Terrorism_related_Incidents.pdf)

The following are references that tackle adaptations and considerations on MHPSS in the context of the pandemic:

- **IASC. Operational Considerations for multisectoral mental health and psychosocial support programmes during COVID-19 pandemic:**  
<https://interagencystandingcommittee.org/iasc-reference-group-mentalhealth-and-psychosocial-support-emergency-settings/operational>
- **PAHO/WHO. Mental health and psychosocial considerations during the COVID-19 outbreak.**  
<https://www.paho.org/en/documentos/consideraciones-psicosociales-salud-mental-durante-brotecovid-19>

Here is a reading that presents guidelines on faith-sensitive approach in humanitarian response

- **Islamic Relief Worldwide. A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming, 2018; French, M., Fitzgibbon, A., Ager, W., Ager, A., & Horn, R. (2018).**  
[https://interagencystandingcommittee.org/system/files/faith-sensitive\\_humanitarian\\_response\\_2018.pdf](https://interagencystandingcommittee.org/system/files/faith-sensitive_humanitarian_response_2018.pdf)



## Part I: Implementing the Peace of Mind Intervention Program

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## Chapter 1: POM Intervention Program: An Overview

This chapter introduces the Peace of Mind Intervention Program, its conceptual framework including goals and objectives, its defining qualities as an intervention, and its overall scope and limitations.

### About POM Intervention Program

**Peace of Mind (POM) Intervention Program** is a 4-session youth-oriented psychosocial support intervention developed from the Peace of Mind pilot initiative. Anchored on MHPSS, the Peace of Mind Intervention Program strengthens at the level of community support. The Inter-Agency Standing Committee (IASC) defines psychosocial interventions as non-biological local or outside support. They aim to protect or promote psychosocial well-being, with a primary goal of prevention. They are formal types of intervention, specific, planned, intentional, and can stand alone. They are provided to individuals suffering from extreme distress but who have not developed symptoms of mental disorders.



Who is it for?

The youth-oriented psychosocial intervention is designed for young people from Mindanao age 15-30,<sup>18</sup> assuming that many from this population may be facing multiple adversities during this time of the pandemic (i.e., exposure to conflict, poverty, and other consequences of the pandemic) yet with very limited resources and access to psychosocial services, increasing their vulnerability of developing and suffering from chronic illnesses, particularly mental disorders.

<sup>18</sup> Age range as of youth as defined by the National Commission on Youth.



Who implements it?







Its target implementers are religious and faith-based actors – non-mental health professionals without special training in treating acute and chronic mental health conditions but can provide psychosocial support.



What are its objectives?

The expected outcomes of the program include the prevention of the development of mental disorders alongside the promotion of mental health and well-being, which in turn shall contribute to attaining peace of mind – “characterized by the affective states of internal peace and harmony,”<sup>19</sup> and outer peace or peace in relation to fellow human beings and the bigger society.

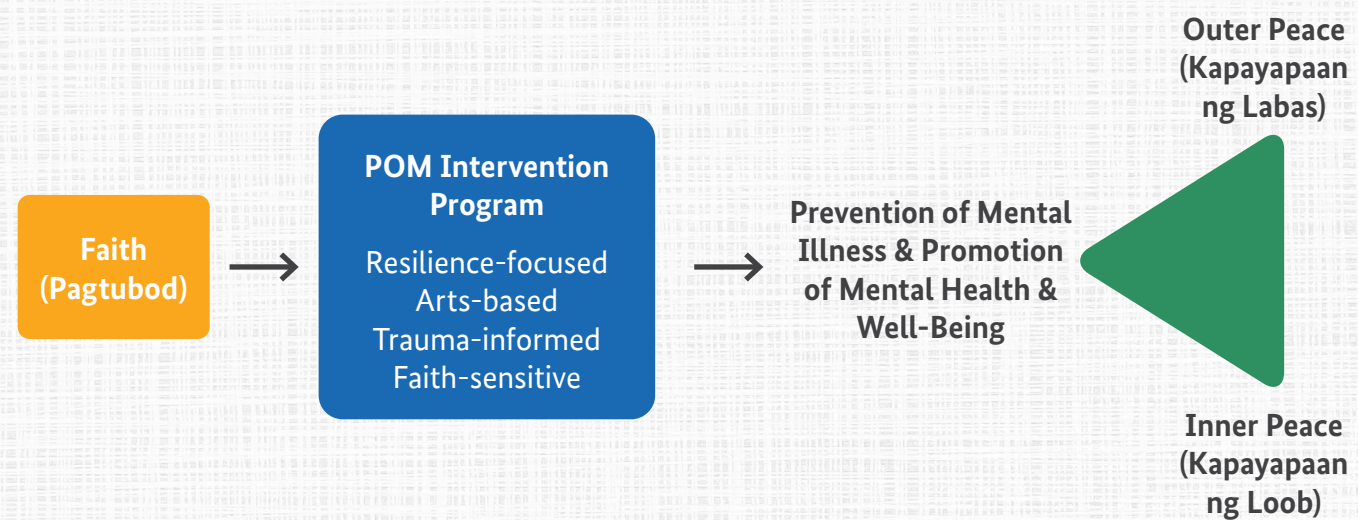
As a mechanism for achieving the desired outcomes, the program generally aims to increase the youth’s resilience. The following are the specific objectives of the program:

-  Promote safety and meaningful connection among the youth;
-  Process the youth’s experience of the pandemic and how it affected their peace of mind;
-  Enhance the youth’s self-awareness of the impact of the pandemic on their mental health;
-  Increase the youth’s mental health literacy, particularly on depression, to help reduce their mental health-related stigmatizing attitude and encourage psychological help-seeking;
-  Teach healthy ways of coping;
-  Empower the youth to take action to contribute to fostering peace of mind among their fellow youth in the community (i.e., advance the organization’s/ community’s MHPSS programming).

<sup>19</sup> Lee, Y.-C., Lin, Y.-C., Huang, C.-L., & Fredrickson, B. L. (2012). The Construct and Measurement of Peace of Mind. *Journal of Happiness Studies*, 14(2), 571–590. doi:10.1007/s10902-012-9343-5



**Figure 3.** Conceptual Framework of Peace of Mind



By taking into account the context of the trainees, the overall experience and insights from the Peace of Mind pilot initiative, the best practices from the MHPSS interventions and capacity development programs previously conducted by the BKC-PETA MHPSS team, the guiding principles of MHPSS and the articulated objectives of the Peace of Mind pilot initiative, the

youth-oriented psychosocial support program that was developed is primarily resilience-focused. It is also trauma-informed and faith-sensitive, which contributes to being conflict-sensitive. Finally, it is arts-based in terms of delivery. The following describes the qualities of the POM Intervention Program.



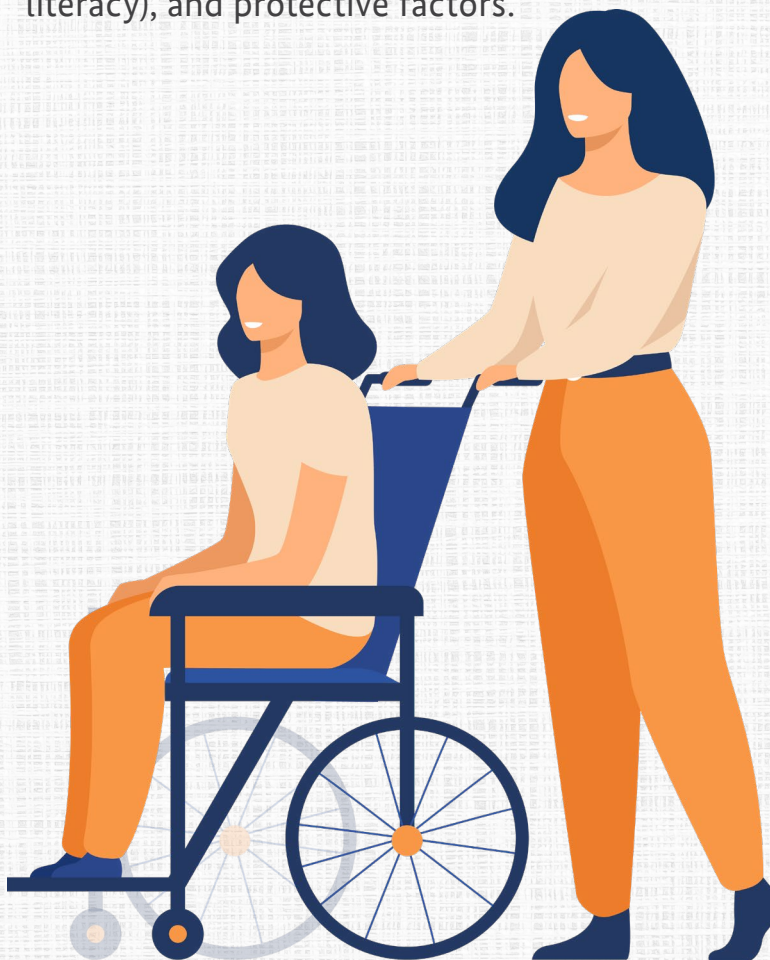
## Qualities of the Peace of Mind (POM) Intervention Program

### Resilience-Focused

Many scholars have studied resilience in different contexts and have varied definitions. For instance, Connor and Davidson (2003) look at personal qualities that enable individuals to flourish in the face of adversity as about resilience.<sup>20</sup> Newman (2005), on the other hand, defined resilience as a form of positive adaptation in the face of a traumatic event.<sup>21</sup> According to the American Psychological Association, resilience is defined as the “process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress.”<sup>22</sup> These definitions and many others imply the capacity for speedy recovery after an adverse life event (such as a violent event natural disaster) and timely adaptation in response to a changing environment (such as the new landscape today as a consequence of the pandemic).

The POM Intervention Program has been designed to enhance the resilience

of the youth in many ways. This includes establishing a safe space and meaningful connection between and among its youth participants, teaching about coping and building on strengths, and increasing the youth’s capacity for help-seeking, on top of facilitating social support. The program focuses less on identifying symptomatic individuals and labeling disorders and more on leveraging strengths, building relevant knowledge (i.e., mental health literacy), and protective factors.



<sup>20</sup> Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18, 76–82. <https://doi.org/10.1002/da.10113>  
<sup>21</sup> Newman, R. (2005). APA’s resilience initiative. *Professional Psychology: Research and Practice*, 36, 227–229. <https://doi.org/10.1037/0735-7028.36.3.227>  
<sup>22</sup> American Psychological Association. 2013. *The road to resilience: what is resilience?* American Psychological Association, Washington, D.C., USA. <http://www.apa.org/helpcenter/road-resilience.aspx>



## Trauma-Informed

Trauma-informed care is a concept from the Trauma Theory.<sup>23</sup> The idea is anyone with traumatic experiences that have not been processed may be re-traumatized in specific situations, such as when triggered by overwhelming stress or caught off guard with events that recall one's traumatic experience. The use of the trauma-informed psychosocial process in the program is driven by the fact that its target recipients are youth potentially experiencing or who have experienced multiple adversities. Trauma, defined as an event in one's life that not only causes extreme stress but provokes terror and powerlessness, may have been experienced by the participants

due to the pandemic and pre-pandemic issues.

Specifically, the stages of trauma healing and recovery by psychologist Judith Herman provides an overarching theoretical frame in the POM programming. The stages, which are: (1) establishment of safety, (2) restorative retelling and finding commonalities, and lastly (3) reconnecting, are reflected in the processes and flow of activities designed for sessions 1 through 4. This is not to conclude that participants are traumatized and need healing from trauma; instead, it assumes that this situation is possible, which is the case for the pilot group who may have been



Figure 5. Herman's Trauma and Recovery Framework

### Stabilization

re-establishment of a person's sense of safety and bodily integrity, regulation of the nervous system

### Mourning and remembering

processing of traumatic memories through telling and retelling, mourning the traumatic experience

### Integration and recovery

Reconnecting, establishing relationships interacting with the world and assimilating new experiences

exposed to traumatizing events. At least in the context of the pilot participants who are youth from post-conflict communities, to be trauma-informed is better than being unaccommodating of this potential reaction, whether such reaction is pandemic-related, resurfacing of historical trauma, or as secondary trauma.

The trauma-informed process anchored in the trauma and recovery framework

fits the resilience-focused approach. For instance, establishing safety, reflecting on coping, and mapping resources down to taking action are hypothesized to build resilience and, at the same time, recover from trauma. This means that these program elements support each other, which is seen as one of the program's strengths.



## Faith-Sensitive

Being faith-sensitive recognizes the important role of faith in MHPSS, that faith is an important resource in healing, recovery and other MHPSS processes. This implies recognizing the role of religious and faith-based actors and faith-based organizations in general in humanitarian response and collaborating with them, and providing them an avenue to support community people in healing and recovery from conflict, disasters, and other adverse life events like loss of loved ones and the challenges of the pandemic. It also aligns with the principle that provision of assistance should be free from religion and that religious affiliation should have no bearing on the receipt of assistance. Being faith-sensitive means protecting the rights of individuals to religious practices and allowing for faith expressions without conflict. All must be able to practice the free exercise of religion and faith. Lastly, being faith-sensitive in the context of MHPSS means recognizing the power of faith as a facilitator of mental health and well-being.



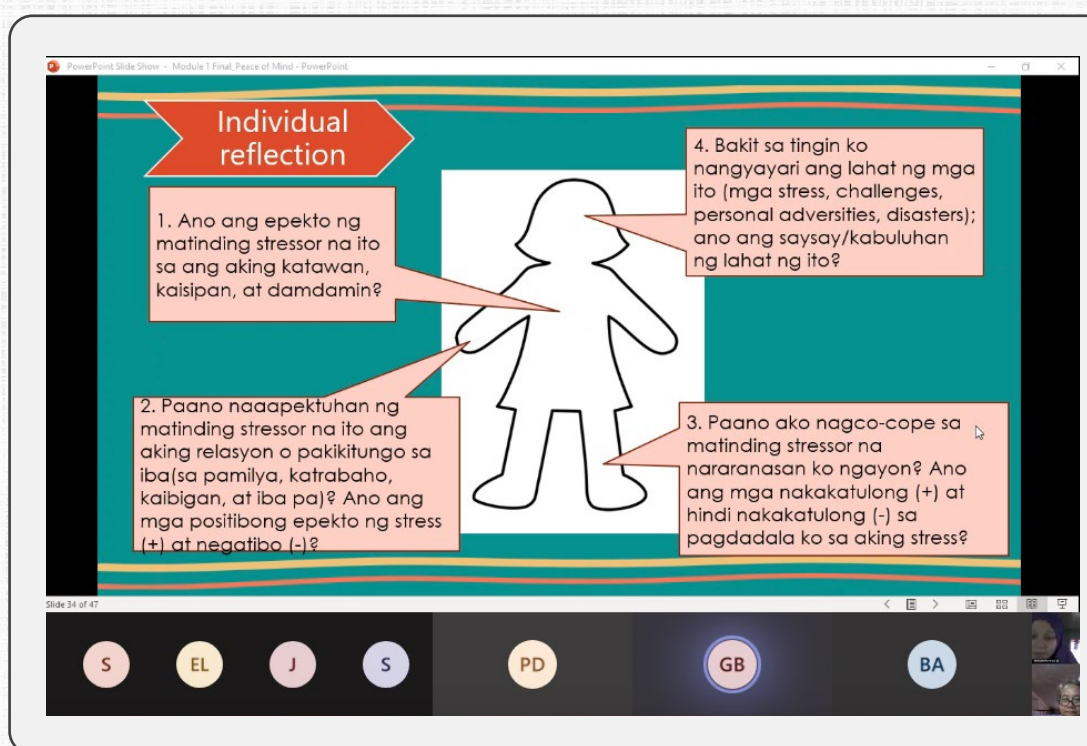
Faith has been construed by the trainees of the POM pilot initiative as a rather strong dimension of well-being. This also reflects the context of the target population, youth, and the strengths and current role of the target providers of psychosocial support. Its target implementers are religious and faith-based actors whose potential scope includes youth within their church-based organizations or faith communities. Hence, the shared faith experience of the providers and recipients of this program is the ideal starting point of coming together and collaborating to meet the general goals of the program.

## Arts-Based

A powerful and effective approach in MHPSS processes and delivery is that of integrating arts-based approaches such as visual arts, creative writing, music and rhythm, dance and movement, storytelling, and drama, including creative pedagogy. The POM program utilizes arts-based activities because these are flexible and accessible to participants and constitute an effective way of making the sessions an experiential learning process, interactive and engaging. These are the feedback received from both the younger and older pilot participants.

utilized using PETA's framework, makes the program 1) arts and culture-based, 2) engaging and participatory, 3) exploratory and reflective, and 4) transformative. The learner becomes a creator in the process. This process empowers and helps participants regain their sense of control, which is often lost when overwhelmed with unprecedented disastrous consequences such as the COVID-19 pandemic.

Creative Pedagogy, particularly as







## Scope and Limitations in Content and Methodology

In sum, the Peace of Mind Intervention Program:

- ✔ Is a psychosocial support intervention, Level 2 of the MHPSS pyramid<sup>25</sup> (community support) designed for young people experiencing multiple adversities, including the global pandemic and conflict, but with zero to mild psychological distress only;<sup>26</sup>
- ✔ Is it a brief intervention program composed of 4 interconnected sessions that target religious and faith-based actors as implementers?
- ✔ Is aligned with MHPSS goals, given one of its major objectives: to mitigate or prevent the potential adverse psychological consequences of the pandemic;
- ✔ Adheres to the MHPSS guidelines stipulated by the Inter-Agency Standing Committee and the Philippines' National Guidelines on MHPSS (NDRRMC Memo No. 62 s. 2017), but is specifically designed to be: (1) resilience-focused, (2) trauma-informed, (3) faith-sensitive and (4) arts-based;
- ✔ Recognizes the important role of faith and religion on individual's and communities' mental health and well-being;
- ✔ Contends that mental health and well-being, as well as inner peace and outer peace, are interrelated outcomes;
- ✔ Is essentially a group process that utilizes adult-learning approaches and can be delivered online or on-ground?



It is limited in a sense that:

- ✔ It is not a treatment program; it is not designed to treat psychological disorders;
- ✔ It has been designed for the youth and does not apply to children aged 12 years old and below without proper contextualization of both content and processes, although it may be effective among adults given the approaches used;
- ✔ It needs to be tested further, empirically, to gather initial evidence on its efficacy as an intervention based on its specific psychosocial goals, processes, and outcomes.



<sup>25</sup> The intervention pyramid is a framework that presents the integrated and layered approach that defines an effective MHPSS program.

<sup>26</sup> Psychosocial support in the MHPSS pyramid of intervention is in level 2 or community and family support, which addresses the need of people with zero to mild psychological distress. Those with specialized concern or severe mental disorders go high up in the pyramid (level 3 and 4) and must be attended by health professionals or responders with special training on handling clinical cases.



## Chapter 2: Preparing for the POM Intervention Program

A crucial success factor in any activity is preparation. After learning about the Peace of Mind (POM) Intervention Program, including its scope, limitations, and defining qualities as described in Chapter 1, it is important to tackle the pre-intervention preparations. This chapter includes the session overview, its implementation plan, team composition and roles, guidelines on participant recruitment, logistics preparations, and other process-related guidelines that implementers must be familiar with before the actual conduct of the youth-oriented intervention program.



## Peace of Mind Intervention Program Overview

Understanding the overall flow of the program is imperative to being able to facilitate a smooth transition between each session effectively. The table below shows the overview of the four sessions.

**Table 1.** Peace of Mind Intervention Program Overview

### Session 1 Establishing a Safe Space, Building a Shelter of Peace

This session is composed of activities and exercises that will help set the climate to establish safety and trust among the participants and facilitators. Welcome and introductions are facilitated, and the program overview is presented to level off expectations.

### Session 2 The Youth Today: Exploring and Expressing Psychosocial Needs and Resources during the Pandemic

This session dives deep into the pandemic experience of the participants. Using Bilog ng Buhay as a tool that enhances resilience, the participants' telling and retelling allow for processing of their experience while assessing needs and resources.

### Session 4 An Empowered Youth: Together in Fostering Peace of Mind

This final session urges the youth to analyze psychosocial needs, resources, and potential, an imperative step to action planning towards attaining peace of mind of the self and others in the community.

### Session 3 Depression and New Ways of Coping

This session is a Psychoeducation session, particularly on depression. An improvisation activity is used as its structured learning exercise, and a discussion about the signs and symptoms, risk, and protective factors follows.





## Implementation Plan



The Peace of Mind Intervention Program can be treated as a standalone psychosocial intervention program; however, it is best to integrate it into other faith-based activities like youth formation and fellowship programs. As described in Chapter 1, faith is proposed to be the entry point of the youth-oriented program, given the background of its recipients and implementers. This recognizes the power of faith and religion in promoting mental health and well-being. Nonetheless, youth programs related to health, education, disaster response, recovery and management (DRRM), and peacebuilding, whether within the church organization or outside, may also be considered as they are all excellent base programs for integration. This

underscores the principle that mental health is an integral aspect of well-being, and MHPSS frameworks and methodologies are useful tools in many other human ecological processes.

The program was designed with 10 to 20 participants in mind, which can be structured into smaller breakout groups of 5-7 members each. This proposed participant count and grouping is the ideal number that will best optimize the designed processes of the program, as proven during the pilot initiative.

The Peace of Mind Intervention Program must be taken as a whole, following the program design, although not necessarily conducting

every module in one sitting. Each module is equivalent to one session and can be completed in 2 to 2.5 hours. Realistically speaking, the entire program can be completed in two days, allocating one module per half-day over two consecutive days. Alternatively, if time or resources is limited, it can be spread over 4 consecutive days or conducted once weekly (e.g., every Saturday morning or afternoon over 4 weeks). Anything more than a week's interval may not be effective due to possible loss of retention of concepts and loss of momentum.

Sessions are interrelated and are anchored on the trauma and recovery framework presented in Chapter 1. Implementing one or just a few sessions or not following the session sequence as designed may be an incomplete and disorienting experience and affect the

attainment of the goals. Session 3 on psychoeducation is the only module that can be treated as a standalone session and can be lifted from the program if the goal is to increase literacy and awareness about mental health, particularly on depression and coping methods.

Finally, POM Intervention Program must always be co-facilitated by a team of psychosocial support providers. A team approach is necessary when providing psychosocial support activity that is group-based such as the POM Intervention Program. This will ensure covering all bases of the program, from taking care of the content for delivery to facilitating the process essentials, including facilitating breakout groups, down to documentation, as well as technical and logistical aspects.







## The Psychosocial Team



Ideally, the psychosocial team is composed of 1 team leader, 1 documenter and 1 to 4 facilitators, depending on the number of participants and breakout groups. A rule of thumb is to ensure that a small group of 5-6 participants must always have 1 psychosocial support facilitator.

The team leader shall act as the program manager, ensuring that all process essentials and content are appropriately put in place and delivered, respectively, before and during the conduct of the intervention program. The documenter shall serve as the primary process observer, taking notes of both the important content (i.e., discussion and insights, questions raised and next steps) and process (i.e., program flow, group climate, general behavior of the

participants, communication process) as they transpire during the sessions. The recorded data can be used as a reference in succeeding sessions and can be shared or presented to the team during feedbacking or debriefing at the end of each session. Similarly, pertinent documents gathered can be shared with the youth participants, such as when a specific set of information captured is needed in specific tasks or when planning for action. Finally, the facilitators shall act as assistants to the team lead. They can take on the role of resource persons or provide input depending on their capacities (e.g., give the input on stress and coping, or depression literacy). They can also take care of facilitating small groups or serve as process-observers.



## Qualities of the Psychosocial Facilitators

Each member of the psychosocial team must possess the following qualities, including knowledge and skills, as implementers of the POM Intervention Program for the youth:

- ✔ Context-based understanding of the group of young people – the target beneficiaries to be given the Peace of Mind Intervention Program;
- ✔ Appreciation of the importance of mental health and well-being;
- ✔ Basic knowledge on Mental Health and Psychosocial Support as a framework of intervention, including its key concepts and principles;
- ✔ Faith sensitivity, and recognition of their role and place as providers of psychosocial support;
- ✔ Knowledge and skills in preparing, facilitating, and evaluating a psychosocial support program;
- ✔ Capacity in the use of youth- and culture-appropriate strategies and methodologies in the implementation of these processes; including the use of creative pedagogy;
- ✔ Familiarity with internet-based communication technology if implementing the program online;
- ✔ An attitude that is aligned with the guiding principles of MHPSS in humanitarian response (e.g., respect for diversity, human rights, and dignity, compassion and care for self and others, conflict and faith-sensitivity, flexibility and ability to adapt to unfamiliar situations, positivity, and hopefulness amidst challenges, sensitivity to unexpressed feelings and empathy towards participants)



## Recruiting the Target Youth

The Peace of Mind Intervention Program is a psychosocial intervention designed for the youth from Mindanao currently in their middle adolescence to early adulthood (15-30 years old) who may be experiencing zero to mild psychological distress due to the pandemic or other adverse life events, and who do not currently have a severe psychological disorder. The following area set of inclusion and exclusion criteria can guide the program organizers in the selection and invitation process. Following these guidelines, albeit not strictly, shall contribute to the overall success of the program delivery.

### Include participants who:

1. Have the normal cognitive ability;
2. Show the ability to interact and participate in groups;
3. May show some signs of distress but have the capacity for “normal” everyday functioning.

### Exclude participants who:

1. Have proven inability to function at a normal level on a regular daily basis;
2. Exhibit high-risk behaviors such as high suicidality or who have aggressive behavior issues;
3. Who are severely depressed or have other chronic clinical problems;
4. Who has a substance use problem.



## Preparing the Logistics Requirements

The pandemic has changed the learning landscape globally due to prevalent quarantine and other health protocols that discourage activities that will ignite infection among groups. Nonetheless, interventionists and educators—psychosocial support providers and mental health educators, included—recognize that pressing concerns that require psychosocial support or psychoeducational interventions still remain; thus, strategies must be in place to foster the learning needs in the community continually. One adaptation done during this time is the use of online platforms in providing psychosocial support and downloading educational programs. The youth’s activities designed and evolved for the Peace of Mind Intervention Program considered this reality.

### The Virtual Space

The space for the psychosocial intervention program is a very important factor in the activity’s success. If the plan is to conduct the intervention online, it is ideal that both the participants and the YO-PSS providers are familiar with the internet-based platform to be used. Aside from the cost, accessibility to the user, and availability of features required to deliver the intervention (e.g., for presenting PowerPoint slides and breaking out in small groups), privacy and security must be well-considered when choosing the online platform.

To ensure that all involved will not be left behind during the intervention sessions, an orientation on how to use the chosen internet-based facility may be done, and tech support must be added to the psychosocial team to assist participants with difficulties or challenges using the technology. All must have stable internet connectivity and gadget that will sustain the set hours of intervention. Given the design of the sessions that need collaboration, some activities may need the participants to use applications such as Word or PowerPoint to present their output to the plenary online easily. Collaborative





tools like Google Jamboard may be considered. The selection of what tools to use shall depend on the resources and limitations of the program, the people involved, and the respective rules and regulations of a specific institution for the use of online platforms and tools. The same visual approach can be used to illustrate the level of capacity. However, the color codes are reversed as such:

**Red Zone = Low Capacity (needs urgent attention and support)**

**Blue Zone = Medium Capacity (needs additional support)**

**Green Zone = High Capacity (can be promoted for expansion/replication)**

Additionally, although the intervention is to be conducted online, participants must be informed that a physical space compatible with creative exploration and experiential learning is required. Finally, note that the key to maintaining a safe virtual space is to ensure privacy within the physical space and comply with online etiquette and ground rules prepared for the activity. This includes the following:



**Rename video with a full name; mute mic upon entry; unmute during interactive activities.**



**Start video throughout the session; may stop when the internet connection is affected but stay in the room; advise the facilitator thru the chatbox; stop/start the video when asked to.**



**Use the virtual or physical hand, or unmute mic and identify yourself during interactive activities should you have any concerns regarding the topic or activity; be mindful of the time.**



**Plenary sessions are recorded but let us all make this room a safe yet engaging and fun learning space for everyone.**

## The On-site Venue

If the activity is to be done on-ground, an open and natural space that exudes peace and creativity may be best. The pandemic requires that there is a large enough space to allow/maintain social distancing. It must have boards for projecting the PowerPoint presentation and tables and chairs for individual and group work. Overall, the physical space on-ground must be properly set up to complement the program's goals.

✔ **It must allow free movement of the participants for the creative exercises and role-playing.**

✔ **It must be big enough for a seating arrangement that is a semi-circle.**

✔ **Must be safe and secure, free from any danger or harm.**

✔ **Must have the privacy that the group needs to maintain confidentiality.**

Thoughtfully considering all these will add to the overall feel of the environment you wish to create.





## Materials

Materials that must be prepared for the YO-PSS intervention include sets of art materials for both the participants and the YO-PSS facilitators, slide presentations for the facilitators, and copies of the worksheet for the second and fourth modules. The following are needed materials for POM Intervention Program.

### For the Participants

- ✓ Bond paper or construction paper (for paper doll)
- ✓ Scissors
- ✓ 1 pack of clay (multicolor)
- ✓ Colored pens or marker
- ✓ Notebook and pen for reflection questions

### For the Psychosocial Facilitator

- ✓ Slide Presentation (Annex)
- ✓ AVP of prayers (if preferred, to be supplied by the facilitators)
- ✓ Template of Bilog ng Buhay
- ✓ Template of Action Planning



## Other Process-Related Guidelines and Considerations

Being a provider of psychosocial support requires knowledge on mitigating further harm during interventions and establishing safeguards around each process-oriented session. Part of the preparation as a POM facilitator is knowing what to do to stay true to this principle, which includes being ready to respond to crises situations. The following are some guidelines:

### Reducing harm and possible re-traumatization

The general assumption is that the youth participants of the training may be experiencing zero to mild psychological distress due to the pandemic and other current or past events. That is the characteristic of facing multiple adversities. Unfortunately, exposure to trauma is a common experience; therefore, it is a possibility that trauma may be one of the many adversities. The program has many opportunities for telling and retelling their stories, and one module asks the question, “what shatters your peace of mind”? This may draw out a range of responses, including the typical COVID-19 stressors such as being overwhelmed by school or work requirements that must be accomplished in an online setup

down to a specific traumatic event from childhood experience. Again, the trauma-informed model – the stages of trauma recovery and healing, is a safeguard to this, and the skills on supportive communication should help facilitate the session processes as planned.

Here are a few more reminders on how to avoid re-traumatization.



**Before the sessions, prepare the participants about what to expect from the program through an informed consent form.** Knowing in advance what will happen during the sessions, increases the participants’ sense of efficacy, and helps prime them mentally and emotionally for what will be tackled and what their participation entails.



**During the session, make it clear to the participants that they can stop participating when any part of the activity elicits distressful reactions.** Remind them that they are not alone when this happens, and you are there to help provide psychological first aid (PFA) and appropriate referral as needed.





**Refrain from presenting stimuli that will remind the participants of traumatic events.** Generally, knowing what stimuli can cause resurfacing of traumatic memories depend on how facilitators know their participants. For instance, for a group that has been exposed to war or caught in crossfires, it is logical to intentionally avoid topics or objects that will remind them of the traumatic experience. This information can be obtained by profiling as part of the preparation prior to the conduct of the sessions.



**Never compel participants to talk about their traumatic experiences despite cues from their sharing.** Note, however, that participants who are prepared to talk about their experiences must not cause harm if handled well.



**When a participant brings forward their trauma narrative during the psychosocial processing, be prepared to listen and behave accordingly.** Creating an environment seen as physically and psychologically safe can encourage participants

to fully disclose their trauma stories, which may have been suppressed in the past. Allow it to unfold and show confidence in handling the situation. Avoid being curt and intimidating. Continue to hold a safe space for those who open up and share themselves by listening attentively with openness and a non-judgmental attitude and responding with words of compassion and care. This is also a way of modeling for others in the group.



**Be sensitive to participants' reactions as they talk about their experiences and listen to the sharing of others.** Signs that there is re-traumatization can include the following:

- sudden reduction in eye contact
- isolating or detaching from the group
- showing intense distress such as feeling panicked
- physiological reactions like trembling or twitching

Early identification of signs and symptoms and referral for appropriate care can significantly mitigate the impacts of re-traumatization.



Observing participants may be a real challenge when the program is conducted online, but doing a process check such as checking in with participants once in a while or at the minimum by the end of each session should allow participants to express their needs. It is also best to set up a system for aftercare support attached to the program applicable for online and on-ground implementation to provide immediate attention to

participants in need. For instance, one of the team members can take one-on-one calls or face-to-face conversations with identified participants that seem to need further processing, for extra time in the ventilation, or a counseling session. These must be based on available capacities and resources within the psychosocial facilitators or the implementing organization.



## Referral for psychological and psychiatric services

It is vital to know when a situation requires psychological/psychiatric care as psychosocial support facilitators. The following are circumstances that may or may not be observed during the Peace of Mind program that warrants attention:

- ✓ **suspected disorders that are clinical in nature**
- ✓ **self-harm and suicide thoughts**
- ✓ **areas of psychosocial concern outside the bounds of the Peace of Mind program**
- ✓ **when there is the possibility of abuse, criminal activity or drug abuse**
- ✓ **when the person is socially isolated**
- ✓ **when the person is engaging in risky or threatening behavior**

## Linkage with social service providers within the local government unit

The provision of social services in the Philippines is devolved to the local government unit. Hence, all referrals for social services should be addressed to the Municipal/City Social Welfare and Development Office (MSWDO) either directly or through an organization.

As a final note, the YO-PSS providers must have a directory of psychological and psychiatric services and social services within the locale. If this is not ready, community resource mapping must be done to prepare

for implementing the Peace of Mind Intervention Program for the youth. Organizations or institutions must be part of this process to confirm all identified centers' contact information and core services. Going through this step shall add to the level of confidence of the psychosocial support facilitators, knowing that they have the pertinent information of the different kinds of support when the time comes that they may be needed to address their participants' concerns.

## Chapter 3: Conducting the POM Intervention Program

This chapter describes how to conduct the four modules that comprise the intervention program. It provides the reader with a hands-on sample intervention tested through the POM pilot initiative.

Each session is presented in a module format using an instructional design approach, starting with a background that establishes the thinking behind the session and an overview written in a tabular format, outlining the session's goals, activities, and corresponding process objectives, materials needed and duration.

Before the sessions are described below, it is important to understand how they are structured. The modules are written following the 6Cs (i.e., Centering, Connecting, Creating, Clarifying, Cultivating and Culminating). The 6Cs, adapted from Botor's Family Psychoeducation Program,<sup>27</sup> are the stages that each session goes through, which also serve as process labels that aid the psychosocial support facilitators in quickly grasping the process objective of a specific activity or set of activities.



<sup>27</sup> BOTOR, N. J. B. (2018) Fostering family resilience through psychoeducation: A manual. UPD/UPLB.



## The 6Cs of the POM Intervention Program Modules

**1 Centering** is the process of tuning in and grounding. This is essential in MHPSS processes because it helps to calm participants and is important in attaining peace of mind. Sense of calm is often taken away when one is disturbed by adverse life events such as disasters and the global pandemic. Teaching people relaxation and calming techniques benefit the body, mind, and spirit.



**2 Connecting** is the process of linking relationships and concepts. Relationships include social relationships, as in between and among people. It can also be an intrapersonal relationship, one's relationship with oneself. Finally, connecting can also link specific topics, concepts, or knowledge. Connecting activities help establish safety, trust, and belonging. It also promotes self-confidence and a sense of efficacy among participants.



**3 Creating** is the process of building, forming and designing ideas and activities and relationships. In the structured learning experience framework, the idea is that learning takes place when concepts are concretized through hands-on experiences. Creating comes before providing input, as the former allows for “experiencing,” which becomes the source of learning and insights. Through processing which is further reinforced by input in the clarifying process, the creating process becomes instrumental in helping participants understand better ideas and concepts being taught.



**4 Clarifying** is the process of drawing out from experience while creating concepts and ideas that are to be learned, highlighted, or clarified. This is done by processing the participants' experience followed by input and discussion, so participants can receive new knowledge and be enlightened about the meaning of their experiences or the new topics of interest. Specific contents are expounded, and understanding of things is brought to light through reflection questions and open sharing.



**5 Cultivating** is the process of deepening a new knowledge or skill through application. This can be done through individual activities, small group exercises, or dialogues and discussions in plenary.



**6 Culminating** is the process of synthesizing and closing a session. This can include contracting or ritualistic exercises that help crystallize the set of knowledge and skills expounded on and learned in the session.



The first two processes, Centering and Connecting, target three important goals of a psychosocial intervention. These goals are: (1) promote a sense of calm and safety, (2) enhance the sense of self and community, and (3) facilitate connection. The remaining four, which are Creating, Clarifying, Cultivating, and Culminating, reflect Kolb's adult learning cycle, also known as the experiential learning process<sup>28</sup>

(i.e., Activity -> Discussion -> Input -> Deepening Activity -> Synthesis). All these processes are exemplified using PETA's creative pedagogy framework.

Note that specific activities are boxed with a recommended script for the facilitators. Alternative activities for connecting exercises and releasing inhibitions can be found in Appendix B.

<sup>28</sup> Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development*. FT press.



## Module 1: Establishing a Safe Space, Building a Shelter of Peace

(120 minutes)

Establishing physical and psychological safety is a crucial process and imperative step in providing psychosocial support. This is in recognition of the observable fact that the COVID-19 pandemic has resulted in grave psychosocial impacts among the youth, including loss of trust that the world is safe and loss of meaningful connection. In Session 1 where the first interaction between and among the youth participants and psychosocial facilitators takes place, making participants feel safe, comfortable, and connected with each other, with the facilitators and the training environment, in general, is the most important process goal. If these qualities of a group process are in

place, trust can be established, which facilitates openness which is essential for the succeeding modules.

Overall, Session 1 helps set the climate that is crucial for the participants' experience throughout the intervention program. This is the time to welcome participants and establish guidelines and requirements for participation. This is the avenue to level off expectations vis-à-vis the goals and scope of the program. Most importantly, this is the moment for the participants and the training team to get to know each other and articulate intentions and contributions towards a positive group experience.



## Session Objectives

- ✓ Establish safety, rapport, and trust among the participants
- ✓ Level off expectations and present the program overview and general objectives
- ✓ Set intentions and articulate contributions for the success of the program



### Centering

Activity	Duration (mins)	Materials
The Observer Meditation	10	AVP of Prayer
Invocation	5	



### Connecting

Activity	Duration (mins)	Materials
From Interfaith to Interpersonal Connection	5	
Song: Tayo'y Magsaya	10	
Welcome and session 1 objectives	5	
Netiquette guide, process essentials, and session reminder	5	





## Creating

Activity	Duration (mins)	Materials
Creative Self Introduction	40	Bond Paper Color & Pens



## Clarifying

Activity	Duration (mins)	Materials
<b>Input on the following:</b> 1. Peace of Mind Intervention Program Overview 2. Definition of mental health, resilience and peace of mind	10	PowerPoint Presentation



## Cultivating

Activity	Duration (mins)	Materials
My Contribution "Ang Ambag Ko"	20	Found object



## Closing

Activity	Duration (mins)	Materials
Synthesis of contributions	10	



## Step-by-step Guide of the Process


### Step 1

To get settled down, facilitate a centering exercise called the Observer Meditation. This activity is adapted from mindfulness exercises to ground participants by putting them on an observer mode.

**The Observer Meditation**

To begin the exercise, say:

1. Take a comfortable seated position, and listen to my voice.
2. Lay your feet flat on the ground and your hands on your lap, with your palms open, facing upward.
3. With your eyes wide open, observe the color of your environment. Bring your gaze in front, to your left, then right. Scan your room.
4. Now for a minute, we will pay attention to our breathing. Relax your jaw, breathe in through your nose, out through your mouth (show the breath bubble video or demonstrate the breathing exercise).
5. As we continue with our mindful breathing, let us open our mind, our heart and our hearing as we listen and join in our (Interfaith) Prayer.



### Step 2

Lead the invocation. If the group is composed of participants with different religious backgrounds, say an interfaith or ecumenical prayer. If the group is homogenous and belongs to one faith community or the same religious affiliation, appropriately select a prayer that is most likely familiar to all.



### Step 3

Facilitate a connection exercise to encourage interpersonal connection.

#### From Interfaith to Interpersonal Connection

To facilitate connection among the participants, say:

1. Feel the warmth in your heart that has built up; the joy, gratitude and passion for the work that you do; tune in to the love and compassion for others.
2. Imagine that you are reaching out to others, spreading the warmth and positive emotions.
3. Raise your hand as if blessing others, then quietly, say your intention for everyone and for the success of this training program.



### Step 4

The next exercise is an icebreaker. It is more active and fun and entails the use of voice and movement of the body. Invite participants to join you, first by getting familiar with the lyrics. Then second, with the melody, then with movements. Once the participants are familiar with the song, introduce a movement exercise based on the culture-appropriate song. The facilitator can also concurrently consult the participants if they are comfortable with the proposed movement. Invite the participants to loosen up and sing while moving their bodies.

#### Tayo'y Magsaya

"Tayo'y magsaya, tayo'y magsaya't pumalakpak  
Tayo'y magsaya, tayo'y magsaya't pumalakpak

Isang palakpak, isang palakpak, isang palakpak  
Tayo'y magsaya't pumalakpak (repeat twice)

Hawakan ang ilong, hawakan ang tenga  
Hawakang ang ilong at ang tenga (repeat twice)"



### Step 5

Formally welcome the participants and present the session objectives:

- a. establish safety, rapport, and trust among the participants
- b. level off expectations and present the program overview and general objectives
- c. set intentions and articulate contributions for the success of the program

### Step 6

Provide the netiquette guide and start of session reminders. Proceed with a presentation on the process essentials, including guidelines for participation that are deemed of utmost importance to ensure the success of the psychosocial support program. Emphasize that having the psychosocial intervention online allows for multi-tasking. However, doing so will only derail the individual and the group from achieving the program goals. All must fully commit to the session. Note also that everyone has the agency to take care of themselves. All are encouraged to take the necessary actions to maintain an internal and external sense of calm, safety, and comfort throughout the sessions.

### Step 7

Give the instructions for creative self-introduction. After the participants' self-introduction, each facilitator also takes a turn to briefly introduce themselves, highlighting their role as part of the training team.

#### Creative Self Introduction

1. A Selfie. Take a selfie of yourself in your current home /work location, indoors or outdoors.
2. A Poetry. Fill in the blanks. You can use your local language / dialects.  
2 adjectives to describe yourself: \_\_\_\_\_, \_\_\_\_\_.  
3 verbs to describe yourself in action: \_\_\_\_\_  
6-8 words to describe your feelings at the moment:  
\_\_\_\_\_  
1-3 words to describe what you wish for: \_\_\_\_\_
3. Expectations. In a sentence, share your expectations as a participant of the program.



## Step 8

Thank everyone for their openness to share about themselves and summarize their expectations. Give the overview of the Peace of Mind Intervention Program and clarify what is beyond its scope and objectives. Refer to Chapter 1 of Part 1 for its overview. Introduce the concepts of peace of mind, mental health, well-being, and resilience.

### Mental Health.

Mental health, as defined by WHO, is a “state of well-being in which every individual realizes his or her potential, can cope with normal stresses of life, can work productively and fruitfully and can make contribution to his or her community.”<sup>29</sup> RA 11036, the Philippine Mental Health Law, adds, “displays resilience in the face of extreme life events.”<sup>30</sup>

### Resilience.

According to the American Psychological Association, resilience is defined as the “process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress.”<sup>31</sup> The resilience of individuals is key to mitigating adverse psychosocial impacts of any disasters (such as a violent event, natural disaster, and the pandemic).

### Peace of Mind.

Words associated with peace of mind are calmness, serenity, harmony, and balance, among many. Different cultures have varying conceptualizations, but for Filipinos, based on the Bilog ng Buhay<sup>32</sup> model, peace of mind is a component of resilience, which in turn is an indicator of mental health. A thorough discussion of the Bilog ng Buhay model can be found in Session 2.

<sup>29</sup> World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.

<sup>30</sup> Congress of the Philippines (2017). An act establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services, promoting and protecting the rights of persons utilizing psychiatric, neurologic and psychosocial health services, appropriating funds therefor, and for other purposes. <http://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11036/>

<sup>31</sup> American Psychological Association. 2013. The road to resilience: what is resilience? American Psychological Association, Washington, D.C., USA. <http://www.apa.org/helpcenter/road-resilience.aspx>

<sup>32</sup> Lifted from: Lopez, J. C. P. (2009). Wellbeing, resilience, and coping. Manual for Trainers: Enhancing Capacities in Mental Health and Psychosocial Support in Emergencies and Disasters.

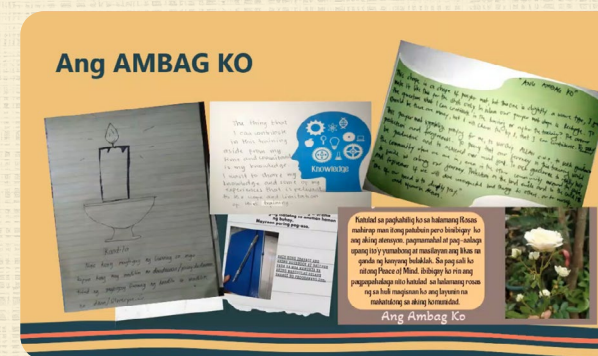
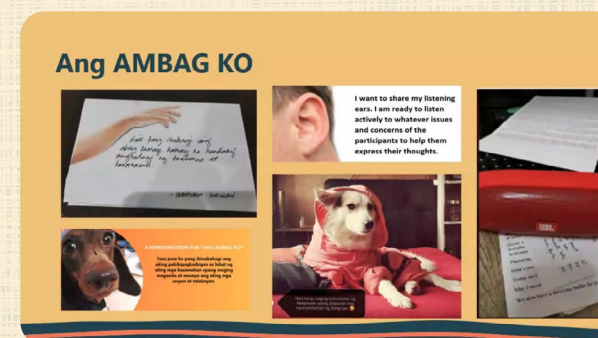
## Step 9

Cultivate the participants’ experience by encouraging all to think of what they can contribute as participants, given their full understanding of the objectives of the intervention program, its expected outcome, and the requirements for participation.

### Ang Ambag Ko (My Contribution)

To facilitate this, say:

1. Let us imagine that the succeeding sessions that we will undergo is a journey towards allowing a plant to grow. How do we imagine our plants, at the end of the intervention? What do we contribute from our resources/ capacities (kung ano’ng meron kayo), towards helping these plants or ourselves as participants, grow and flourish?
2. Find an object around you that may symbolize your contribution.
3. Take a photo or draw that object and write your insights about what you want to contribute and why.





## Step 10

Synthesize the participants' contribution and add the training team's commitment to delivering the training program in a faith-sensitive, creative and youth-oriented approach.



Remind all participants to take a photo of their creative output – both for “self-introduction” and ‘my contribution” and post it on the online platform so that all trainees will be able to get to know each other better.

-End of Session 1-

## Module 2: The Youth Today: Exploring and Expressing Psychosocial Needs and Resources during the Pandemic

(160 minutes)

### Introduction

In order to understand, come to terms and address the psychosocial impacts of the pandemic that negatively affect the youth's mental health and peace of mind, it is important to have an avenue where these can be safely explored and expressed. Exploring and expressing one's narrative of adverse life experiences helps enhance resilience. This is done through psychosocial processing, which is the main component of this session.

Consequently, from the perspective

of both the youth as participants and the psychosocial facilitators as program implementers, understanding the current experiences of the youth, specifically their psychosocial needs and resources in relation to the pandemic and attainment of peace of mind amidst adversity, is imperative to designing a comprehensive MHPSS intervention and providing focused support geared towards peacebuilding.

This session uses a model called Bilog ng Buhay, a tool used for psychosocial processing as well as needs assessment and resource mapping geared towards resilience.





## Bilog ng Buhay: A Resilience Framework

Filipino mental health professionals conceptualized the Bilog ng Buhayor Circles of Life as a resilience framework. It is based on the concept of 'ginhawa,' a term that is present in almost all the major ethno-linguistic groups in the Philippines, which, when translated, means air or breath. Kaginhawaan is the state of having 'ginhawa' or well-being. The American Psychological Association defines well-being as "a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life."<sup>33</sup> Well-being is composed of several dimensions:<sup>34</sup>



### Biological

Refers to the many interrelated requirements and functions necessary to live. It includes respiration, hydration, nutrition, and the body's overall functioning.



### Material

Includes the non-living aspects of the physical environment and all that is in it, such as roads, vehicles, tools, equipment, structures in which people live and work.



### Mental

Concerns thinking and other functions of the mind, including learning, acquiring information and using it.



### Emotional

Refers to how we feel and our ability to be happy and free of negative emotions such as fear, anger, and helplessness.



### Social

Involves human interaction that may be influenced by legal, political, economic, or cultural factors. It is our ability to know what to do and how to behave when we encounter others. This requires rules and patterns that make these interactions more predictable.



### Cultural

Consists of learned patterns of belief, thought, and behavior. It defines how things are supposed to be within groups or societies; influences how we interpret what we experience, gives meaning to events and interactions and defines what behavior is normal or abnormal.



### Spiritual

Concerns beliefs and practices that express a person's faith in and relationship with a "Higher Power" expressed through a major religion or traditional indigenous beliefs.

The Bilog ng Buhay was born consistent with the Filipino identity. The model contends that the Filipino identity is thought to consist of four dimensions:



### Loob (Inner reality)

Consists of positive and negative changes in thoughts, feelings, and physiological states which result from the adverse or extreme life event.



### Kapwa (External reality)

Consists of adaptive or maladaptive changes in our relationship with the family, at work, and with the environment.

<sup>33</sup> The American Psychological Association defines well-being as "a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life."

<sup>34</sup> Williamson J., Robinson M (2006). Intervention: International Journal of Mental Health, Psychosocial Work, Counselling in Areas of Armed Conflict. 4 (1),pp.4-25





### Kakayahan (Empowerment/Coping)

comes from our ability to recognize and use our resources as well as the availability of external support.



### Kaginhawahan (Peace of Mind)

refers to our state of inner peace, which may be sustained by faith in a “Higher Power,” the ability to give positive meaning to the adverse event and maintain balance and harmony.

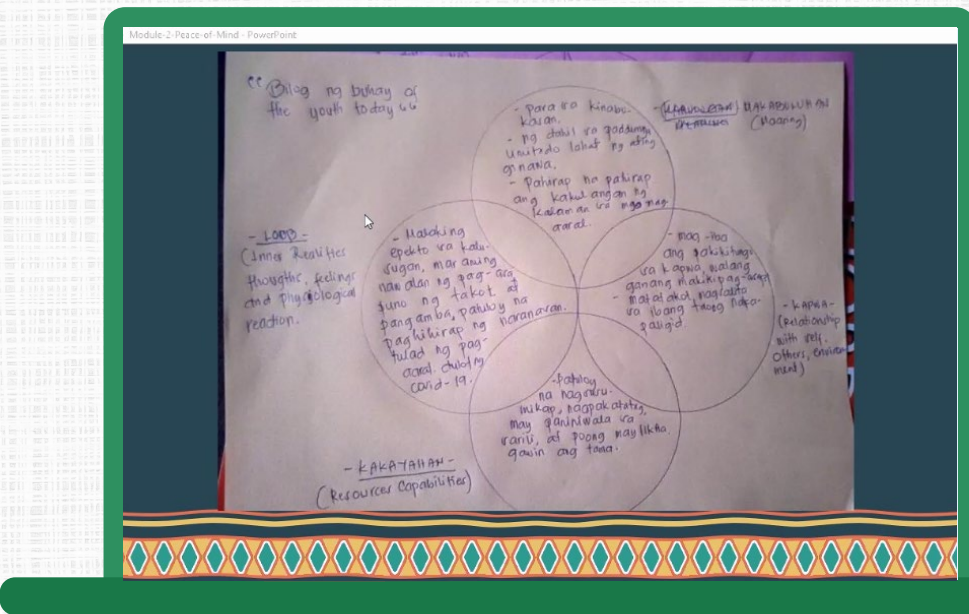
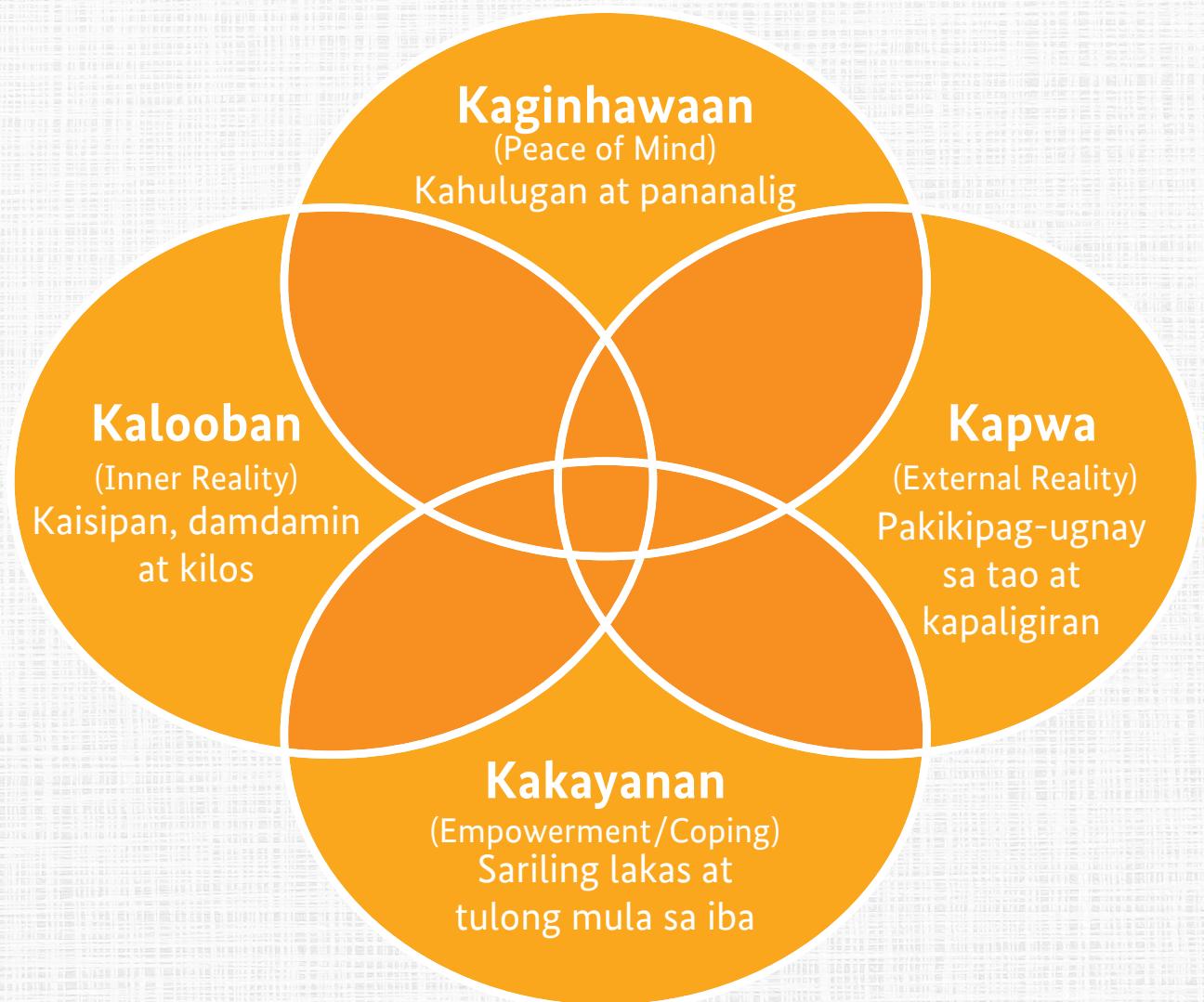


Figure 4. The Bilog ng Buhay Model



As a resilience framework, the Bilog ng Buhay facilitates recovery and attaining mental health and well-being, particularly by going through each dimension during psychosocial processing. In Session 2, participants are invited to reflect on the question, “what shatters your sense of peace?” From there, the act of reflecting and sharing about each of the dimensions of Bilog ng Buhay becomes a restorative experience. The process of gaining a sense of safety, establishing a connection with the self and others, reflecting on one’s needs, strengths, quality of relationships, and meaning-making all contribute to building resilience and recovery.




On the other hand, as an assessment tool, it is used to gauge the disposition, state, and level of well-being of individuals and communities as a whole. It can be gleaned that having a more positive inner and outer reality (loob at kapwa) and having the ability

to cope and find meaning (kakayahan at kabuluhan) – all present a well-adjusted/recovering individual or group. On the other hand, those with sustained negative realities extending to their coping and meaning, might still be experiencing deep impacts of the disaster, in this case, the pandemic or other adverse life events that the participants in the process may disclose. As such, Bilog ng Buhay as a tool helps facilitators assess the disposition of the participants. It serves as an opening to further explore how the youth participants are coping or whether they need specialized support such as individual psychological treatment.

Note that to align with the program goals wherein supporting the process to attain peace of mind is the outcome, the reflections in Session 2 are framed towards exploring the participants’ experience of peace of mind.



## Session Objectives

-  process participants' experience of adverse life experience, particularly the pandemic
-  facilitate a sense of connection and community
-  map the participants' psychosocial needs and resources in relation to achieving peace of mind amidst the pandemic



### Centering

Activity	Duration (mins)	Materials
Invocation (optional)	5	AVP of Prayer PowerPoint Presentation
Exploring Senses and Space	10	



### Connecting

Activity	Duration (mins)	Materials
Recap of Session 1 and reminders (optional)	5	PowerPoint Presentation
Session 2 objectives	5	



### Creating

Activity	Duration (mins)	Materials
Bilog ng Buhay		
Part 1: Creation and exploration of Batang Papel	10	Paper, scissors, & colors
Part 2: Individual reflection	15	
Part 3: Small group sharing	40	
Part 4: Presentation in plenary	20	



### Clarifying

Activity	Duration (mins)	Materials
Post-activity processing in plenary	15	PowerPoint Presentation
Input on: <ul style="list-style-type: none"> <li>• the youth's characteristics</li> <li>• psychosocial impacts of the pandemic</li> </ul>	15	



### Cultivating

Activity	Duration (mins)	Materials
Tatlo Tula	15	Pen & Paper





## Closing

Activity	Duration (mins)	Materials
NARM synthesis	15	
Progressive Muscle Relaxation	10	

4. What can you see, smell, hear, feel or taste around you in your new position?
5. Now we will be playing a music. Focus on yourself and the music.
6. How does the music make you feel? Move according to how the music makes you feel, allow the music to lead you.
7. Continue being mindful of your breath as you move through the music.
8. At the count of 10, we will end this exercise and plan your movements, big or small, to be back to your seats.



## Step-by-step Guide of the Process

### Step 1

Open the session with a prayer if conducted on a different day.

### Step 2

Follow this up with another exercise called Exploring Senses and Space. This is a variation of the Observer's Meditation and a technique that helps one be grounded and mindful of the present, including their space. Most importantly, it is used in this session to help foster a feeling of connection and safety with the physical space preparing for the main activity using the Batang Papel (paper doll).

### Exploring Senses and Space

To start this activity, say:

1. Let us get ready to use and explore all our senses.
2. Use all your senses to be familiar with the space that you take up, and the space around you. As we do this, breathe in and out calmly.
3. Now, let's stand up and look around. Where can we sit? Go ahead and sit anywhere you want. If you want to lie down, you may. Explore your space.

### Step 3

Recap the first session and give reminders if the second session is done differently. Skip this part if the session is continued within the same day as Session 1.

### Step 4

- Present the session objectives:
- a. process participants' experience of adverse life experience, particularly the pandemic
  - b. facilitate a sense of connection and community
  - c. map the participants' psychosocial needs and resources in relation to achieving peace of mind amidst the pandemic

### Step 5

Instruct the participants to take out 1 colored paper and coloring material. These are to be used for the Psychosocial Processing Activity (PSP) cum Needs Assessment and Resource Mapping (NARM).





## Psychosocial Processing Activity (PSP) cum Needs Assessment and Resource Mapping (NARM)

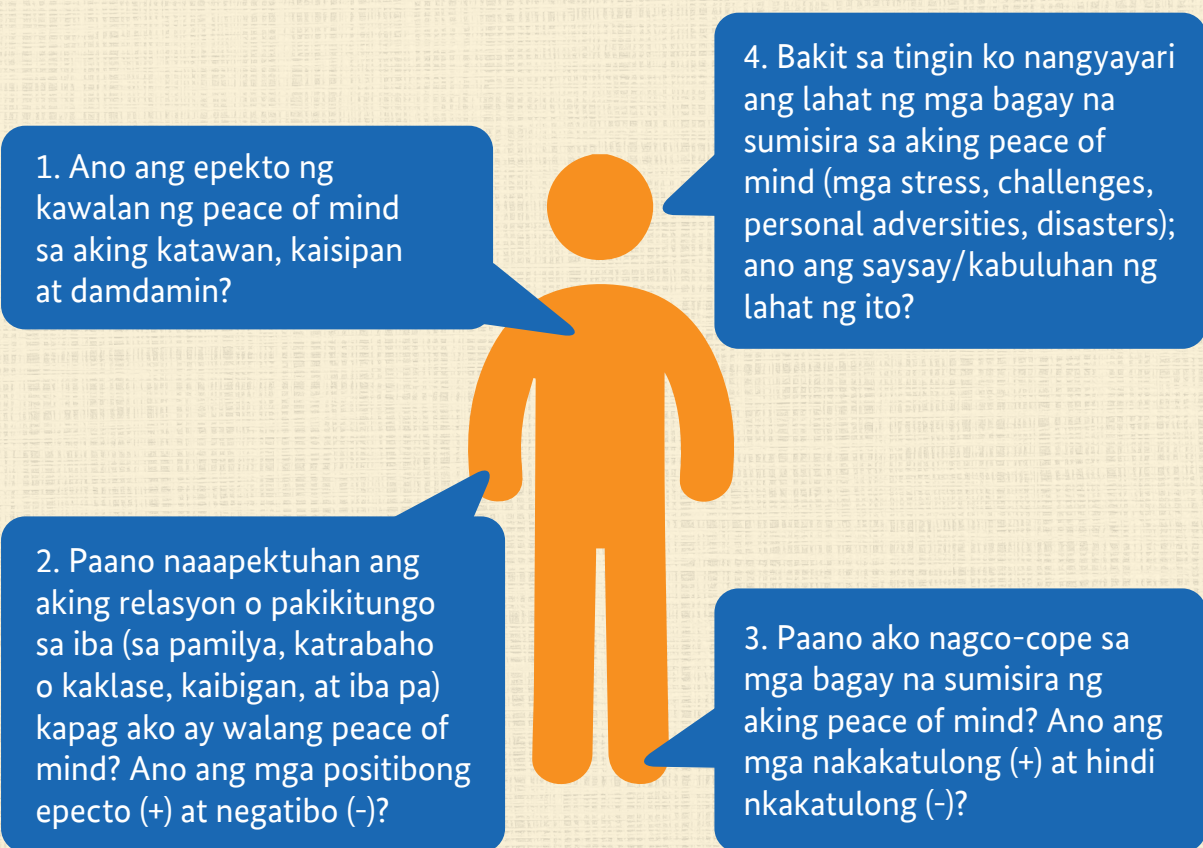
To facilitate connection among the participants, say:

### Part 1: Creation and Exploration of Batang Papel

**Fold the paper in half, then cut-out or do paper tearing to create a paper doll/batang papel. Maximize the paper to have enough space for your drawings later. Using a dark color, trace the line between the paper doll. Then draw zigzag lines from the head down to the toes. Break one color in half and remove its cover. Use the width of the paper to color one side of the paper doll.**

### Part 2: Individual Reflection

**Now, reflect on the phrase “peace of mind.” What does peace of mind look like for you? What destroys your peace of mind? Using your paper doll and coloring materials, draw an image on specific body parts that will represent your answers to the following guide questions:**

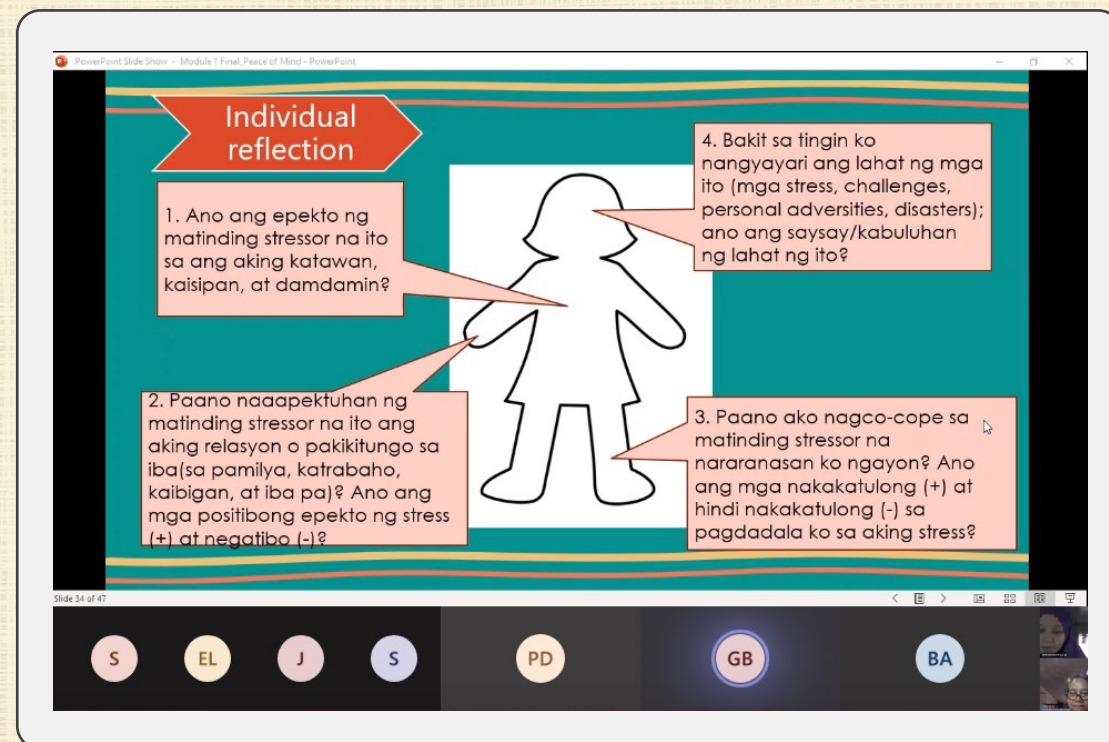


1. Ano ang epekto ng kawalan ng peace of mind sa aking katawan, kaisipan at damdamin?

2. Paano naapektuhan ang aking relasyon o pakikitungo sa iba (sa pamilya, katrabaho o kaklase, kaibigan, at iba pa) kapag ako ay walang peace of mind? Ano ang mga positibong epekto (+) at negatibo (-)?

3. Paano ako nagco-cope sa mga bagay na sumisira ng aking peace of mind? Ano ang mga nakakatulong (+) at hindi nakakatulong (-)?

4. Bakit sa tingin ko nangyayari ang lahat ng mga bagay na sumisira sa aking peace of mind (mga stress, challenges, personal adversities, disasters); ano ang saysay/kabuluhan ng lahat ng ito?



**Individual reflection**

1. Ano ang epekto ng matinding stressor na ito sa aking katawan, kaisipan, at damdamin?

2. Paano naapektuhan ng matinding stressor na ito ang aking relasyon o pakikitungo sa iba (sa pamilya, katrabaho, kaibigan, at iba pa)? Ano ang mga positibong epekto ng stress (+) at negatibo (-)?

3. Paano ako nagco-cope sa matinding stressor na nararanasan ko ngayon? Ano ang mga nakakatulong (+) at hindi nakakatulong (-) sa pagdadala ko sa aking stress?

4. Bakit sa tingin ko nangyayari ang lahat ng mga ito (mga stress, challenges, personal adversities, disasters); ano ang saysay/kabuluhan ng lahat ng ito?

### Part 3: Small Group Sharing

**Participants form 4 groups with a facilitator assigned per group. This next process, small group sharing, is an avenue for everyone to retell their stories around the experience of peace of mind and the lack thereof.**

### Part 4: Group Presentation in Plenary

**Welcome back to the plenary. Now, each group is to present the summary of their sharing through a representative. Reminder that to uphold confidentiality and anonymity, there is no need to disclose who said what. Let the reflection questions in of the Batang Papel activity guide the flow of your brief presentation.**



## Step 6

After the summary presentation of all groups, process the experience.

### Processing in Plenary

Ask the following questions in plenary:

- How was the activity? How did you feel while you were reflecting on the guide questions about peace, and the lack of peace?
- How did you find the use of paper doll/batang papel and coloring materials to tell your story?
- What did you discover or realize about yourself and others? Are there commonalities or very unique experiences?

## Step 7

Provide the session's input about the pandemic's psychosocial impacts, highlighting and connecting ideas with the participants' narratives. Establish how the peace of mind is shattered and underscore that participants have their own internal and external resources to cope with the current challenging situation and foster peace within and contribute to peace all around.

### Psychosocial Impacts of the Pandemic

The pandemic has caused multitude of deleterious impacts on almost all aspects of life. Included in the psychosocial impacts of the health emergency turned disaster, as validated by the pilot group include the following:

- Loss of trust that the world is safe (Nahugno ang pagtoo nga luwas ang kalibutan)
- Loss of trust in others (Pagkawala sa pagsalig sa isigka-ingon)
- Loss of connection (Pagkawala sa pakiglambigit sa usagusa)
- Loss of faith (Paghuyang sa pagtoo)

Note to add other experiences shared during the plenary sharing of the groups. Highlight the healthy coping methods and point out the use of culture-appropriate coping methods.

## Step 8

To cultivate the learning from the session, facilitate an activity called Tatlo Tula.

### Tatlo Tula

Invite the participants to capture their experience beginning with the following prompts:

**Ako ay (state of emotions and mind)**

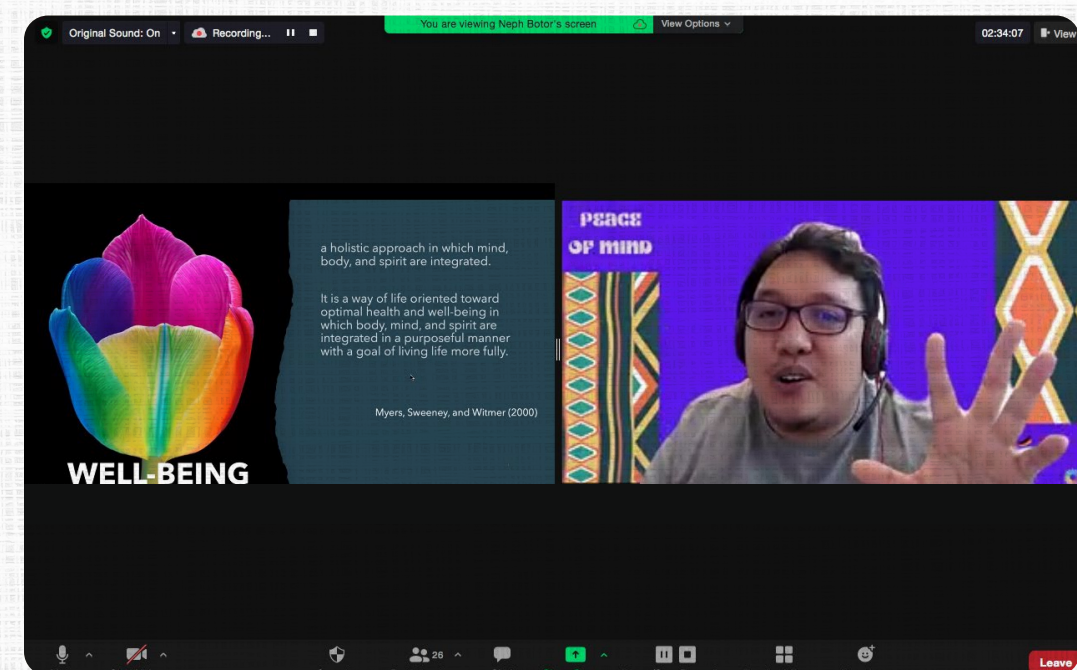
**Natuklasan ko (insights, realizations, discoveries)**

**Kaya (specific actions forward)**

**about what you want to contribute and why.**

## Step 9

Wrap up the session with a quick synthesis of the gathered qualitative data using the Bilog ng Buhay framework as a visual aid. Show the participants how going through the process of telling and retelling their stories, reflecting on the guide questions, and sharing with others is in itself a way of healthy coping (enhancing resilience which is an aspect of mental health) that in turn contributes to the experience of peace of mind.





## Step 10

End with Progressive Muscle Relaxation. Progressive Muscle Relaxation (PMR) is a method that has been found to help relieve tension. By tensing and relaxing a group of muscles at a time, accompanied by calm breathing, what is promoted is a relaxed body and state of mind. This session ends with the PMR so participants can take this tool with them, which is helpful when dealing with overwhelming emotions or psychological stress.

### Progressive Muscle Relaxation

To facilitate this, say:

1. Stay in a comfortable position in your chair and relax. Take a deep breath and place your feet flat on the floor, **FEELING** them in contact with the ground underneath.
2. Let's start by focusing on our toes. Let's scrunch them up, and then release. [pause]
3. Now relax your ankles [pause], calf muscles [pause], knees [pause] and thigh muscles [pause]. Remember, let any thoughts you may have float up and away from you in an air bubble. [pause].
4. Now relax your buttocks [pause], pelvic area [pause] and begin to notice any tension you may have in your back. Breathe deeply in, and as you breathe out, slowly relax and release any tension you may have in your back. [pause]
5. Now your shoulders. Lift them up and then release completely. Wonderful. [pause]
6. Now it's time to relax your neck and jaw muscles. Take a deep breath in, and as you breathe out let go of any tension you're holding in your neck and jaw [pause].
7. Finally, the top of your head [pause]. I'd like you to hunch your shoulders up one last time and as you release your shoulders, any remaining tension can sink down and flow out of you [pause].
8. As we end, remember that each one of us has the capacity to activate our own relaxation response through activities such as breathing exercises and this PMR.



**Remind the participants to take a photo of their Batang Papel outputs for posting later in the online classroom. Posting is voluntary.**

**A copy of the Bilog ng Buhay template can be found in Appendix C.**

**-End of Session 2-**



## Module 3: Depression and New Ways of Coping

(120 minutes)

### Introduction

According to Tuliao's (2014) study, most Filipinos have low help-seeking behavior in psychological care.<sup>35</sup> Collectively, this may be attributed to a myriad of barriers - from sociocultural factors (e.g., public, and self-stigma of receiving psychological care) and psychological variables (e.g., low self-efficacy, preference for self-reliance) to structural factors (e.g., inaccessibility of services, lack of resources). Having high mental health literacy (MHL) is a way to address some of these barriers.

According to studies, high MHL is correlated with low stigma<sup>36</sup> and high help-seeking behavior for psychological distress.

Understanding the impact of COVID-19 through psychoeducation is one way to enhance participants' mental health literacy, which can help reduce stigma and increase help-seeking behavior. Session 3 provides handles in understanding the signs, symptoms, risks, and protective factors of depression, which is one of the common mental health conditions experienced by the youth during and pre-pandemic. This builds up from



<sup>35</sup> Tuliao, A. P. (2014). Mental health help seeking among Filipinos: a review of the literature. *Asia Pacific Journal of Counselling and Psychotherapy*, 5(2), 124-136. <https://doi.org/10.1080/21507686.2014.913641>  
<sup>36</sup> Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: past, present, and future. *The Canadian Journal of Psychiatry*, 61(3), 154-158. <https://doi.org/10.1177/0706743715616609>

Session 2, which expounded on the psychosocial impacts of the pandemic on the youth participants.

This component is very much needed by the youth today. The POM trainees themselves during the pilot activities have identified components of mental health literacy (i.e., lack of or low literacy on common mental health conditions; not knowing when, where and how to seek help, having a limited resource for coping) as psychosocial factors that must be urgently addressed today. Note, however, that the results from the pilot activity do not just empirically inform the focus on depression. It is also largely influenced by studies on its

prevalence globally and locally.

As far as statistics are concerned:

- Depression is the leading cause of disability worldwide; and has affected 350 million people, according to the WHO.<sup>37</sup>
- Depression has been established to increase the risk of suicide.

Today, amid the pandemic, there is no scoping data on the prevalence of depression among Filipinos, particularly the youth. However, the increase of service users as reported by the National Center for Mental Health at the onset of the pandemic may imply



<sup>37</sup> World Health Organization The global burden of disease: 2004 update. 2004. [http://www.who.int/entity/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf](http://www.who.int/entity/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf)



an increase in mental health cases. The rate of depression and suicide may continue to rise due to COVID-19. Data from the Philippine Statistics Authority shows that deaths due to ‘intentional self-harm’ increased to 25.7% in 2020, making it the 27th leading cause of death in the said year, from rank 31st in 2019.<sup>38</sup>



This intervention program provides support through psychoeducation on depression through this session. It can facilitate awareness among participants, providing them cues on when to seek help or what to do given their situation when symptoms of depression are present. As a whole, the intervention program can help enhance the resilience of its participants by going

through the processes as designed. This mechanism serves as a protective factor that can buffer the development of severe depression. It is also a gateway to explore other psychological impacts of the pandemic in deeper detail. Seeking psychological help after realizing that having depression or other mental health conditions is not to be ashamed of or after learning where to seek help are potential outcomes of this session and the whole intervention program in general. Follow this link to browse the validated directory of mental health providers in the country: [mentalhealthph.org/directory/](https://mentalhealthph.org/directory/)



<sup>38</sup> Philippine Statistics Authority. Causes of Deaths in the Philippines (Preliminary): January to December 2020 <https://psa.gov.ph/content/causes-deaths-philippines-preliminary-january-december-2020>

## Session Objectives

-  Increase depression literacy – signs and symptoms, risk and protective factors
-  Explore and identify healthy ways of coping, including pathways for help-seeking

### Centering

Activity	Duration (mins)	Materials
Invocation	5	Music or Video

### Connecting

Activity	Duration (mins)	Materials
Welcome and recap of Session 2	5	
Session 3 objectives and session reminders		PowerPoint Presentation
“A Day in the Life of”	20	

### Creating

Activity	Duration (mins)	Materials
A Case of Depression (Breakout and group presentation in plenary)	35	paper and pen



 Clarifying

Activity	Duration (mins)	Materials
Post-activity processing	15	
Input on Depression	20	PowerPoint Presentation
Q&A	10	

 Cultivating

Activity	Duration (mins)	Materials
Self-care Plan	20	Pen & Paper

 Closing

Activity	Duration (mins)	Materials
Synthesize the session and present resources and directory for psychological support	10	Flyer or PowerPoint Slides



## Step-by-step Guide of the Process

**Step 1**

Start the day with a prayer or a ritual.



**Step 2**

Welcome participants and recap what transpired in Session 2 by asking 2-3 volunteers to share their 2 highlights from the session.





### Step 3

Briefly present Session 3 objectives:

- a) increase depression literacy - its signs and symptoms, risk and protective factors
- b) explore and identify healthy ways of coping, including pathways for help-seeking

Then, remind the participants about their agency for self-care, the importance of giving their full attention, and being open to the process.

#### SESSION REMINDERS

Be in the now.

You have the agency for self-care.

**BE OPEN AND TRUST THE PROCESS.**



### Step 4

Facilitate the exercise on “A Day in the Life of.” This activity is geared towards character exploration, which prepares the participants for the main activity, which is scene improvisation.

#### A Day in the Life of...

To facilitate this activity, say:

1. Think of a person who is very dear to you.
2. Think about his/her physical characteristics. How does he/she normally move? How does he/she look like? How old is he/she? What is the person’s gender? How does the person move? How tall is he/she?
3. Think about the person’s psychological characteristics. How does he/she react to what happens around? How does he/she behave, what does he/she look like when happy, mad, sad?
4. Think about the person’s sociological characteristics. What is his/her role in the family? In the community? How does he/she interact with people around him/her?
5. Now that we have visualized the person’s characteristics, try to imagine how the person will say this statement: “Mahirap mabuhay sa panahon ng pandemic. Pero kinakaya kong maging matatag para sa sarili at sa pamilya ko.”
6. Take a deep breath and think about the statement. When you say the statement, say it as if you are your chosen person.
7. Hold on to that character. Now, let’s try to live a day in the life of your chosen person. I will call out different times of the day and you will show us, just by acting it out on your sit, what the person in your mind is doing during those times.
8. What does the person do:
  - early in the morning around 6am
  - mid-morning around 9-10am
  - at noon time (12nn)
  - min-afternoon around 2-3pm
  - late afternoon around 5pm
  - in the evening around 7pm
  - at end of the day around 10-11pm



After the priming activity, process the participants’ experience, ask how they feel about the exercise then share that what follows is an improvisation activity to be done as a group.



## Step 5

Divide the participants into groups with 5-7 members each, following the grouping Session 2 as it already provided an avenue to deepen participants' knowledge of the members of their group and enhance their level of comfort and trust. Provide the instructions for the improvisation activity on A Case of Depression.

### A Case of Depression

Facilitate the activity by saying:

1. As a group, you will need to develop and act out a scene about a depressed youth.
2. Briefly discuss among yourselves what causes depression, what are its signs and symptoms, and what can be done to cope.
3. Make a general plan on how you want to show these aspects and who the characters are in the scene so you can present a case about depression.
4. Use the technique improvisation – an act of coming up with something on the spot, or role-playing without a script.
5. Each group will take turns in presenting their case. The improvisation shall run for three minutes, and be open for prompts from us, your facilitators, which will help enrich your case presentation
6. Just remember to remain in character and interact with each other once you begin your improvisation.

Give the groups 15 minutes to discuss. After which, invite back everyone to join the plenary. Each group is to take turns presenting their case. Ask the audience to be attentive and note what they witness in each group's presentation.

## Step 6

When all are done presenting, process the participants' experience playing a character in the scenario. Some questions to ask may include:

- How was the experience? How did you feel being one of the characters?
- How was it to be an audience to the presentation of your fellow youth?
- How did you find the presentations – realistic relatable? Why?



## Step 7

Provide the input on depression – its symptoms, causes, risk factors, and tips on what to do when one has depression.

### About Depression

Depression is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It affects sleep and appetite and induces tiredness and poor concentration. The effects of depression can be long-lasting or recurrent and can dramatically affect a person's ability to function and live a rewarding life.



Its causes include complex interactions between social, psychological, and biological factors. Life events such as childhood adversity, loss, and unemployment contribute, conflict in the environment, loss of loved ones, and disasters and emergencies such as the COVID-19 pandemic may catalyze the development of depression.

There are available psychological and pharmacological treatments for moderate and severe depression. However, treatment and support services for it and any other severe psychological disorders are limited in the Philippines, much more in rural areas with very little access to these special services.

### Depression DSM-5 Diagnostic Criteria

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)<sup>39</sup> outlines the following criterion to diagnose depression. The individual must be experiencing five or more symptoms during the same 2-week period, and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting, weight gain, or decreased or increased appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feeling of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

<sup>39</sup> DSM 5 is a manual for assessing and diagnosis of mental disorders. It is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health.



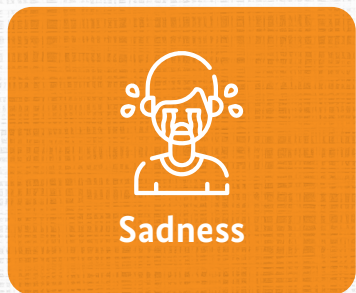
There are different types of depression. To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not result from substance abuse or another medical condition.

### How is Depression Different from Sadness?

Depression is more than just sadness, and not simply by a measure of degree. The difference doesn't lie in the extent to which a person feels down, but rather in a combination of factors relating to the duration of these negative feelings, other symptoms, bodily impact, and the effect upon the individual's ability to function daily life.



**Table 3.** Sadness versus Depression



Sadness

- An emotion that is usually temporary.
- It is just one of the symptoms of depression; sadness alone does not equate to depression.
- Often caused by or is connected to a characteristically negative life change.
- It may impact sleep, energy, appetite, and general well-being, but usually short-lived.
- Typically, does not lead to feelings or thoughts of suicide.



Depression

- Not just an emotion. It is a mental illness that requires special care, medication, and support.
- Feelings of deep sadness encompass all aspects of life, making it hard or impossible to find enjoyment in anything.
- Sometimes, it shows up without a specific cause.
- It may impact sleep, energy, appetite, and general well-being, to the point of affecting a person's ability to take care of themselves.
- It can be accompanied by suicidal ideation.



Note that only a trained mental health professional can give a clinical diagnosis, and presenting the information above during the discussion in Session 3 is for psychoeducation purposes only. Likewise, participants must not self-diagnose and must be encouraged to seek professional help when warranted.

**Other common signs and symptoms of other mental health disorders**

These are common signs of declining mental health. Every individual differs in presentation, but if any of the situations are causing significant distress and dysfunction in any aspect of life, it may be time to seek professional help.

- |  |  |  |   |
|--|--|--|---|
|  | <b>Having sleep problems</b>   |  | <b>Experiencing a noticeable change in appetite</b> |
|  | <b>Experiencing mood swings</b>  |  | <b>Struggling with excessive fear</b>               |
|  | <b>Struggling with physical signs of stress (e.g., headaches, muscle tension, upset stomach)</b> |  | <b>Feeling disconnected from others</b>             |
|  | <b>Easily irritated, argumentative, or cranky</b>  |  | <b>Drastic changing of behavior considerably</b>    |
|  | <b>Struggling with identity or purpose, dipping self-esteem</b>                                  |  | <b>Trouble coping or bouncing back</b>              |



## Risk Factors (what contributes or disposes a person to have depression)



Loss of a loved one



History of substance abuse, including drugs and alcohol



Family history of mental illness



Lack of support systems such as friends, family, and community



Brain or chemical imbalance in the body



Lack of acceptance for identifying as part of the LGBT community



Early childhood or teenage trauma



Low self-esteem

## Protective Factors (Factors that protect one from/buffer against depression)



Social support, specifically high-quality relationships



Strong spirituality



Positive parent and family relationship, high family cohesion



Resilience



High sense of belongingness (being part of a group or organization that values the individual)



High self-esteem



Higher levels of physical activity (e.g., exercise)

These listings are not exhaustive, and they are only exemplary.

## Tips to keep healthy and cope with stress, depression, and other mental health problems

- ✓ Take enough sleep and rest
- ✓ Talk about your feelings
- ✓ Practice relaxation and meditation
- ✓ Engage in family and community activities
- ✓ Exercise regularly and eat nutritious food
- ✓ Enjoy the occasions
- ✓ Spend time with people you care for and hobbies you love
- ✓ Seek help when needed





These tips are generic reminders for all. Note that different groups and different religions may have different ways of coping. A coping tool may be preferred by one individual and may not work with the other. For instance, some people find meditation unhelpful. Indigenous Peoples (IPs) also have a particular way of coping. Those are rooted in IPs faith and culture, just like anyone else. Emphasize the importance of knowing what works best for each one.

### Other Ways of Coping

Filipino coping strategies adapted from the 9 coping strategy scale developed by Rilveria.<sup>40</sup>

	<b>Relaxation/Recreation</b>		<b>Emotional release</b>
	<b>Seeking social support</b>		<b>Cognitive reappraisal</b>
	<b>Problem-solving</b>		<b>Tolerance</b>
	<b>Positive reframing</b>		<b>Religiosity</b>

### Step 8

Encourage the participants to raise their questions. Correct misconceptions using facts.

### Step 9

To cultivate learning, ask participants to reflect on the time they have experienced any of the symptoms and remember what they did to cope. Ask them to write down a self-care plan that includes new ways of coping adapted to the context of COVID-19. Finally, ask the participants to identify any song that captures the experience. Request 1-2 volunteers to share the song, best if they can sing it.

### Step 10

Close the session by synthesizing the participants' experience and showing a list of resources and a directory of psychological services within the locale.

-End of Session 3-



<sup>40</sup> Rilveria, J. R. (2018). The development of the Filipino coping strategies scale. *Asia-Pacific Social Science Review*, 18(1), 111-126. <https://apssr.com/wp-content/uploads/2018/06/RA-8.pdf>



## Module 4: An Empowered Youth: Together in Fostering Peace of Mind

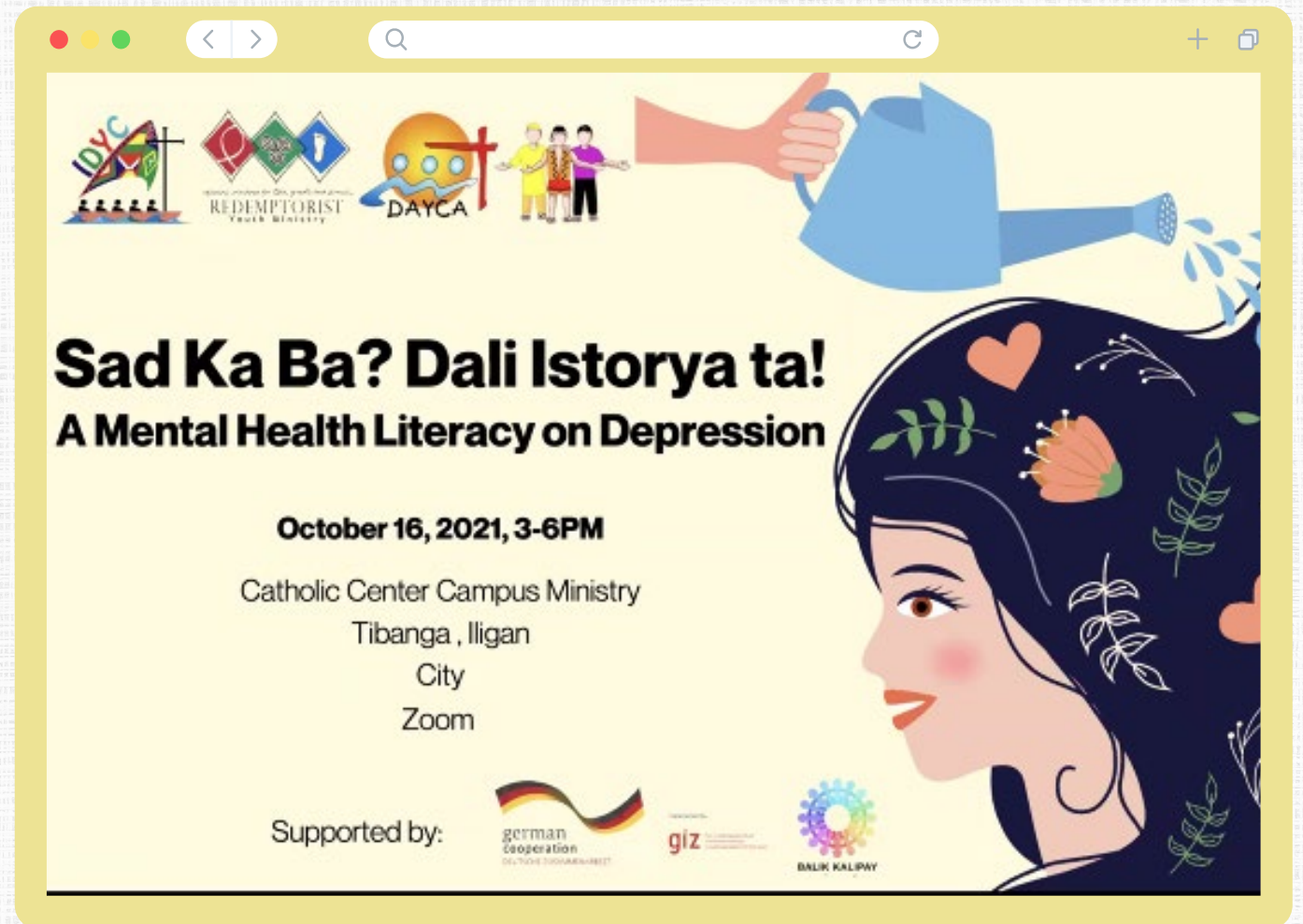
(120 minutes)

One of the effects of the pandemic is the debilitating feeling of loss of control. This feeling which is also so much about the loss of power over situations can extend to other areas of life, especially if one cannot regulate their emotions and lacks the resources to adapt, in general. One way to restore people's sense of control is through engaging them in meaningful actions. The last and final session lets the participants plan action for others. This approach is deemed to be empowering, engaging, and at the same time consoling for the participants, knowing that they are not alone in their cause to contribute to the mental health and well-being of their fellow youth and, most importantly, that they have the agency to decide for their life and offer hope to others.

As with other sessions, Session 4 builds up from Sessions 1 to 3. According to Herman's trauma and recovery framework, it is essential for people facing adversity to first and foremost re-experience and establish physical

and psychological safety, which is a prerequisite in building trust.<sup>41</sup> Forging connections and finding commonalities can follow. Finding commonalities strengthens the sense of community, allowing one to realize that they are not alone. These are part of the process goals in Sessions 1 to 3 and prepare the stage for action, which is another hallmark of recovery. This is the objective of Session 4.

Preparing for action is also crucial to the intervention recipients and the facilitators, primarily because it will help institutionalize the program. By encouraging the youth to collaborate, assess their own needs and resources, and have a glimpse of what their fellow youth in their communities are going through by way of undergoing the program, they will be in the best position to recommend and plan a response based on their priority needs. This is a participatory approach, wherein the recipients of care play an active role in MHPSS programming for their communities/organizations. Such is also a strategy for sustainability,



as it develops a sense of ownership among the youth participants, which can be leveraged when scaling up the program to reach more youth. Hopefully, they become serious allies in the advocacy of promoting hope, enhancing resilience, and fostering peace of mind.

In Module 4, the participants shall be grouped so that collaboration can be done.

<sup>41</sup> Herman, J. L. (1998). Recovery from psychological trauma. *Psychiatry and Clinical Neurosciences*, 52(S1), S98-S103. <https://doi.org/10.1046/j.1440-1819.1998.0520s5S145.x>



## Session Objectives

-  Analyze needs of the youth in the community/organization
-  Plan for action based on priority needs that will help fellow youth in the community/organization

### Centering

Activity	Duration (mins)	Materials
Invocation	5	Music/AVP
Tapping exercise	10	

### Connecting

Activity	Duration (mins)	Materials
Connect-Disconnect-Reconnect	10	PowerPoint Presentation
Welcome and Recap of Session 3	5	
Session 4 objectives and session reminders	5	

### Creating

Activity	Duration (mins)	Materials
Breakout: Action planning for the community (fellow youth)	30	PowerPoint Slides
Presentation of plans & commitment exercise	30	

### Clarifying

Activity	Duration (mins)	Materials
Input from the psychosocial facilitators about the plans	15	PowerPoint Presentation

### Cultivating and closing

Activity	Duration (mins)	Materials
Commitment exercise	10	Pen & Paper





## Step-by-step Guide of the Process

### Step 1

Open the session with a prayer or a ritual, optional if conducted on the same day.

For another centering exercise, lead the tapping exercise. Proponents of this exercise say that tapping helps one access their energy and send signals to the part of the brain that controls stress. As an outcome, tapping exercise helps one center and feel calm.

### Step 2

Facilitate a connecting exercise by engaging the body and senses and utilizing the space intentionally. The Connect-Disconnect-Reconnect activity emphasizes the importance of these processes (i.e., connecting, disconnecting, and reconnecting). Ensure to engage the trainees in preparation for the question to be asked afterward. “What is the importance of these processes as we pursue our goal of achieving peace of mind?”

#### Connect-Disconnect-Reconnect

To begin this activity, ask the participants to stand and find a place where they can move around. Once they are in position, say:

1. When I say **CONNECT**, you will connect to any object around you using any part of your body. You can also connect any part of your body to another body part.
2. When I say **DISCONNECT**, you disconnect the last body part that you connected.
3. When I say **RECONNECT**, you reconnect the last body part that you disconnected back to where you connected it earlier.
4. Once the instructions are clear, proceed to say a series of **CONNECT-DISCONNECT-RECONNECT** instructions.

Note: you can make this activity more interesting by adding one or more **CONNECT**s. This will help challenge the participants to move around more.



### Step 3

Recap session 3 by connecting the participants' answers to the highlight of session 3 and the importance of going through sessions 1 to 3 to reach the fourth and final session.

### Step 4

Segue to presenting the session objectives and reminders:

- a) analyze needs of the youth in the community/organization
- b) plan for action based on priority needs that will help fellow youth in the community/organization

### Step 5

Before the group work, introduce the concept of Bilog ng Buhay, the model used in Module 2. Provide them a copy of the Bilog ng Buhay (digital copy if workshop is online, hardcopy for on-site). Explain the following dimensions of Bilog ng Buhay as described in Module 2 Introduction.



### Step 6

Instruct the participants to use the Bilog ng Buhay model to identify which among the four dimensions in the life of their fellow youth they think/believe needs urgent attention.

Then, break the participants into groups with 5-7 members each. Consult the participants whether they want to stick to the same grouping or try a different grouping. Facilitate the Action Planning activity using a simple template found in Appendix D. This activity invites the participants to analyze the different Bilog ng Buhay dimensions of their fellow youth and assess which needs attention. In collaboration with the implementers, the groups can identify which can and should be prioritized and be addressed through psychosocial support.

### Step 7

Once the groups are done, request all to join the big group and facilitate each group's presentation. Allocate at least 5 minutes each. Encourage others to inquire about the proposed actions of the group and share their inputs as well.



### Step 8

Informed by the needs and resources of the community or organization, including the capacities of the staff and the youth members, and guided by MHPSS principles, provide input on the presentations of the youth groups. Document all presentations to be used later when establishing a more comprehensive MHPSS response for the community/organization.

### Step 9

To cultivate the positive experience throughout the program, enjoin participants to write their commitment in the pursuit of one's peace of mind self) and the peace of mind of others (how to contribute to the peace of mind of others, especially fellow youth). Use a hand symbol for this activity. See Appendix E. Instruct the participants to trace their hands on a clean paper and write their commitment on all 5 fingers.

This also serves as the culminating activity of the whole program. Thank all youth participants for their time, engagement, and openness throughout the program. If the psychosocial team plans to scale up the program to reach more youth in the community/organization, announce that whoever is interested in joining their community's psychosocial team can be trained to give POM Intervention Program to their fellow youth.

-End of Session 4-





## Part II: Implementing the Peace of Mind Training Program

### Chapter 1: POM Training Program: An Overview

This chapter introduces the Peace of Mind Training Program, its goals and objectives, its key characteristics as a training program, and its overall scope and limitations.

#### About POM Training Program

The **peace of Mind (POM) Training Program** aims to educate, train, and support religious and faith-based actors to become effective providers of youth-oriented psychosocial support, particularly as implementers of the POM Intervention Program. It is a 4-module training program with eight sessions each or two sessions per module.



Who is it for?

The training program is for religious and faith-based actors from Mindanao, the future youth-oriented psychosocial support facilitators. They are referred to here as trainees.



Who implements it?

The target implementers are the religious and faith-based actors who completed the POM pilot initiative and need support to independently transfer the knowledge to their peers and train future facilitators. Other community actors who have the prior knowledge and skills required to deliver the training program and a background in conducting youth-oriented psychosocial activities may also implement the manual to their fellows.





### What are its objectives?

The training program aims to capacitate religious and faith-based actors in developing and institutionalizing psychosocial support in their organization/communities. Its desired outcomes include:

- increase in knowledge and enhancement of skills on the foundations of MHPSS
- creative approaches in its delivery
- a general increase in readiness to deliver POM, a youth-oriented psychosocial intervention.

Overall, the following are the objectives of the program:

- ✓ Orient the trainees on the whys and wherefores of MHPSS, and their role as religious and faith-based actors in MHPSS programming
- ✓ Sensitize the trainees on the current mental health and psychosocial needs and resources of the youth in their communities/organizations
- ✓ Increase the trainees' mental health literacy, particularly on depression, to help reduce their mental health-related stigmatizing attitude and encourage psychological help-seeking;
- ✓ Teach the trainees specific tools that can help in the achievement of the above goals
- ✓ Empower them to contribute to fostering peace of mind among the youth in the community (i.e., advance the organization's/community's MHPSS programming).



### Qualities of the Peace of Mind Training Program

The training program is designed to allow the trainees to go through the intervention program as recipients of support; hence, its qualities mimic those of the intervention program. It is resilience-focused, trauma-informed, faith-sensitive and arts-based.



### Scope and Limitations in Content and Methodology

In sum, the Peace of Mind training program:

- ✓ is a training program designed for future psychosocial support facilitators of the youth-oriented psychosocial intervention?
- ✓ is a program composed of 4 interconnected modules, with 8 sessions in total, that target religious and faith-based actors as its implementers?
- ✓ adheres to the MHPSS guidelines stipulated by the Inter-Agency Standing Committee and the Philippines' National Guidelines on MHPSS (NDRRMC Memo No. 62 s. 2017), but is specifically designed to be: (1) resilience-focused, (2) trauma-informed, (3) faith-sensitive and (4) arts-based;
- ✓ recognizes the important role of faith and religion on individual's and communities' mental health and well-being;
- ✓ is an educational program that utilizes adult-learning approaches and can be delivered either online or on-ground?

It is limited in a sense that:

- ✓ it is not an intervention program per se, but rather teaches about how to implement an intervention;
- ✓ it has been designed for religious and faith-based actors, although it can be utilized as well by others who have the capacity to train others in similar work;
- ✓ it needs to be empirically tested to gather more evidence on its efficacy and generalizability as a training program for religious and faith-based actors in Mindanao.



## Chapter 2: Preparing for the POM Training Program

Preparing for the training of POM implementers must be done collaboratively by committed trainers. Time must be allocated for joint preparation to ensure the training's swift delivery. Teamwork is necessary, and the trainers must meet prior to the training to thoroughly discuss and understand how the modules and sessions are interrelated. The following are training aspects for preparation and topics to be discussed before the training implementation.

### Program Overview

The program for the training of implementers is composed of four modules of around four to five hours each. Each module is divided into two sessions. The approach in training mirrors that of the intervention program – it utilizes creative pedagogy, which promotes high engagement among the trainees. The session components from the POM Intervention Program (i.e., psychosocial processing, needs and resource mapping, psychoeducation, and action planning) are integrated into the training, making the whole engagement a truly experiential learning

activity. Interspersed are inputs that deepen the trainees' knowledge as psychosocial facilitators.

Session 1 of each module requires the trainees to assume the role of recipients of psychosocial support. Future implementers must experience the psychosocial support intervention as recipients themselves. Session 2 of each module engages the trainees as future implementers of the youth-oriented psychosocial support. They include post-session 1 debriefing and discussion of MHPSS concepts that help frame the trainees' experience, referencing back and forth to their experience as recipients of support and as implementers of support. Concepts and ideas for discussion also highlight the key elements of the youth-oriented psychosocial intervention. Some sessions include activities for practicing important skills.

Overall, the training is programmed to correspond to the flow of the POM Intervention Program. The table shows the overview of the training program:

**Table 2.** Peace of Mind Training Program Overview

Module 1	<b>Session 1</b> <b>Establishing Safe Space, Building a Shelter of Peace</b>  This is conducting Module 1 of the POM Intervention Program to the trainees which would serve as climate setting and communing with participants for the training program. Introductions are done, and the program overview of the Peace of Mind Training of Implementers is presented.
	<b>Session 2</b> <b>MHPSS and the Role of Religious and Faith-based actors</b>  This session tackles the whys and wherefores of MHPSS, the importance of faith and religion, and highlights the role of religious and faith-based actors as providers of psychosocial support.
Module 2	<b>Session 1</b> <b>Caring for the Psychosocial Facilitators</b>  This session mirrors Module 2 of the POM Intervention Program. It dives deep into the pandemic experience of the trainees using the Bilog ng Buhay tool for psychosocial processing. It further emphasizes the importance of self-care as a psychosocial facilitator.
	<b>Session 2</b> <b>Needs Assessment and Resource Mapping: An Essential process in Understanding the Youth Today</b>  This session discusses the importance of needs assessment and resource mapping. It teaches participants how to use Bilog ng Buhay as a tool in exploring the needs and resources of the youth today.



### Session 1 Depression and New Ways of Coping

This is Module 3 of the POM Intervention Program. Trainees also participate in the improvisation activity as part of psychoeducation on depression.

### Session 2 Supportive Communication and Facilitation

This session teaches about how to support the youth in times of crisis. Principles of psychological first aid and facilitation are discussed.

### Session 1 An Empowered Psychosocial Facilitator: Together in Fostering Peace of Mind of the Youth Today

Like Module 4 of the POM Intervention Program, this session engages the trainees in action planning. Here, planning focuses on delivering POM Intervention Programs to their communities/organizations. Thus, the POM Intervention Program is presented in this session, including the preparations needed to conduct the youth-oriented psychosocial support program.

### Session 2 Using Creative Strategies in MHPSS

This session tackles how creative pedagogy, drawing out from the experience of the trainees in the sessions that preceded, can be an effective methodology in the delivery of MHPSS content both as an intervention and a training program. It also synthesizes the whole training experience as the final session of the training program.



## Training Implementation Plan

Similar to planning for the intervention, the Peace of Mind Training Program can be delivered as a stand-alone program or integrated into other existing capacity development, although ideally to be taken as one program recognizing the temporal value of delivering it as a whole. It can be delivered online or on-ground. Note, though, that adaptation of activities as written in the manual is required depending on the limitations of the chosen delivery method.

The training is designed for group-based learning. Since it is not just a seminar-type training but a workshop utilizing creative pedagogy similar to the intervention program, there will be individual activities and group work. Collaboration and recreation among the participants are essential in the learning process. This mimics the format of the POM Intervention Program – the psychosocial intervention. A small group of five participants can benefit from the training process developed, but it can be given to a class of up to 20 participants provided that breakout groups of 5-7 members each can be made as to the modules instructed. These are the ideal numbers identified to harness the designed process. Bear in mind as well that a team must deliver the psychosocial intervention of psychosocial facilitators. Thus, it is best

to train others with this end in mind. Chapter 2 details the composition of the psychosocial team.

In terms of training days and duration, trainers and training organizers can conduct the training several ways. The training program can be delivered in four weeks based on 1 module per week or over four consecutive days, which is one module per day. It is not ideal to cover two modules in a day or wait for more than a week before conducting the next module. It is best to conduct sessions 1 and 2 of each module back-to-back, as session 2 is designed to harness the trainees' experience and learnings from session 1. Consider as well the following when planning:

- **How much time do the trainers have each day? Is there a common time to deliver the training?**
- **Is the time enough to cover the content, or should trainers plan to split the topics based on their availability and familiarity with the topic?**
- **When is the best time to schedule the training that will work best for both the trainers and the trainees?**





## The Training Team



The Peace of Mind pilot initiative of YOUCAP capacitated 30 faith-based actors from different organizations as trainers. They are now enabled to train their peers to become future implementers of youth-oriented psychosocial support interventions in their communities and organizations. This manual is mainly addressed to the 30 trained trainers to further support them in transferring the knowledge to their peers and implementing the program independently.

The training program must have a team leader, ideally a trainer who participated in the POM pilot initiative, completely knowledgeable of the course content and preparations. The training team composition will depend on the number of trainees.

One breakout group must have one trainer-facilitator. The team leader can facilitate a breakout group or oversee the training program. The training team must discuss and finalize who will take care of which section of the training program. Depending on the capacity of the training team, some members can take care of facilitating activities while some can provide input. If the training is to be done online, technical support must manage the online platform. If the training is to be done on-site, have the necessary resources to prepare the venue and other logistical requirements such as food preparation, materials, and onsite secretariat needs.



## Participant Selection: The Future Psychosocial Support Facilitator

The POM pilot initiative intended that the 30 trained trainers, with their newly gained knowledge of youth-oriented MHPSS and their training skills, can train other potential facilitators so that a growing number of religious actors are empowered to be conflict-sensitive in addressing the mental health issues of young people in their communities and become aware of the mental health needs of their respective communities or organizations.

The future psychosocial support facilitators should be among the peer group of the trainers. They can be any of the following: youth leaders, teachers, tribal leaders like chairpersons and councilors, pastors and church ministers, priests and deacons, youth directors, parish staff, etc. Chapter 2 of Part 1 enumerates the qualities of the psychosocial facilitator.





## Qualities of the Psychosocial Facilitators

As implementers of the POM Intervention Program for the youth, members of the psychosocial team must possess the following qualities, including knowledge and skills:

- ✔ Context-based understanding of the group of young people – the target beneficiaries to be given the Peace of Mind Intervention Program;
- ✔ Appreciation of the importance of mental health and well-being;
- ✔ Basic knowledge on Mental Health and Psychosocial Support as a framework of intervention, including its key concepts and principles;
- ✔ Faith sensitivity, and recognition of their role and place as providers of psychosocial support;
- ✔ Knowledge and skills in preparing, facilitating, and evaluating a psychosocial support program;
- ✔ Capacity in the use of youth- and culture-appropriate strategies and methodologies in the implementation of these processes; including the use of creative pedagogy;
- ✔ Familiarity with internet-based communication technology if implementing the program online
- ✔ An attitude that is aligned with the guiding principles of MHPSS in humanitarian response (e.g., respect for diversity, human rights, and dignity, compassion and care for self and others, conflict and faith-sensitivity, flexibility and ability to adapt to unfamiliar situations, positivity, and hopefulness amidst challenges, sensitivity to unexpressed feelings and empathy towards participants)

Many of these qualities (e.g., knowing MHPSS, deepened understanding of the role of faith and religion and their role as providers of MHPSS, the use of creative strategies in psychosocial support) will be developed through the training program. On top of what has been written in Chapter 2 – Qualities of the Psychosocial Facilitator, the following can also be considered when planning about who to train as facilitators of the youth-oriented psychosocial intervention:

- ✔ Must be able to commit 100% attendance to all training sessions
- ✔ Must be willing to be trained and coached on providing MHPSS to targeted youth groups
- ✔ Must be self-directed and have the capacity for learning independently and in groups
- ✔ Must have the capacity to coordinate and organize youth groups for the psychosocial intervention
- ✔ Preferably comfortable in facilitating groups
- ✔ Preferably with leadership skills







## Preparing the Logistics Requirements

Refer to Chapter 2 of Part I for preparing the logistics requirements for the training program. The preparations for the following are similar to the setup when conducting the intervention.

- ✓ Virtual space
- ✓ On-site venue
- ✓ Materials



## Other Process-Related Requirements

Note that the primary goal of the training program is to educate, train and support the trainees towards becoming effective psychosocial support providers. Like the intervention program, it does not intend to treat psychological disorders. Nonetheless, the sessions allow the trainees to reflect and process their own negative experiences, which may go beyond the pandemic experience. There is possible re-traumatization if sessions are not provided with the necessary care and if trainers are not familiar with trauma-informed care. Thus, the following guidelines, which can be found in the last section of Chapter 2, also apply for the training of implementers:

- ✓ Reducing harm and possible re-traumatization
- ✓ Referral for psychological and psychiatric services
- ✓ Linkage with social service providers within the locale

## Chapter 3: Conducting the POM Intervention Program

The trainees are required to undergo the modules that they are to implement. This makes the training program truly experiential. As such, all four modules of the intervention program are incorporated into the training program. Modules 1 to 4 of the intervention program will be conducted as Session 1 of every training module. Session 2 of each training module focuses more on providing input and discussion that help deepen the trainees' understanding of the concepts explored and experiences that transpired in Session 1. This programming necessitates the trainees to swing back and forth between two hats: (1) recipients of psychosocial support and (2) as implementers of the intervention program. This approach is deemed more effective in cultivating the skills needed to become youth-oriented psychosocial support

facilitators, as it puts them in the shoes of their future clients and therefore gives them the hands-on experience of how it is to be at the receiving end of psychosocial support.

This chapter only provides a step-by-step guide for the second part of the modules or Session 2 of the Training Program. Modules 1 to 4 of the Intervention program and all of Session 1 of the training program are not rewritten in this Chapter. For a step-by-step guide for conducting Session 1 of all modules, please refer to Chapter 3 of Part 1 – Conducting Peace of Mind Intervention Program. However, to help the trainers make sense of the module flow and some deviations from the POM Intervention Program, notes are provided under all of Session 1.

**Sad Ka Ba? Dali Istorya ta!**  
A Mental Health Literacy on Depression

October 16, 2021, 3-6PM  
Catholic Center Campus Ministry  
Tibanga, Iligan City  
Zoom

Supported by:

PROGRAMME OF ACTIVITIES:	CONNECTING	5:20-5:50PM	CLARIFYING
3:20-3:50PM	WELCOME MESSAGE SELF-INTRODUCTION EXPECTATIONS SETTING ACTIVITY OVERVIEW		INPUT ON THE FOLLOWING: • MENTAL HEALTH AND MENTAL HEALTH CONTINUUM (BANSI) • DEPRESSION LITERACY (BANSI) • SYMPTOMS, RISK AND PROTECTIVE FACTORS • HEALTHY WAYS OF COPING (DOMING)
3:50-5:20PM	CREATING		<b>MYTH OR FACT</b> • BEING AN ADOLESCENT IS CONSIDERED A RISK FACTOR OF DEPRESSION. • A PERSON WHO IS DIAGNOSED WITH CLINICAL DEPRESSION CANNOT BE MENTALLY HEALTHY. • SEEKING HELP SUCH AS PSYCHOSOCIAL SUPPORT IS A SIGN OF WEAKNESS
	ACTIVITY INTRODUCTION BLOGGING BULHAY PART 1: INDIVIDUAL REFLECTION PART 2: SMALL GROUP SHARING PART 3: GROUP PRESENTATION PART 4: PROCESSING INFLUARY	5:50-6:20PM	<b>CULTIVATING</b> • SITUATIONS CONCERNING A CASE OF DEPRESSION • SYNTHESIS OF MAIN POINTS
		6:20-6:40PM	<b>CONCLUDING/CLOSING</b> • TAKE AWAY LESSONS (CIRCLES IN DIALOGUE) • MESSAGE OF GRATITUDE / APPRECIATION • CLOSING SONG / COMMUNITY SONG • DISTRIBUTION OF CERTIFICATES

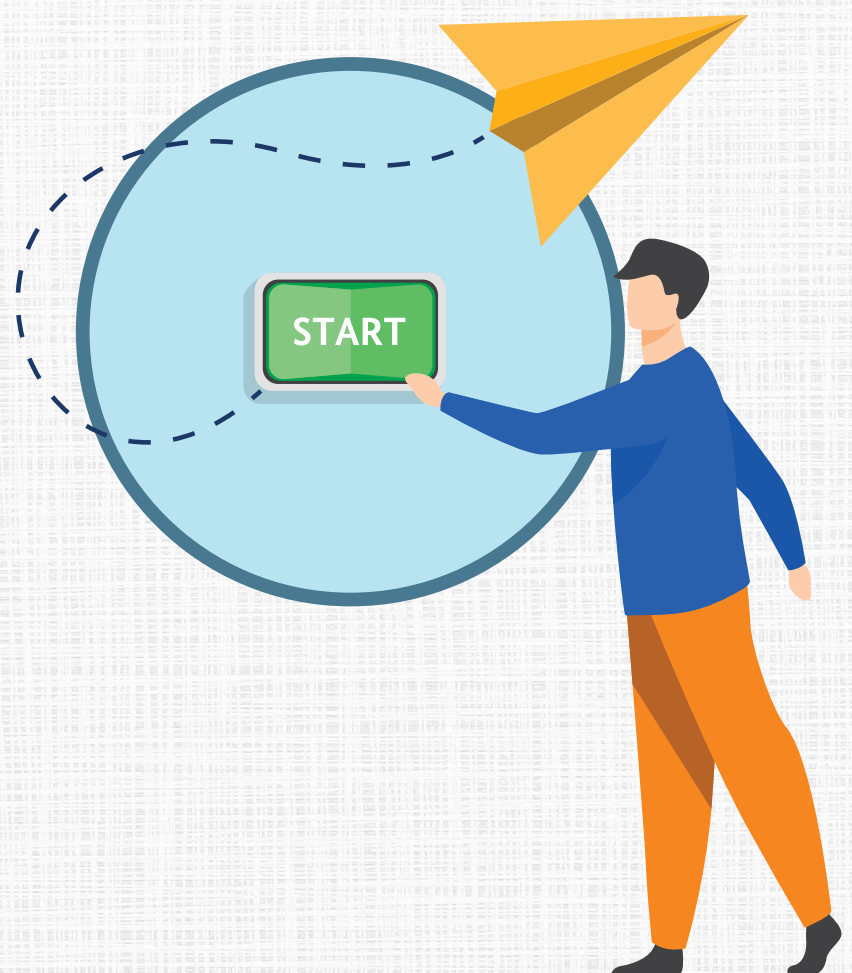


## Module 1 Session 1: Establishing a Safe Space, Building a Shelter of Peace

(120 minutes)

Session 1 jump-starts the process of learning together as providers of a youth-oriented psychosocial support program. The trainees and trainers shall introduce themselves creatively, and an overview of the training program shall be presented. While Module 1 of the POM Intervention Program presents

the overview of the intervention program, Module 1, specifically Session 1 of the training program, must present the training program overview. Refer to Table 2 in Chapter 2 for the training program overview. Remember not to close the session with a prayer since Session 2 follows after.







## Module 1 Session 2: MHPSS and the Role of Religious and Faith-based Actors in Providing Youth-oriented Psychosocial Support

(90 minutes)

After the preliminaries in Session 1 (i.e., climate setting, welcome and introduction, program overview), Session 2 tackles the whys and wherefores of MHPSS and the role of faith and religion in MHPSS. Doing so establishes the rationale of providing youth-oriented psychosocial support and the role of religious and faith-based actors in the overall MHPSS programming.

### Session Objectives

-  Establish the rationale of the POM Intervention Program – the whys and wherefores of MHPSS
-  Describe the core MHPSS principles
-  Clarify the role of religious and faith-based actors in MHPSS programming

 Connecting		
Activity	Duration (mins)	Materials
Present session objectives	5	PowerPoint Presentation



## Clarifying

Activity	Duration (mins)	Materials
<b>Input on the following:</b> <ul style="list-style-type: none"> <li>• Definition of MHPSS</li> <li>• Pyramid of Intervention</li> <li>• MHPSS Principles</li> </ul>	25	PowerPoint Presentation

## Cultivating

Activity	Duration (mins)	Materials
<b>Individual Reflection:</b> How religious and faith-based actors contribute to MHPSS; sharing of reflection in plenary	20	1 pack of clay per participant, ideally multi-colored
	20	

## Closing

Activity	Duration (mins)	Materials
<b>Synthesis:</b> The role of faith and religion, and faith-based actors in MHPSS	10	PowerPoint Presentation
Closing ritual	10	



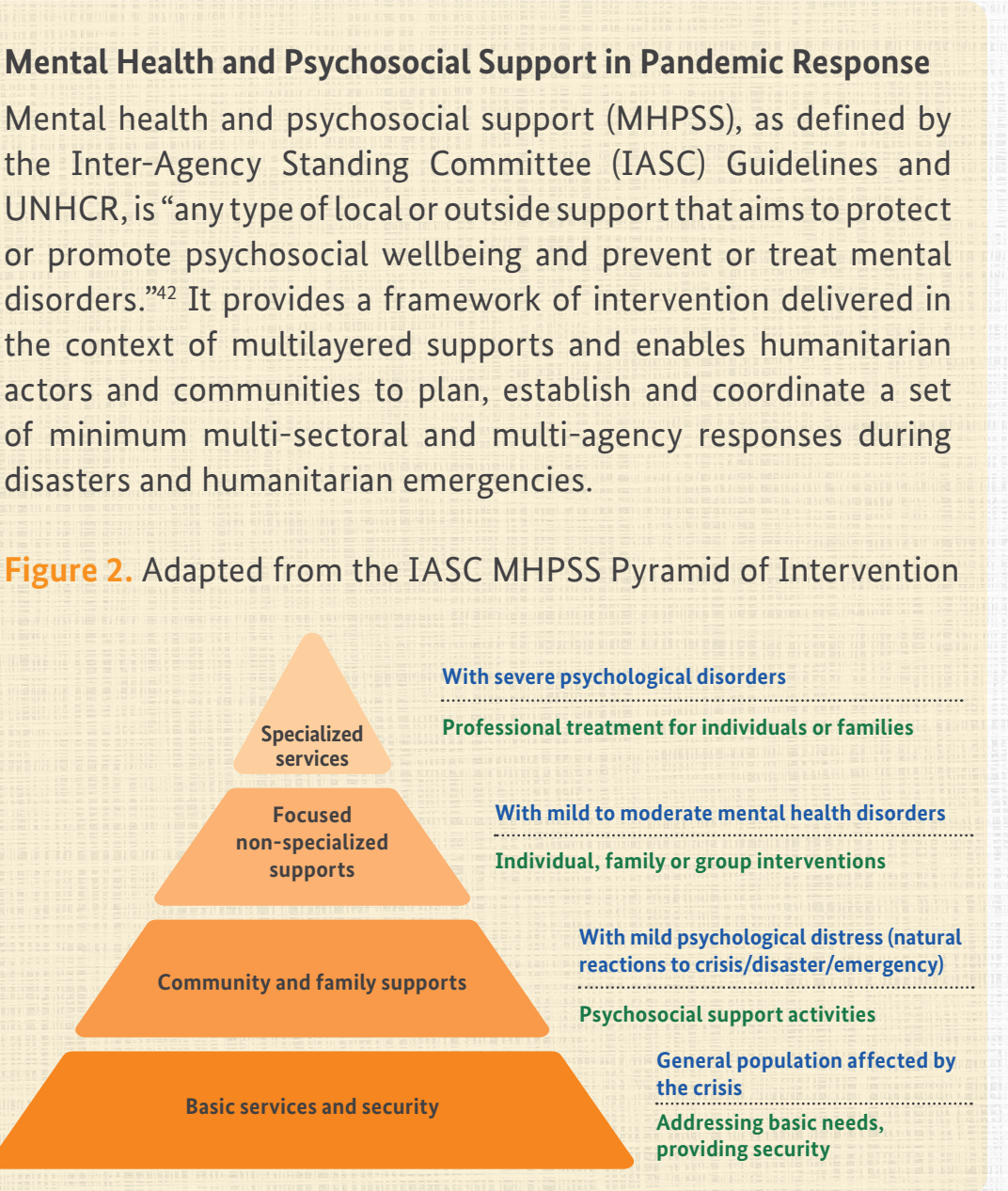
## Step-by-step Guide of the Process

### Step 1

- Present the session objectives:
- establish the rationale of the POM Intervention Program – the whys and wherefores of MHPSS
  - describe the core MHPSS principles
  - clarify the role of religious and faith-based actors in MHPSS programming

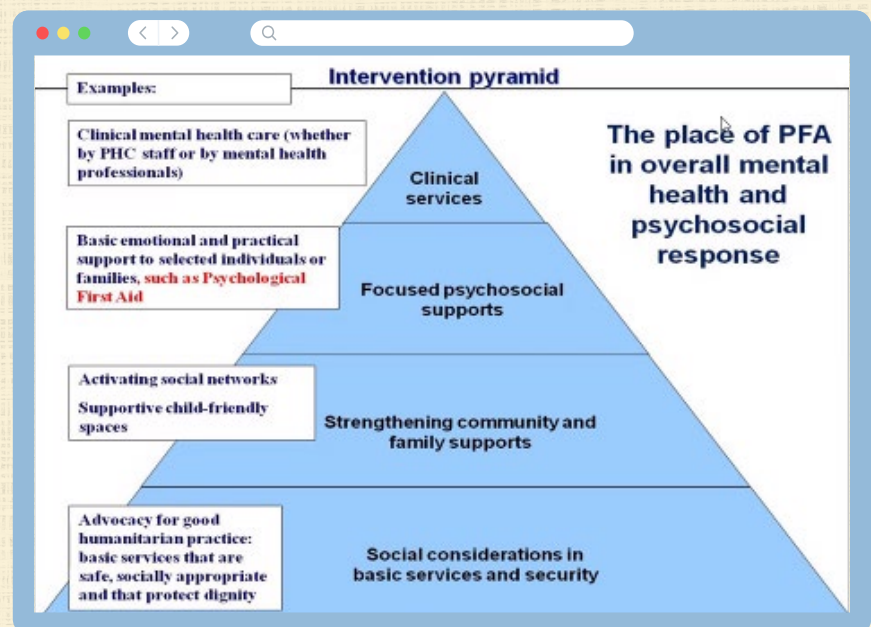
### Step 2

Provide the input on the foundations of MHPSS.



<sup>42</sup> IASC Guidelines on MHPSS in Emergency Settings 2007 [http://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)



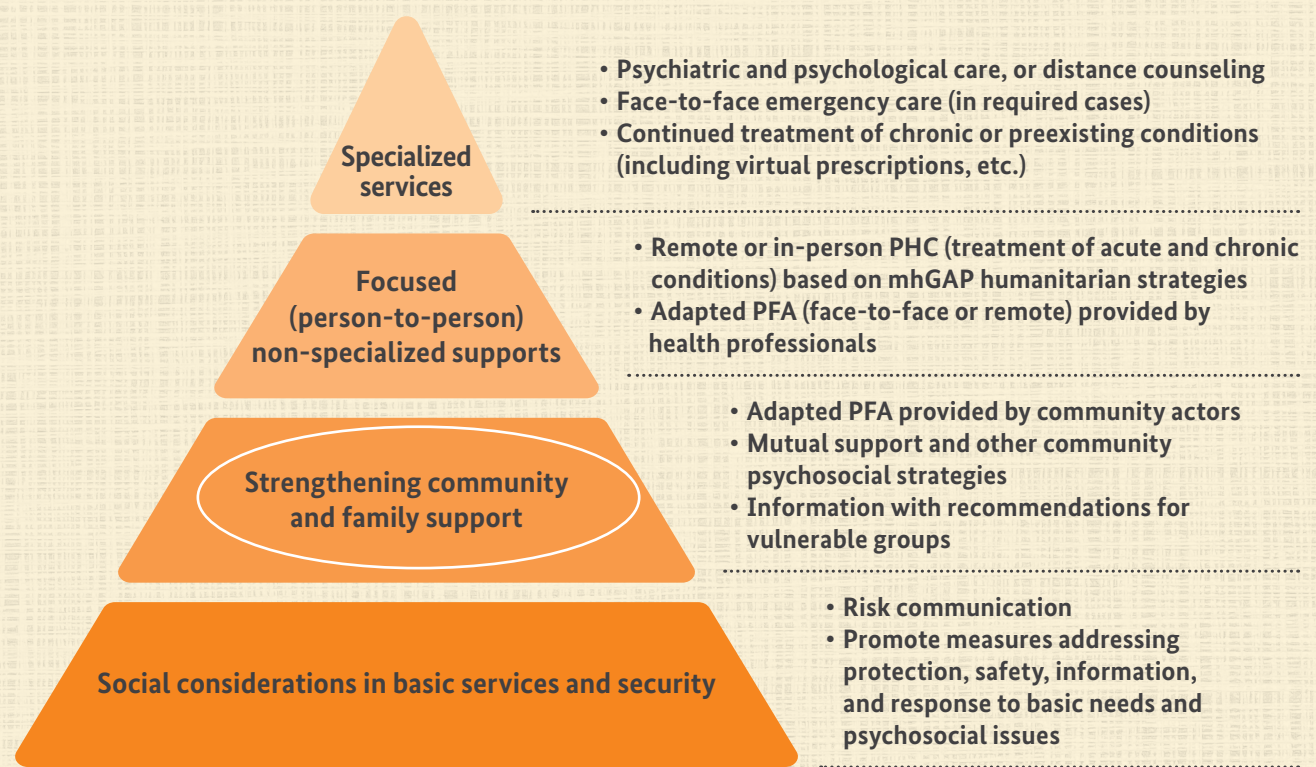


The MHPSS pyramid of intervention depicts a spectrum of multilayered services. At the base are services that address immediate, basic needs and safety and protection of the larger population. At the second to the third tier of the pyramid are psychosocial support activities at the individual, family, or community level provided to those who are suffering from extreme distress but have not developed symptoms of mental disorders (level 2) or who manifest mild to moderate symptoms only (level 3). The former can be addressed by community leaders, educators, civic and non-governmental organizations, while the latter—focused non-specialized support is to be addressed by primary health and MHPSS professionals. Finally, at the tip of the pyramid are

specialized services for those few who may be suffering from overt psychiatric problems and requiring clinical management.

The types of interventions across the pyramid are based on the context of the disaster, the disaster timeline, and the specific mental health and psychosocial impacts on the population. Disaster as defined by the United Nations Office for Disaster Risk Reduction is a “serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its resources.”<sup>43</sup> By this definition, it is safe to say that COVID-19 has blown into a

**Figure 3.** Recommended MHPSS Intervention During the Pandemic<sup>44</sup>



global disaster and necessitates the utility of MHPSS to guide and approach the planning and delivery of the intervention in addressing the psychosocial needs of individuals and communities. MHPSS is an essential component in the COVID-19 response.

During the pandemic, the adaptation of the IASC guidelines to fit the requirements of the health emergency was a necessary step to ensure the appropriateness of the response. The figure above, lifted from the Pan

American Health Organization and WHO, shows a list of recommended MHPSS interventions in COVID-19, adapted from the pyramid of intervention endorsed by IASC.

The POM pilot initiative is focused on the level of “Strengthening community and family support.”

**MHPSS Guiding Principles**

There are core principles that guide and govern the delivery of MHPSS

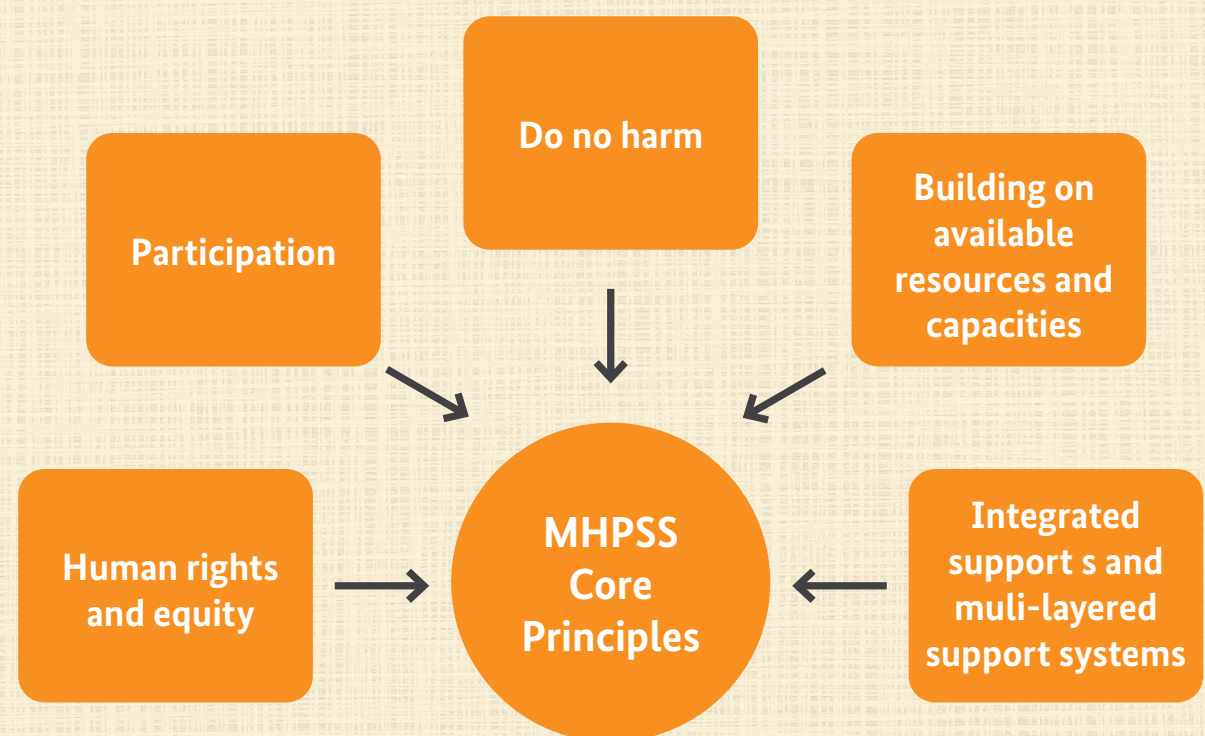
<sup>43</sup> United Nations Office for Disaster Risk Reduction. (2009). UNISDR terminology on disaster risk reduction. Retrieved from <http://www.unisdr.org/we/inform/publications/7817>

<sup>44</sup> COVID-19 Recommended Interventions on MHPSS during the pandemic; file:///C:/Users/HP/Downloads/PAHONMHMCOVID-19200026\_eng.pdf



interventions, and which had been greatly considered in the design of the Peace of Mind Intervention Program. The IASC Guidelines enumerate the core principles of MHPSS (see Figure 4).

**Figure 4.** MHPSS Core Principles based on IASC Guidelines



The IASC guidelines was issued to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency.

**A. Affirms human rights and equity.**

The provision of MHPSS must promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations and discrimination across gender, age, groups, religious beliefs, and ethnicity according to identified needs. Protection of human rights includes addressing basic needs such as food, shelter, livelihood, and a healthy environment. These rights include the right to life, liberty, and security of the person; education; freedom of movement; privacy; equality before the law; and freedom of expression.

**B. Emphasizes the principle of doing-no-harm.**

Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm (Anderson, 1999). It is most important that emergency services do not pose any danger to the survivor’s well-being.

**C. Ensures participation.**

Humanitarian action must maximize the participation of the affected populations in the humanitarian response as this allows both the

displaced and the host community to regain their sense of ownership. In most emergency and disaster situations, a significant number of people exhibit sufficient resilience to participate in relief and reconstruction efforts.

**D. Provides multi-layered support (MHPSS Intervention Pyramid).**

In emergencies and disasters, people are affected differently and require different support. A key to organizing MHPSS is to develop a layered system of complementary support that meets the needs of different groups.

**E. Promotes integrated support system.**

Programs and activities must be integrated as far as possible. The proliferation of stand-alone services, such as those dealing only with rape survivors or only with people with a specific diagnosis, such as post-traumatic stress disorder (PTSD), can create a highly fragmented care system.

**F. It is culturally sensitive and appropriate.**

Conscious efforts to make programs and activities culturally appropriate and mindful of gender, age, and religious belief result in effective, creative, and innovative approaches

<sup>45</sup> The National Disaster Risk Reduction & Management Council (NDRRMC), formerly known as the National Disaster Coordinating Council (NDCC), is a working group of various government, non-government, civil sector and private sector organizations of the Government of the Republic of the Philippines established by Republic Act 10121 of 2009. It is administered by the Office of Civil Defense under the Department of National Defense. The Council is responsible for ensuring the protection and welfare of the people during disasters or emergencies.

<sup>46</sup> Please refer to Part 1, chapter 3, session 2 for more information.



to provide MHPSS in emergencies and disasters. The concept of **Kapwa**<sup>46</sup> is a key element and goal in culturally appropriate models of psychosocial support work that considers differences in cultural and ethnic identities. Cultural sensitivity also espouses community-based MHPSS programs and activities that are development-oriented and participatory, thus ensuring their sustainability.

**G. Promotes well-being or “ginhawa”<sup>47</sup> of survivors/victims/workers.**

Studies on ethnography and history reveal that “ginhawa” (literally a breath of life) is synonymous with the concept of overall well-being. Survivors, disaster responders, and other volunteers must be assisted to cope effectively with the stress related to emergency and disaster experiences to protect and promote well-being and attain “ginhawa.”

**H. Is resilience- and strength-based.**

According to the National Guidelines, resilience is “the remarkable capacity of individuals to withstand and overcome challenges of all kinds and bounce back stronger and wiser in the face of great adversity and live relatively normal lives.” Sometimes synonymously used with resilience,

a strength recognizes the availability of inner strength to cope with challenges. Resilience and strength-based approaches veer away from the use of language and programs which unnecessarily communicate illness and helplessness. Such an orientation helps affected individuals and communities move from being victims to becoming survivors and enables them to identify and draw from their resources in their journey towards recovery.

**I. Affirms the significance of spirituality in the recovery process.**

MHPSS recognizes the spiritual nature of the different people of the Philippines and affirms and supports ways by which spirituality (expressed in varied ways such as prayers, hope, faith, acceptance, engaging in acts of service) promotes self-help and mutual help mechanisms in the community that lead to recovery and promote “ginhawa.”

**J. Promotes collaboration and partnership.**

Efforts towards bringing MHPSS in emergency and disaster situations must put a premium value on collaboration and partnership among agencies with the community, as deemed suitable and effective, based on previous experience or current

practice.

**K. Promotes transparency and accountability.**

MHPSS service providers and community partners must be accountable for providing effective and ethical services and efficient use of resources at all phases of humanitarian work.

**L. Builds on available resources and capacities.**

All affected groups have assets or resources to support mental health and psychosocial well-being. Services at all stages of emergency and disaster must build on local capacities, promote self-sufficiency, self-help, and bayanihan (mutual help), and strengthen the resources already present in order to improve the survivors’ lives beyond their condition prior to the disaster.

**M. Adheres and maintains professional and ethical standards.**

Adherence to and maintenance of professional and ethical standards by MHPSS service providers encourages sustained community cooperation across time and disaster situations and contributes to the overall effectiveness of programs.

**N. Ensures stability and sustainability.**

MHPSS must never be donor-driven and donor-dependent but must demonstrate stability across time even without external support. It is important to have activities anchored or integrated into existing national programs and donor exit plans that work towards attaining program goals and national objectives.

**O. Ensures the welfare of all service providers.**

Organizations and institutions must ensure service providers’ safety and overall well-being from pre-employment deployment to post-deployment phases.



<sup>47</sup> Please refer to Part 1, chapter 3, session 2 for more information.



### Step 3

After establishing the rationale for using the MHPSS framework in addressing the psychosocial needs of the youth, facilitate an individual reflection exercise using clay.

#### Religious and Faith-based Actors in MHPSS

To facilitate the exercise, say:

Religious and faith-based actors play an important role in MHPSS programming. Given the goals of MHPSS which is to protect and promote the mental health and well-being of individuals, how can your role as religious and faith-based actors contribute to MHPSS? Reflect on your answer and use the clay to symbolize whatever it is that comes to your mind.

After 20 minutes, encourage 3-4 volunteers to share their reflections in the big group.

### Step 4

Synthesize the trainees' responses by sharing about the place of religious and faith-based actors in the overall MHPSS programming, focusing on psychosocial support. Expound on how faith and religion can be both protective and risk factors in achieving the primary goal of MHPSS.

Highlight this core principle from NDRRMC National Guidelines on MHPSS:

#### Affirms the significance of spirituality in the recovery process.

MHPSS recognizes the spiritual nature of the different people of the Philippines and affirms and supports ways by which spirituality (expressed in varied ways such as prayers, hope, faith, acceptance, engaging in acts of service) promotes self-help and mutual help mechanisms in the community that lead to recovery and promote “ginhawa.”

Religious and faith-based actors play a big role in MHPSS as they facilitate practices such as rituals and prayers that promote hope, acceptance, and well-being. During disasters, faith-based organizations are among the first to provide relief efforts that fall under the basic services, which is at the base of the pyramid. See Figure 2 for reference. Religious and faith-based actors can also provide psychosocial support – the second level of the intervention pyramid. Many religious leaders are sought out for counseling. However, although the intentions are pure, there are times that the provision of services by these actors can do more harm than good. This is in relation to how faith and religion influence MHPSS processes and goals. The following enumerates instances when faith and religion can become either barriers or facilitators in attaining the goals of MHPSS. The enumeration serves as a guide for the joint brainstorming with the trainees and is not exhaustive but only exemplary.

#### When Faith and Religion becomes a Barrier to MHPSS

- ✓ When faith, tradition, religious practices are disrespected or misinterpreted by non-believers or others outside of the faith community
- ✓ When faith/religion reinforces stigmas regarding mental illnesses
- ✓ When the issue is seen as a spiritual problem thus, it impedes timely and effective treatment of mental disorders
- ✓ When teachings induce stigma over specific groups of people or promote intolerance between faith communities





### When Faith and Religion becomes a Facilitator of MHPSS

- ✓ When structure, regularity, and predictability provided by rituals promote a sense of normalcy and security
- ✓ When rituals (e.g., the ceremony for the dead, prayers for healing, cleansing for purity) promote peace, hope, and surrender
- ✓ When teachings provide guidelines to live by and facilitate life lessons and meaning-making from challenging situations
- ✓ When the faith community creates a sense of belonging to a group, promotes connection with the wider community through religious practices, and offers trustworthy and safe space/social engagement
- ✓ When healing and recovery is facilitated through the active practice of faith and religion, which becomes an effective source of coping

#### Step 5

End the session by closing with a ritual or prayer appropriate for the trainers.

-End of Module 1-

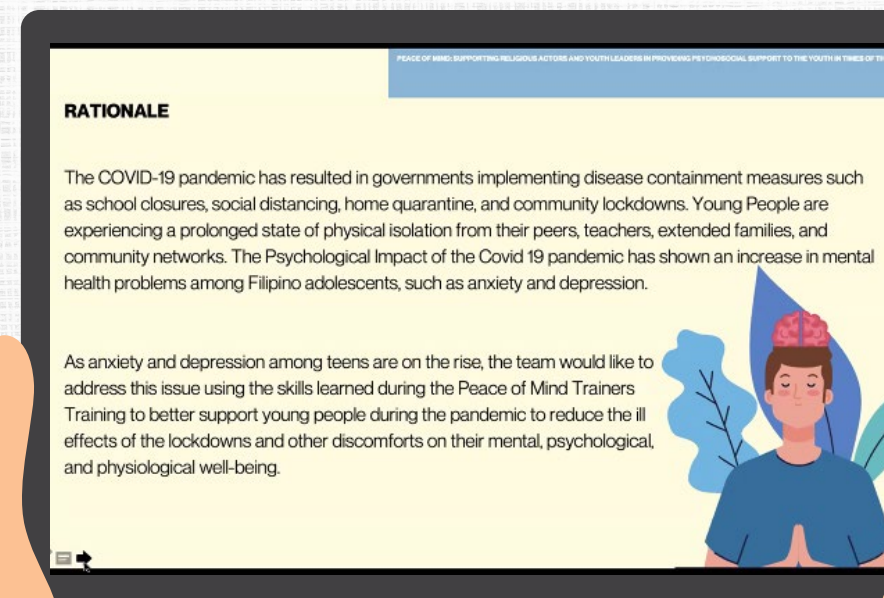


## Module 2 Session 1: Caring for the Psychosocial Facilitators

(180 minutes)

This session mirrors Session 1 of the intervention program. As the trainees go through the session, their own experience of the pandemic and peace of mind amidst this global health emergency are being given attention. After synthesizing the Bilog ng Buhay of the trainees, highlight their ways of coping and of taking care of themselves.

End the session by synthesizing the importance of self-care as psychosocial facilitators, saying that learning how to care for themselves is crucial to becoming an effective source of support to the people they are serving, particularly the young. There is no need to end the session with a ritual or a prayer given that Session 2 will follow.








## Module 2 Session 2: Needs Assessment and Resource Mapping (NARM)

(90 minutes)

After utilizing Bilog ng Buhay as a tool for psychosocial processing in Session 1, Session 2 uses the same model but focuses on exploring the needs and resources of the youth in the trainees' community/organizations. Needs and resource mapping is an important step to understanding the end beneficiaries of any program. For the trainees to learn how to become a facilitator of

youth-oriented psychosocial support, NARM is crucial to designing a psychosocial intervention. Although the trainees are not expected to design an intervention program within this training engagement, making them go through this process will establish why the youth need this kind of psychosocial support during the pandemic and beyond. In this respect, Module 2 builds up from Module 1 of the training program.

### Session Objectives

-  Discuss Bilog ng Buhay both as psychosocial processing and NARM tool
-  Surface the vulnerabilities and strengths of the target youth
-  Establish why psychosocial support is an essential response for this population during the pandemic and beyond

### Connecting

Activity	Duration (mins)	Materials
Present session objectives	5	PowerPoint Presentation

### Clarifying

Activity	Duration (mins)	Materials
Input on the following: Bilog ng Buhay as a tool for psychosocial processing and needs and resource mapping	25	PowerPoint Presentation

### Cultivating

Activity	Duration (mins)	Materials
Group work: Bilog ng Buhay of the target youth	30	Bilog ng Buhay template
Presentation in plenary	20	

### Closing

Activity	Duration (mins)	Materials
Synthesis: Characteristics of the youth and the importance of MHPSS for the youth	10	PowerPoint Presentation
Closing ritual	10	





## Step-by-step Guide of the Process

### Step 1

Present the session objectives:

- discuss Bilog ng Buhay both as psychosocial processing and NARM tool
- surface the vulnerabilities and strengths of the target youth
- establish why psychosocial support is an essential response for this population during the pandemic and beyond

### Step 2

Provide the input on Bilog ng Buhay as a psychosocial tool and segue to the discussion on the characteristics of the youth. Refer to the Introduction of Session 2 of the POM Intervention Program. Add to the input from Session 2 of the POM Intervention Program, where the Bilog ng Buhay is used as a tool for psychosocial processing. While the youth participants tell their stories about what shatters their peace of mind in the context of their pandemic experience, the facilitator must document the responses as these constitute important qualitative data that provides the facilitator's information of the youth's needs and resources. The facilitators can use the data to identify the priority needs of the target youth and can inform action plans of the organization/community.



### Step 3

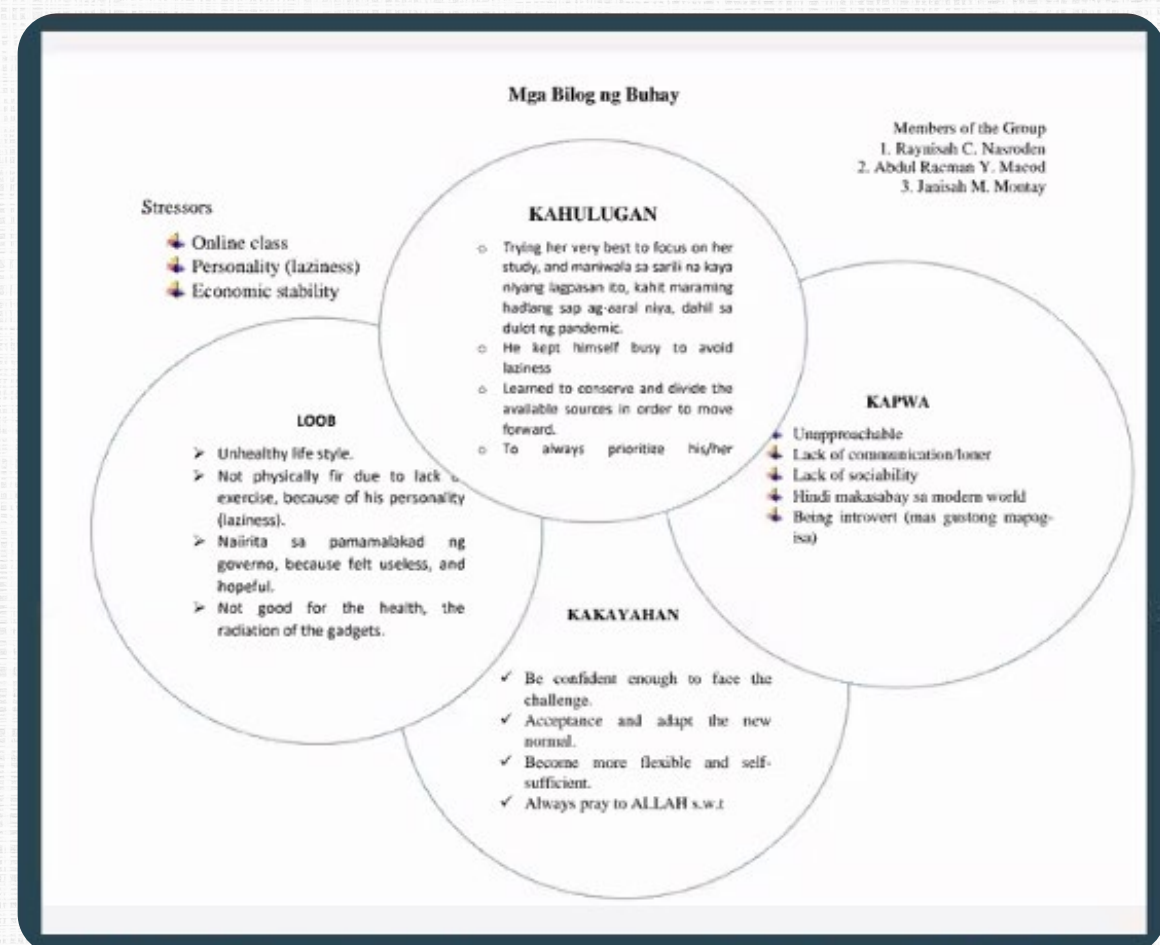
After explaining how to use Bilog ng Buhay as a tool for NARM and its importance in MHPSS programming, facilitate the group work on Bilog ng Buhay of the target youth. This is a practice session that cultivates using the tool for NARM. Group the participants with 5-7 members each. Instruct the groups to answer the guide questions below and use the “Bilog ng Buhay” template in Appendix C to document their responses.

- Ano ang epekto ng kawalan ng peace of mind sa aking katawan, kaisipan at damdamin?
- Paano naapektuhan ang aking relasyon o pakikitungo sa iba (sa pamilya, katrabaho o kaklase, kaibigan, at iba pa) kapag ako ay walang peace of mind? Ano ang mga positibong epekto (+) at negatibo (-)?
- Paano ako nagco-cope sa mga bagay na sumisira ng aking peace of mind? Ano ang mga nakakatulong (+) at hindi nakakatulong (-)?
- Bakit sa tingin ko nangyayari ang lahat ng mga bagay na sumisira sa aking peace of mind (mga stress, challenges, personal adversities, disasters); ano ang saysay/kabuluhan ng lahat ng ito?



## Step 4

Invite each group, through a representative, to share the summary of their discussion.



## Step 5

Synthesize the sharing from the different groups and reiterate the use of Bilog ng Buhay as an assessment tool. Emphasize why psychosocial support is an essential response during and beyond the pandemic. Relate this with what the trainees have imparted in their presentation. Refer to the manual's introduction for the Importance of Psychosocial Support to the Youth.<sup>48</sup>

## Step 6

End the session by closing with a ritual or prayer appropriate for the trainers. Alternatively, facilitate a short mindfulness exercise to end the day.

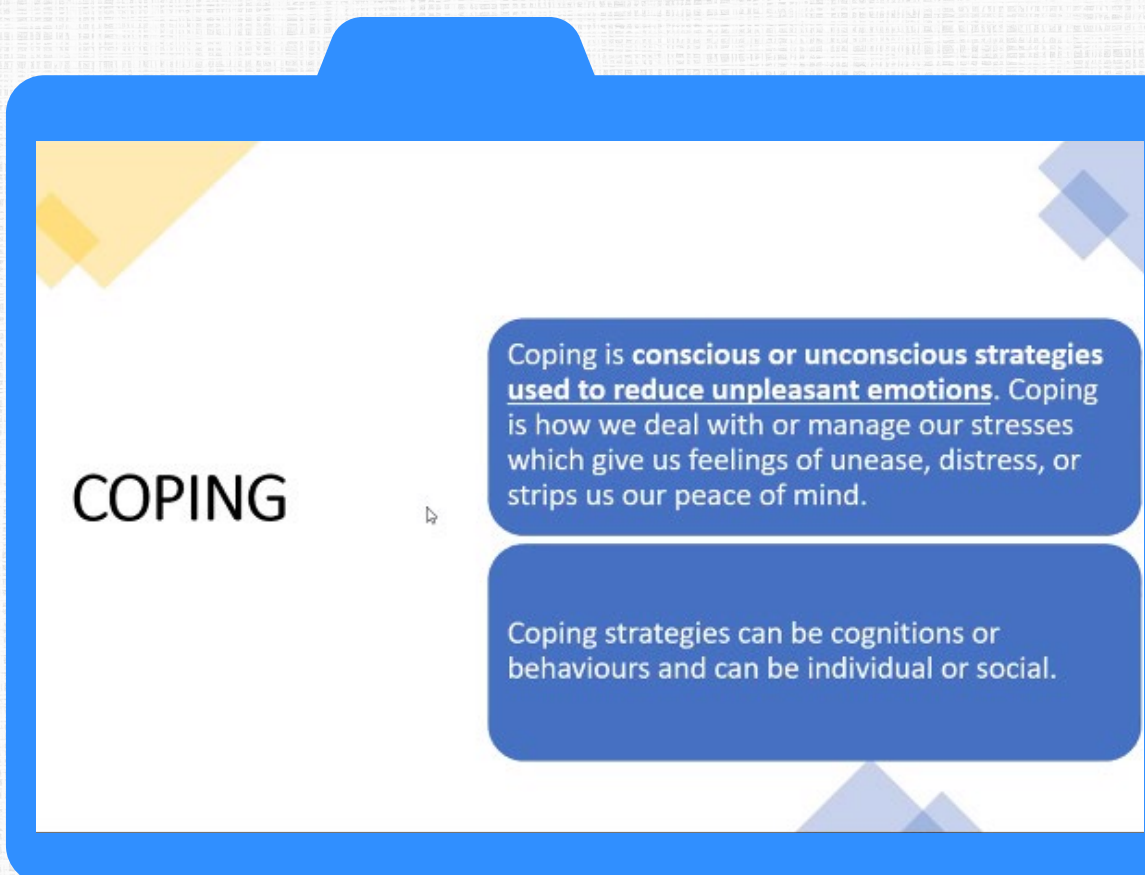
-End of Module 2-

## Module 3 Session 1: Depression and New Ways of Coping

(160 minutes)

Facilitate this session exactly as presented in Module 3 of the POM Intervention Program.<sup>49</sup> Let the trainees undergo the improvisation exercise and build their case of depression. This will allow the trainers to observe how future psychosocial facilitators conceive mental disorders and depression. It can push the trainees to showcase their artistic capabilities or discover new storytelling or theatrical arts capacities. On the other hand, the psychoeducation part of the session

shall correct whatever misconceptions they have about mental disorders. The intention here is that if they possess any stigmatizing attitudes and behavior towards mental illness or psychological help-seeking, there will be a positive change after this session. As psychosocial facilitators, they must be free from judgment or discrimination when providing psychosocial support to the youth, or anyone for that matter. Such is epitomized in supportive communication and effective facilitation, which are the focus of Module 3.








## Module 3 Session 2: Supportive Communication and Effective Facilitation

(120 minutes)

Skills in supportive communication and facilitation are fundamental in providing psychosocial support. This session provides exercises on these skills using psychological first aid (PFA) as an example. As religious and faith-based leaders who provide psychosocial support to the youth, being skilled in PFA is imperative. For instance, facilitating a psychosocial support activity to the

youth may trigger distressful reactions among participants, necessitating PFA. Beyond the intervention program, knowing about PFA means being ready to provide the initial psychological care needed to help a person in distress to feel safe and calm while the appropriate support is underway. In this session, PFA and its whys and wherefores are introduced to highlight supportive communication and how it is done.

### Session Objectives

-  Introduce psychological first aid and its action principles
-  Discuss the different skills in supportive communication
-  Practice supportive communication and facilitation through providing PFA

### Connecting

Activity	Duration (mins)	Materials
Present session objectives	5	PowerPoint Presentation

### Clarifying

Activity	Duration (mins)	Materials
<b>Input on the following:</b>		
• PFA	15	PowerPoint Presentation
• Basic skills in supportive communication and facilitation	20	

### Cultivating

Activity	Duration (mins)	Materials
Group Work: Role Playing on PFA	40	
Presentation in plenary	20	

### Closing

Activity	Duration (mins)	Materials
Synthesis: Importance of supportive communication and facilitation	10	PowerPoint Presentation
Closing ritual/prayer	10	





## Step-by-step Guide of the Process

### Step 1

Present the session objectives:

- Introduce psychological first aid and its action principles
- Discuss the different skills in supportive communication
- Practice supportive communication and facilitation through providing PFA

### Step 2

Provide the input on PFA and the skills in supportive communication and facilitation.

#### A) Psychological First Aid

##### What is PFA?<sup>50</sup>

Psychological first aid (PFA) is a humane, supportive response to fellow human suffering or experiencing psychological distress who may need support. It aims to stabilize, reduce symptoms, and return individuals suffering from distress to functional capacity after a crisis or disaster.

##### PFA includes:

- ✓ providing practical care and support, which does not intrude;
- ✓ assessing needs and concerns;
- ✓ helping others address basic needs (for example, food and water, information);
- ✓ listening to people, but not pressuring them to talk;
- ✓ comforting people and helping them to feel calm;
- ✓ helping people connect to information, services, and social supports;
- ✓ protecting people from further harm.

#### PFA Action Principles

Prepare		<ul style="list-style-type: none"> <li>•Learn about the crisis event.</li> <li>•Learn about available services and supports.</li> <li>•Learn about safety and security concerns.</li> </ul>
Look		<ul style="list-style-type: none"> <li>•Observe for safety.</li> <li>•Observe for people with obvious urgent basic needs.</li> <li>•Observe for people with serious distress reactions.</li> </ul>
Listen		<ul style="list-style-type: none"> <li>•Make contact with people who may need support.</li> <li>•Ask about people's needs and concerns.</li> <li>•Listen to people and help them feel calm.</li> </ul>
Link		<ul style="list-style-type: none"> <li>•Help people address basic needs and access services.</li> <li>•Help people cope with problems.</li> <li>•Give information.</li> <li>•Connect people with loved ones and social support.</li> </ul>

**PFA involves factors that are helpful to people's long-term recovery. These include:**

- feeling safe, connected to others, calm and hopeful;
- having access to social, physical, and emotional support; and
- feeling able to help themselves, as individuals and communities.

**Who may need PFA during the pandemic?**

- anyone who is suffering or experiencing a severe psychological distress
- self-quarantined persons in homes, hotels or appointed facilities
- people who have recovered from COVID-19
- families and friends of deceased
- those with previous vulnerabilities such as mental health or substance abuse problems that may need support

**People who need more than PFA, meaning those with that may need specialized care by mental health professionals, are those:**

- people with serious, life-threatening injuries who need emergency medical care
- people who are so upset that they cannot care for themselves
- people who may hurt themselves or who may hurt others

**When is PFA provided?**



PFA is aimed at helping people who have been very recently affected by a crisis event. This is usually during or immediately after an event. However, it may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.

### Where is PFA provided?

PFA may be offered wherever it is safe enough to do so. This is often in community settings, such as at the scene of an accident, or places where distressed people are served, such as health centers, faith-based and religious places like in the grounds of churches and mosques, shelters or camps, schools, and distribution sites for food or other types of help. Because of the pandemic, PFA is now provided over the phone. Many volunteers are providing PFA now who are working from their homes. This accommodates the limitations in the current situation. No matter the venue, privacy is always to be upheld.

### Preparing for PFA

To prepare for PFA, one must learn about the crisis event, the available services and supports, and the safety and security concerns.

### Do's in Delivering PFA

- ✔ Making connection
- ✔ Helping people be safe
- ✔ Being kind, calm, and compassionate
- ✔ Meeting people's basic needs
- ✔ Listening
- ✔ Giving realistic assurance
- ✔ Encouraging good coping
- ✔ Helping people connect
- ✔ Giving accurate and timely information
- ✔ Making a referral to a disaster mental health worker

### WHAT PFA IS NOT

- It is NOT something only professionals can do.
- It is NOT professional counseling.
- It is NOT "psychological debriefing."
  - No detailed discussion of the distressing event
- It is NOT asking people to analyze what happened or put time and events in order.
- Although PFA involves being available to listen to people's stories, it is NOT pressuring people to tell you their feelings or reactions to an event.

- ✔ Taking care of yourself

### Don'ts in Delivering PFA

- ✘ Do not make assumptions about what a person is going through
- ✘ Do not assume that everyone experiencing or who has experienced an adverse life event will be traumatized
- ✘ Do not pathologize (do not label "reactions" as symptoms)
- ✘ Do not reinforce the person's helplessness/ weaknesses, mistakes, disability; Rather, focus on what he has done effectively to help themselves and others
- ✘ Do not assume that all survivors want to talk or need to talk to you
- ✘ Do not "debrief" by asking for details of what happened
- ✘ Do not promise anything (e.g., assistance) that cannot be delivered
- ✘ Do not speculate or offer possibly inaccurate information (know the facts before answering their questions)

Remember that being physically present in a supportive, calm way helps people in distress feel safer and more able to cope.



## B) Supportive Communication Skills

Supportive communication is an indispensable skill as a psychosocial support provider. When supporting an individual or a group of people in distress, supportive communication can significantly contribute to its recipients' psychological and physical well-being. Some of the mechanisms by which it is helpful are providing health-relevant information, motivating healthy behavior, promoting self-esteem and self-care, and reducing emotional distress.<sup>51</sup> Most importantly, it helps in effectively facilitating a group process, which is necessary for achieving the group's goals, particularly in making participants feel supported. The following describes some of the basic skills that comprise supportive communication.

### Active Listening<sup>52</sup>

Active listening is the foundation skill in providing psychosocial support, including PFA. Active listening involves the following:

**Attending** involves behaviors that reflect paying full attention to the participant in an accepting and supportive way. Some ways attending can be concretely demonstrated include being relaxed and open while speaking with the help seeker, leaning forward and maintaining eye contact.

**Listening/observing** – involves capturing and understanding the verbal and nonverbal information communicated by the participant. These pieces of information are found in both content and process that interplay during activities:

**Content.** What is specifically said. Listen carefully for what a person says and the words, expressions, and patterns the person is using, which may give you a deeper insight. Facilitators should develop their ability to

remember what was said and clarify what was said or find out what was not said.

**Process.** All nonverbal phenomena, including how content is conveyed, themes, body language, interactions, etc.

**Paraphrasing** – the content of participant communications is another way of showing active listening. It is about selective focusing on the cognitive part of the message – with the participant's keywords and ideas being communicated back to the patient in a rephrased and shortened form. There are four steps in effective paraphrasing:

- Listen and recall the entire message of the participant to ensure you recalled it in its entirety and do not omit any significant parts.
- Identify the content part of the message by deciding what event, situation, idea, or person the participant is talking about.
- Rephrase, as concise as possible, the keywords and ideas the participant has used to communicate their concerns in a fresh or different perspective.
- Perception check is usually done in the form of a brief question, e.g., "It sounds like..." "Let me see if I understand this," which allows the participant to agree or disagree with the accuracy of your paraphrasing.

### Providing unconditional positive regard

This is an important skill and attitude of caring and nurturance as well as acceptance. Such is manifested through:


**Conveying acceptance** – this is done by responding to the participant's messages (verbal and nonverbal) with non-judgmental or noncritical verbal and nonverbal reactions.

**Respect** – this is the ability to communicate to the participants the facilitator's sincere belief that every person possesses the inherent strength and capacity to make it in life. Each person has the right to

<sup>51</sup> MacGeorge, E. L., Feng, B., & Burleson, B. R. (2011). Supportive communication. *Handbook of interpersonal communication*, 4, 317-354.

<sup>52</sup> Miller, E., & Webb, L. (2011). Active listening and attending communication skills and the healthcare environment. L. Webb (Ed.), *Nursing: Communication Skills for Practice*, 52-71.





choose their alternatives and make their own decisions. This includes respecting participants regardless of religion, gender, political affiliation, or disability.

### Concreteness

Concreteness is an aspect of communication that helps keep messages clearly understood. This can be achieved by:

- » Keeping communications focused on facts and feelings of relevant concerns while avoiding generalizations, abstract discussions, or talking about the facilitator/counselor rather than the participants. Assisting participants in identifying and working on a specific problem from the various ones presented.
- » Reminding the participants of the task, providing instruction for the task one at a time to prevent overwhelming the participant, and redescribing intent and structure of the session.
- » Using questions and suggestions to help participants clarify facts, terms, feelings, and goals.
- » Using a here-and-now focus to emphasize process and content occurring in the current session may help elucidate the problem being worked on or improve the problem-solving process.

### Probing by the use of open questions

This is the act of a questioning process to assist the participant in clarifying or exploring thoughts or feelings. When probing, consider to:

- » Have an intention or therapeutic purpose for every question you ask.
- » Avoid asking too many questions or assuming an interrogatory role.
- » Follow response to an open-ended question with a paraphrase or reflection, which encourages the participant to share more and avoid repetitive patterns of question/answer/question/answer.

The following are additional tips for psychosocial facilitators to protect them from developing compassion fatigue.<sup>53</sup>

### Facilitator Self-Disclosure

The facilitator sometimes shares personal feelings, experiences, or reactions with the participant. This should include relevant content intended to help. As a rule, it is better not to self-disclose unless there is a pressing need that cannot be met in any other way. Remember, empathy is not sharing similar experiences but conveying what the participant is feeling and thinking in a caring and understanding manner.

### Self-awareness

It is important to be conscious of how one feels affected by the sharing of the participants, e.g., when the facilitator resonates with a story wherein strong feelings also resurface. If emotions are not handled well, it can affect one's objectivity and ultimately flow to the group processing. Self-awareness is achieved through self-reflection and examination before, during, and after facilitating sessions.

### Detachment

As humans, everyone is capable of feeling emotions. In tasks or professions that require a lot of listening (verbal and non-verbal), there is always the possibility of emotional contagion (the idea that we catch emotions, good and bad, of the people around us). The key to avoiding this detached phenomenon is by being just an outside observer – understanding the content and emotions attached (cognitive) without needing to feel the emotions yourself. Prevent putting yourself in the participant's shoes, making the facilitator more vulnerable to feeling and absorbing emotions.

<sup>53</sup> Compassion fatigue is a term that describes the physical, emotional, and psychological impact of helping others.



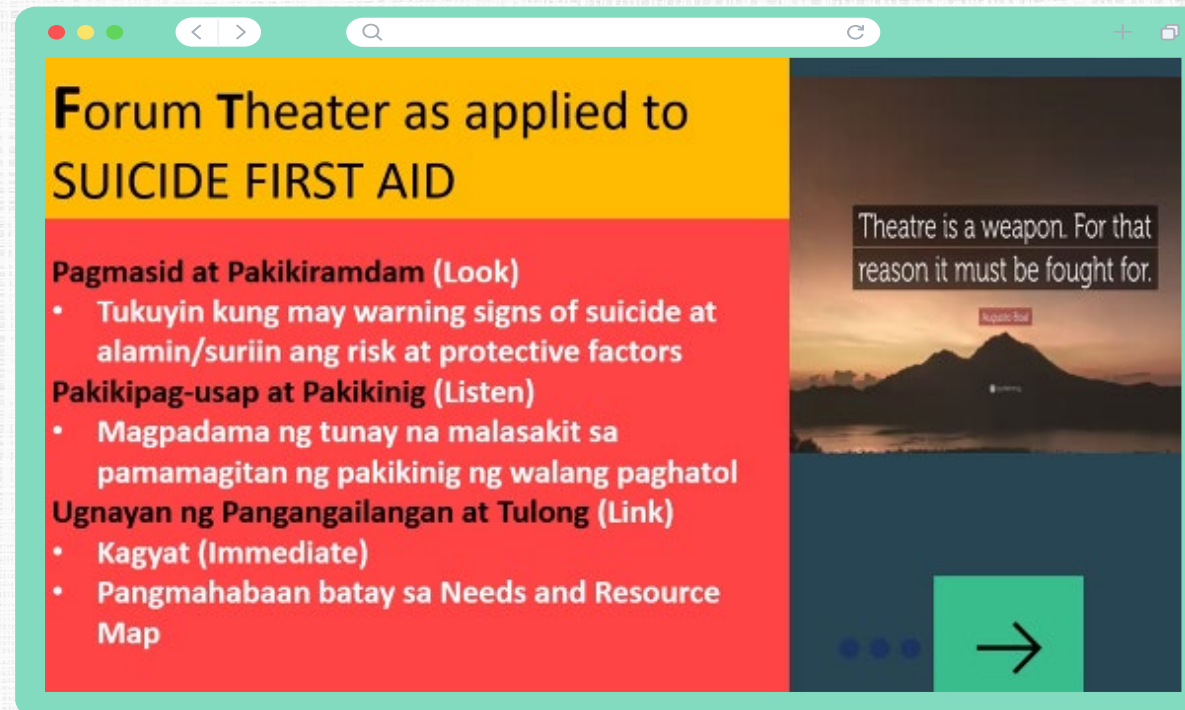
### Step 3

After providing the input, facilitate the role-playing. This serves as a practice session to cultivate the learning from the discussion above. Ask any of the groups from Module 3: Session 1 to reenact their improvisation. This time, the scene must be continued showing a distressed youth needing support and a PFA provider responding to the need. The PFA provider can be an actor from the group. The facilitator can cut the scene at any point for processing. Likewise, anyone from the audience can volunteer to replace either the PFA provider or the person in distress. The idea is to practice and demonstrate the communication and facilitation skills, specifically in providing PFA.

### Step 4

After the activity, process the experience of the participants. The trainer can ask:

- » How was it being the person in distress? Did you feel supported?
- » How was it being the person providing the PFA? What was the highlight of your experience? Were there any difficulties/challenges playing your part?
- » How else can the delivery of PFA be enhanced?
- » As part of the audience, what were the skills shown? What are your insights about being a PFA provider and a provider of psychosocial support in general?



### Step 5

After processing, reiterate the importance of having these skills as psychosocial care providers. Alternatively, trainers can also call 1 to 2 volunteers who would like to answer the question – “Why is it important to learn these basic skills in supportive communication and facilitation? What can happen if the provider is not adept with these skills?”

### Step 6

End the session by leading a ritual or prayer. It is ideal if a volunteer is willing to lead the group in the closing activity.

-End of Module 3-



## Module 4 Session 1: An Empowered Psychosocial Facilitator: Together in Fostering Peace of Mind of the Youth

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(120 minutes)

Module 4 is the last Module of the training program. It first engages the trainees in action planning on the first part, similar to Module 4 of the intervention program. This builds up from the previous sessions as it utilizes results from the NARM conducted through Bilog ng Buhay and is supported by the new-found knowledge from the inputs and discussion. Using the Bilog ng Buhay of the youth created in Session 1 of Module 2, trainees analyze and rank which are the priority needs of the youth in their communities/organizations that call for urgent attention.

Using the Action Planning template, the future implementers of the youth-oriented psychosocial support, write down simple but concrete ways to address the psychosocial needs of the youth in their community/organizations. This will surely differ depending on the context of the target youth, but more so on the trainees' perception or the future implementers of

the psychosocial support. Psychosocial needs must be named, and the group/s can agree on the most significant need that warrants their attention as psychosocial support providers in the community/organization. All these allow the trainees to go through a similar action planning process that the youth go through during the intervention, preparing the trainees on what to expect and how to deliver Module 4 of the intervention program effectively.

The trainer emphasizes that the POM Intervention Program is designed to be a participatory approach that engages the youth participants in identifying their needs and resources. The role of the psychosocial support implementer during the intervention activities is to handhold the participants and guide them in drafting the latter's action plan for their fellow youth.

## Module 4 Session 2: Creative Strategies in MHPSS




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(90 minutes)

Session 2 focuses on deepening the trainees' knowledge and understanding of how creative pedagogy is used in MHPSS, making their whole training experience an exemplar.

### Session Objectives

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-  **Introduce creative pedagogy using the framework used by PETA**
-  **Discuss the role of creative arts in MHPSS work**
-  **Synthesize the whole training experience**





### Clarifying

Activity	Duration (mins)	Materials
<b>Input on the following:</b>		
• PETA’s creative pedagogy	20	PowerPoint Presentation
• Different art modalities and the role of creative arts in MHPSS	20	
• Processing	10	



### Cultivating

Activity	Duration (mins)	Materials
<b>Individual Reflection:</b> My Strengths as a Psychosocial Support Provider	20	Pen and Paper



### Closing

Activity	Duration (mins)	Materials
<b>Synthesis:</b> The whole training experience	10	PowerPoint Presentation
Closing ritual	10	



## Step-by-step Guide of the Process

### Step 1

Present the session objectives:

- Introduce creative pedagogy using the framework used by PETA
- Discuss the role of creative arts in MHPSS work
- Synthesize the whole training experience

### Step 2

Provide the input on PETA’s Creative Pedagogy and the role of creative arts in MHPSS.

Provide the input on PETA’s Creative Pedagogy and the role of creative arts in MHPSS.

PETA’s creative pedagogy utilizes the **RAER - SMA framework**, which guides the flow of activities:

- R- release (of inhibitions)**
- A- awareness (of the sense of self and community)**
- E- exploration (of emotions, ideas and possibilities)**
- R- reflection (about processes of change)**

The goals are elevated when using arts for artistic production:

- S-selection (of materials)**
- M- mastery (or practice)**
- A- application (or knowledge production)**

When employing creative strategies, the options are endless. However, one must note that different art forms have different uses in terms of art modalities. How they are utilized in designing an activity or a program must be guided by the objectives and desired outcomes. The following are some creative strategies integrated into the POM pilot initiative.

- **Creative Drama** is primarily improvisational theater, the output of which depends on the imagination and creativity of the participants.



- **Creative Writing** provides the participants with experiences that may serve as points of departure for the composition of poems and narratives in written or oral form.
- **Visual Arts** explores the elements of arts and principles of design in actual improvisations through exercises that build skills in imagery and symbols, using simple materials and techniques.
- **Creative Sound and Music** introduces the power of sound and music in communicating ideas and feelings while encouraging the participants to explore possibilities rather than be limited by conventional means.
- **Creative Body Movement** motivates participants to be aware of the body's extent and power in conveying messages with gestures and mimetic movement. Release exercises are included to prepare them for the spontaneous use of their bodies for self-expression.
- **Group Dynamics** facilitate the interaction among participants, leading to camaraderie, team, and community spirit.

The following are the different utilization of arts in the Peace of Mind Intervention Program:

- » as a tool to help participants release inhibitions and establish safe space,
- » as a vehicle for expression,
- » as the primary method of pedagogy (teaching) to cultivate learning as a facilitator of participants' reflective exercises,
- » as participants' means to connect (intra- and interpersonally) and find commonality with others,
- » as a potentially facilitative process for healing

The Peace of Mind Intervention Program, although not created to treat psychological disorders, may have a therapeutic effect on its participants because of the use of the innate therapeutic elements of creative arts. Therefore, a sense of healing is a possible outcome and must be welcomed by both participants and facilitators. In terms of the use of arts in the therapeutic process, whether intentional or indirect, PETA's creative approach rests on the following premises:

- » art brings out everyone's creativity;
- » play and games approach set the climate for openness and spontaneity;
- » using symbols with the help of art forms provide non-threatening means of self-expression and group interaction;
- » rituals and storytelling enable individuals to project their narratives and temporarily distance themselves from negative emotions;
- » integrating group processes that establish trust and safety help the "wounded" be healed as they learn to work on their strengths and "pick up themselves" with the help of others
- » the communicative power of theatre and the arts enables people to be open and responsive to each other's situations and differences and turn this into group action and social transformation.





### Step 3

After providing the input, cultivate the learning about creative arts in MHPSS by reflecting and writing down one's creative capacities. Use the template of Tatlo Tula, focusing on their roles as a youth-oriented psychosocial facilitator implementing the youth-oriented psychosocial support in general and the POM Intervention Program in particular.

#### Tatlo Tula

Invite the participants to capture their experience as a future implementer of the POM Intervention Program and of youth-oriented psychosocial support in general, utilizing creative pedagogy or creative arts in general in delivering the program.

**Ako ay (state of emotions and mind)**

**Natuklasan ko (insights, realizations, discoveries)**

### Step 4

Synthesize the whole training experience of the participants by highlighting special moments and reinforcing the purpose of the training.

### Step 5

End the session with a ritual or prayer.

#### -End of Module 4-

The capacity development of the trainees does not end with the last module, nor is it limited to the training activities. Discussed in the final chapter are the post-activity aftercare (for every activity done) and the coaching and supervision during the actual implementation of the intervention program.

## Chapter 4: Conducting Post-POM Training Activities

Aftercare, coaching and supervision are ideally in place to provide additional support to the trainees within and beyond the training.



### Aftercare

The POM training program includes psychosocial processing that focuses on the pandemic experience of the trainees – the future psychosocial facilitators. This objective is two-fold: (1) to unpack their own burdens, process their experience and emphasize self-care, (2) learn the Bilog ng Buhay model, which is a tool used in the intervention. The first objective implies that they will be sharing their own experiences. Therefore, aftercare which is to be provided by the trainers conducting the training program, must be made accessible when needed. Aftercare guarantee means being available when the trainees need support to process

their own experience even after the session. This also models an important skill and attitude as a psychosocial support provider. Should the concerns disclosed by the trainees be outside of the capacity of the trainers, the trainers must be proactive and link or refer the trainees to other team members or even for appropriate support even outside the team.

Unlike coaching and supervision, which focus on the technical competencies of the trainees in the delivery of the training program, the goal of aftercare is primarily to ensure the mental and emotional well-being of the trainees.





## Coaching and Supervision

Coaching and supervision are crucial when training psychosocial facilitators. These processes focus on the technical competencies of the trainees based on the expectation of being able to provide effective psychosocial support to their target beneficiaries, specifically by conducting the POM Intervention Program. Both significantly contribute to the success of any MHPSS intervention, which is dependent on the effectiveness of the implementers as psychosocial facilitators.

Coaching is most essential for first-time providers of psychosocial support. MHPSS offers a framework for delivering such service rooted in the Do No Harm approach (conflict sensitivity), which must be upheld all the time. Coaching and supervising newly trained psychosocial facilitators must aim to protect the well-being of both these facilitators and the end beneficiaries of their services. Such a process will also increase the facilitators' confidence and, eventually, their sense of competence in their program delivery, given that they have the support of the trainers, especially during crucial times. Trainers may

consider the following ways to provide coaching and supervising support to the trainees:

### **Accompaniment.**

This is joining the psychosocial facilitators during their implementation of the intervention program. The aim is to supervise the delivery to ensure that process essentials are met, content delivery is according to plan, and any crisis is dealt with properly.

### **Feedbacking.**

This is done during the training or post-intervention session. Observe them during their session and constructively provide feedback. This may be structured and included as part of debriefing at the end of the intervention session. Refer to Appendix E for a template of the Facilitator's Observation Form.

### **Coaching for development of psychosocial support intervention plan.**

For continued coaching of the trainees in the development of their intervention program, the trainers who will serve as a coach can use the 3-part template in drafting the Psychosocial Intervention

Plan:

### **Part 1: Basic Information.**

This part of the template requires information about who the implementing organizations are, the composition of the team members, target participants and the group's profile, method of delivering psychosocial support (online or on-ground), and what is the plan of entry – whether to be integrated as part of an on-going program or a response/continuation of a past program within the community or organization.

### **Part 2: Psychosocial Intervention Plan.**

In this section of the template, the content is narrowed down to the specifics of the planned intervention. Here, the template inquires about the rationale of the activity, the goals or expected outcomes, the specific objectives, program components, timeline and logistical requirements. Potential challenges, resources needed, and other potential partners are explored.

### **Part 3: Module or Activity Design.**

Finally, this part provides a template for writing down the program of the psychosocial activity being planned. It may be written in a module format following the 6Cs<sup>54</sup> described in the manual.

Refer to Appendix H for a copy of the template.



<sup>54</sup> Refer to Part 1: Chapter 3 for the 6Cs of the POM Intervention Program Modules





This manual is a knowledge product of the YOUCAP project from the pilot initiative Peace of Mind: Supporting Religious and Faith-based Actors in Providing Youth-Oriented Psychosocial Support. It is primarily developed to support the 30 religious and faith-based actors from different organizations in their journey as trainers as well as implementers of the Peace of Mind Program developed in collaboration with their respective faith-based organizations. However, to reach more youth in Mindanao, we hope that others fully utilize this manual beyond the pilot initiative. May the users of this manual further evolve new ways to integrate culture-based strategies into community-based psychosocial support.

To care for a fellow human being through psychosocial support may be a daunting task in itself. Hopefully, anyone who gets a hold of this manual will feel guided and supported in their journey, not just in caring for others for the sake of helping but more importantly in fostering peace of mind so that it contributes to lasting peace all around that we all desire.



## Appendix



## Appendix A: POM Intervention Program Informed Consent Form

### Pagpapahayag ng malayang pakikilahok sa PEACE OF MIND Intervention Program: Youth-Oriented Psychosocial Support Program

Ako si, \_\_\_\_\_, \_\_\_\_\_ taong gulang, nakatira sa \_\_\_\_\_  
(Pangalan) (Edad) (Municipality, Province)  
pumapayag na lumahok sa programang Peace of Mind Intervention Program: Youth-oriented psychosocial support  
program na inorganisa ng \_\_\_\_\_.

(Markahan ang bawat o ng ✓ kung sumasang-ayon sa mga sumusunod)

1	Nauunawaan ko na sa aking pakikilahok sa programang ito, ako ay sasailalim sa online synchronous and asynchronous learning sessions gamit ang (online learning tool). Ihahanda ko ang aking laptop/desktop computer o tablet at internet connection para ako ay epektibong makalahok sa lahat ng gawain.	
2	Nauunawaan ko na kalakip ng aking paglahok ay ang pagdalo sa apat na (4) na sessions (Date & Time)	
3	Nauunawaan ko na maaari kong bawiin ang aking pahintulot na lumahok sa anumang bahagi ng programa sa pamamagitan ng pormal na pagpapaalam sa coordinator ng programa na si _____	
4	Sumasangayon ako na i-record at i-document ang talakayan sa mga online sessions.	
5	Sumasangayon ako sa pagkuha ng aking litrato sa oras ng mga online sessions bilang patunay ng aking pakikilahok at bilang parte ng documentation.	
6	Nauunawaan ko na ang lahat ng mga datos at talakayan sa mga online sessions ay mananatiling confidential. Tanging ang mga facilitators lamang ang may access sa mga recording at documentation na gagamitin sa pagpapahusay ng programa.	
7	Nauunawaan ko na walang pinansiyal na kapalit ang aking pakikilahok sa programang ito.	

Ang aking paglagda sa “informed consent” na ito ay pagpatunay na: (1) nauunawaan ko ang mga nakasaad sa informed consent at (2) ako ay malayang nakikilahok sa programang ito.

KALAHOK:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kung may katanungan tungkol sa form na ito, maaring paki-contact ang psychosocial coordinator sa email add: \_\_\_\_\_.

Maraming Salamat.

## Appendix B: Connecting Exercises

### Objectives

- ✓ To introduce oneself and share some information about your identity and place of origin, work and workplace, family, organization and community, personal disposition, and expectations from the workshop;
- ✓ To get to know other members of the class and profiles of different groups;
- ✓ To release inhibitions and “hiya,” be able to feel comfortable working with other members of the class;
- ✓ To provide a safe space for sharing feelings, ideas, and stories, be it personal or in relation to family or group.

### Getting-to-know you (GTKY) via Chatbox Activity

The facilitator will ask the participants to write their answers using the chatbox. The facilitator will then read their answers so that participants can share some more information about themselves. Not everybody is required to share. The facilitator may call 2-3 participants to share some details about some items so that the class plenary can get to know the group further.

- What is your name and age?
- City or Municipality or Province where you came from and what is remarkable about your place in terms of food, sights, etc.?
- What did you eat for breakfast?
- Most memorable activity with your family during the pandemic?
- What do you feel today?
- What will you do once the pandemic is over?



## Moving In Space; Feeling the Space; Sensing Space

**1** All participants will be asked to open their audio and camera.

**2** In sitting position, breath in air and breath out air. Breath in the air in 5 counts, breath out air in 5 counts. Allow the palms to spread on top of their belly. As the participants breathe in the air, the belly expands, and as they breathe out, the belly contracts. Repeat this 3 times. Stand in front of your devices and move the different parts of your body in circles. Fingers, hands, arms, head, shoulders, hips, legs, knees, feet, and toes. If you feel pain in that part of your body, continue moving it around. Flick the different parts to include the whole body. Inhale, exhale 3 times and relax.

**3** Observe the space where you are standing. Feel and try to hear the sound in your space. Slowly close your eyes and slowly tune out the sound in your space. Still with eyes closed, feel your space. Do you feel comfortable in that space? Open your eyes and look around your space. Walk around. Try to explore and feel each area within the room. Feel a space where you feel safe. Stay in that space for 20-30 seconds with your eyes closed. After 30 seconds, open your eyes, feel the space, and feel yourself. Is there a change from your feeling at the start of our workshop and now?

**4** Seat yourself in front of your device. Try to move closer and closer to your device's camera until your camera focuses on your eye, nose, or a very close shot of one part of your face. Slowly move backward, move sideward to your right until you can no longer be seen in your device's camera, and move sideward to your left, outside of your camera's view. Move your head around the rim of your camera's window. And move your hand towards the camera until it covers the lens of your camera. Slowly remove your palm out of the camera and just calmly sit in front of your device's camera. Breathing in and out for at least 30 seconds.

**5** Ask your participants how they felt while exploring the different spaces they will be exploring during the workshop – their physical and digital spaces.





## Ahum Aha (onsite)

This is an exercise to warm up the participants through body movement and rhythmic exploration. It also aims to allow the participants to feel comfortable standing and moving in the circle and with the whole class.

- 1** Everybody will be asked to stand in a circle. Make sure that each one maintains a 1-meter distance.
- 2** As the facilitator shouts Ahum, everybody will make one step to their right. When the facilitator shouts Aha, everybody makes one step to their left. If the facilitator says Yes, everybody makes a step backward and when they say No, everybody makes a step forward.
- 3** Try out the combination Ahum-Aha-Yes-No for mastery. The combination will be one step to the right and one step to the left, one step backward and one step forward. Try out a pattern of Ahum-Ahum, Aha-Aha, 2 steps to the right and 2 steps to the left.
- 4** Ask one of the participants to be the leader and shouts a pattern combination of 6-8 counts. Then everybody follows.



## Bumilog Ayon Sa or Form the Circle According to (onsite)

Everybody will be asked to stand in a circle. According to the criteria the facilitator will ask the participants to arrange themselves from his left to his right. The criteria can be:

- 1** Distance of your home from farthest to nearest;
- 2** Number of your household members from lowest to highest;
- 3** Length of your hair, from shortest to longest;
- 4** Birth month from December to January;
- 5** From A to Z, the surname of your mother's father;
- 6** A number of your girlfriend/s or boyfriend/s, from lowest to highest.



## Magsama-sama Ayon sa or Group According To (onsite)

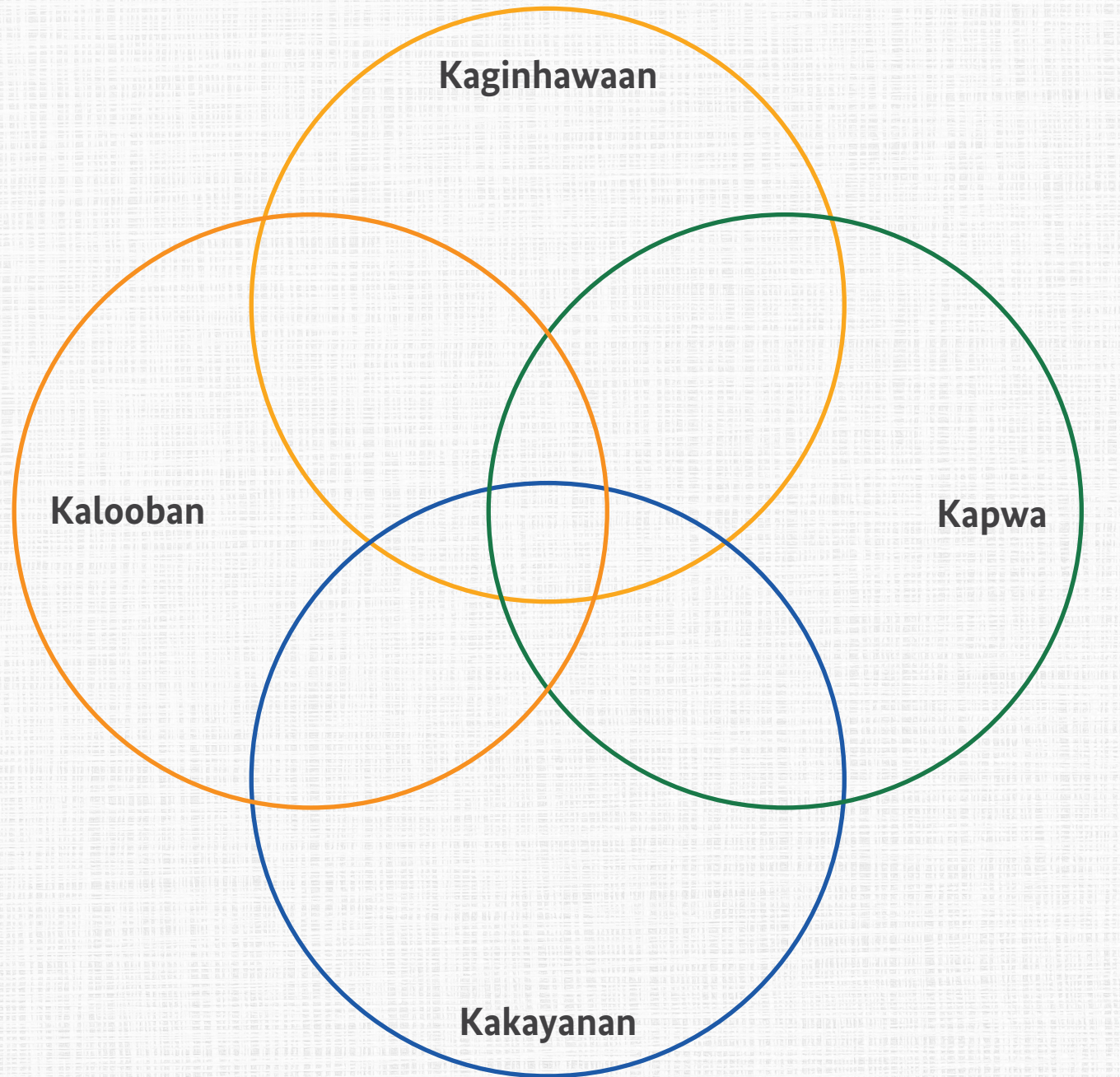
Everybody will be asked to stand in a circle. The facilitator will ask the participants to group themselves based on criteria. Each group will be given a task as soon as they come together. The criteria can be:

- 1** Color of the shirt. In an 8-count movement, express how they feel today;
- 2** Birth month. Share through movement and sound, an event being celebrated during their birth month;
- 3** By work or occupation. Make 4-line poetry to share about your work;
- 4** By age group. Through a song and a dance, share the most popular song and dance moves during your teen years.

Give a time limit for forming the groups and fulfilling the tasks. This warm-up activity will prepare them for their respective creative tasks.



## Appendix C: Bilog ng Buhay Template





## Appendix D: Action Planning based on NARM

MGA PANGUNAHING ISYU (CENTRAL ISSUES): \_\_\_\_\_

(based on the Bilog ng Buhay tool, what are the central issues; what needs urgent attention?)

LAYUNIN/MITHIIN (GOALS AND OBJECTIVES):

---



---

BAHAGI NG SISTEMA (parts of the system)	ANO ANG MGA SAGABAL UPANG MATAMO ANG MINIMITHING KAGINHAWAAN? (What are the challenges obstacles that hinder well-being?)	ANO ANG MGA KAKAYAHAN/KALAKASAN/ REKURSO (RESOURCES) NG KABATAAN NA MAAARING MAGAMIT UPANG MATAMO ANG MINIMITHING KAGINHAWAAN? (What resources, strengths, capacities, and competencies facilitate well-being?)
SELF		
FAMILY		
COMMUNITY (e.g., school, church, work, government)		

KEY INSIGHTS:

- 1.
- 2.
- 3.

RECOMMENDED ACTIONS:

- 1.
- 2.
- 3.

## Appendix E: Commitment for POM: Hand Template





## Appendix F: POM Intervention Program Participant Feedback Form

Thank you for participating in the Peace of Mind Intervention Program: Youth-Oriented Psychosocial Support.

Your honest feedback will significantly help us evaluate the program and plan for our future youth-oriented mental health and psychosocial support intervention. Note that your responses will remain confidential, and only the team of facilitators shall have access to them for evaluation and planning purposes.

Full Name (first name and surname): \_\_\_\_\_

Age: \_\_\_\_\_

Gender:

Man  Woman  LGBTQ  Prefer not to respond

Contact No.: \_\_\_\_\_

1. How satisfied are you about the following? (put a ✓ to mark your answer)

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Overall experience as a participant				
b. Program flow				
c. Engagement with co-participants				
d. Facilitation of activities				
e. Learnings from the activity				
f. Venue/online platform				
g. Total time allocated				

2. Did you think and feel:

	I cannot say.	Absolutely not!	Yes, but just a little.	Definitely Yes!
a. That the group atmosphere was open and relaxed?				
b. That you were able to follow the activity instructions easily?				
c. Calm and at ease during the session?				
d. Safe to express your feelings and talk about your experiences?				
e. That your self-awareness was enhanced?				
f. A sense of relief from the insight you gained about yourself and others?				
g. A sense of connection and community being part of the group, even just for the activity duration?				
h. That the facilitators truly care and are concerned about us?				
i. Motivated and inspired?				
j. A sense of hopefulness amidst the challenges you are experiencing during this time of the pandemic?				

3. What is unique or notable in this activity compared to similar activities you have attended?

\_\_\_\_\_



4. What is your most important insight/realization from the psychosocial activity?

---

5. How can psychosocial activity be improved?

---

6. If we create education-based mental health and psychosocial support intervention for our youth, what other topics do you think youth like you need to learn about? ✓ your top 5.

a. Stress, its impact on the different aspects of our life, and healthy ways of coping	
b. Anxiety - its causes, symptoms, and how to handle it	
c. Coping with grief and loss	
d. Dealing with trauma	
e. When, how, and where to seek professional psychological help	
f. How to provide psychological first aid to friends and family members	
g. Suicide and how to give suicide first aid	
h. Understanding my emotions	
i. Resilience - what it is and how to epitomize it	
j. Learning about my character strengths and virtues	

7. The following are more examples of psychosocial interventions. Based on your observation, how relevant (useful and important) are they to the youth today? Put a ✓ to mark your answer.

	I cannot say	Not relevant at all	A little relevant	Very relevant
a. A peer support group provides a safe space to talk about experiences, thoughts, and feelings.				
b. Arts-based recreational activities (e.g., visual arts, song and dance, drama, and storytelling)				
c. Psychoeducation involving the families/parents of youth that aims to enhance family resilience				
d. Life skills activities for the youth				
e. Values clarification program				

8. What other topics and activities will you recommend?

---

9. Would you consider being part of a team of psychosocial facilitators for the youth?

Yes!  Maybe in the future.  No.

10. Any other questions/suggestions/messages you have?

---



## Appendix G: Observation Form in Facilitating POM Intervention Program

Facilitator (s): \_\_\_\_\_ Observer: \_\_\_\_\_

Program: POM Intervention Program (SESSION #) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Group Profile/Composition: \_\_\_\_\_

### Group Process

Participation	Assessment	Observations
1. Is the group atmosphere open and supportive?	( ) Yes ( ) No ( ) N/A	
2. Do group members follow the set rules of engagement?	( ) Yes ( ) No ( ) N/A	
3. Are group members fully attentive?	( ) Yes ( ) No ( ) N/A	
4. Are group members able to relate and interact with each other?	( ) Yes ( ) No ( ) N/A	
5. Group members comfortable speaking out?	( ) Yes ( ) No ( ) N/A	
6. Are group members respectful of others' opinions?	( ) Yes ( ) No ( ) N/A	
7. Clearly, explain the rationale of each activity?	( ) Yes ( ) No ( ) N/A	
8. Gave clear activity instructions so that participants can follow?	( ) Yes ( ) No ( ) N/A	
9. Reinforced the set rules of engagement as needed?	( ) Yes ( ) No ( ) N/A	
10. Demonstrated ability to process discussions?	( ) Yes ( ) No ( ) N/A	

11. Demonstrated supportive communication?	( ) Yes ( ) No ( ) N/A	
12. Provided opportunities for participant reflection and self-assessment?	( ) Yes ( ) No ( ) N/A	
13. Demonstrated ability to handle crises?	( ) Yes ( ) No ( ) N/A	
14. Demonstrated faith-sensitivity?	( ) Yes ( ) No ( ) N/A	
15. Facilitated the activity as planned – timing, flow, roles?	( ) Yes ( ) No ( ) N/A	

### Observer's General Comments

\_\_\_\_\_

### Areas of Concern/Recommendations:

- particular concerns/issues raised
- questions asked
- insights shared
- potential participants for referral for mental health services
- actions taken

[INSERT COMMENTS]

\_\_\_\_\_



## Appendix H: Coaching Template on Psychosocial Support (PSS) Intervention Plan

### Part 1

Basic Information	
Implementing Organization/s	
Team Members	
Target Participants (profile including age bracket and important background information) No. of Participants	
Method of Delivering the MHPSS Intervention	( ) Online ( ) On Ground
MHPSS Intervention Plan designed as	( ) One-Time Activity ( ) Series (2 or more sessions in different points of time) Number of Target Sessions: _____; Hours/Session: _____
Entry and Implementation Strategy	( ) Independent/stand-alone ( ) Part of/to be integrated into an existing program or activity (e.g., integrated into Bible Study, Catechism, Church Activities/Projects, an ongoing digital literacy program) ( ) A continuation of a past/current program or activity (e.g., as a follow-up intervention to identified youth who the church organization refers needed focused psychosocial support)

### Part 2

PSS Plan		
Rationale	Identified Needs, Gaps you want to address, Issues at Hand, Advocacy Agenda	
Overall Program Goals		
Expected Outcomes		
Program Components	e.g., training of peer facilitators, psychoeducation/ mental health literacy, establishing of MHPSS referral system	
Timeline		
Logistical Requirements	For Online • Digital Platform:	For On-Ground • Venue: • Food?
Potential Challenges	Potential Risks/Challenges in Implementation either On-Ground or Online:  How to address them?	
Resources & Support Needed	From your Team/Organizations  From BKC  From GIZ	
Other Potential Partners & Stakeholders		



## Appendix H: Coaching Template on Psychosocial Support (PSS) Intervention Plan

### Part 3

#### MODULE/SESSION DESIGN OF PSS ACTIVITY (for PILOT IMPLEMENTATION)

Target Date & Time:

Activity/Session Objectives (what the participants shall attain at the end of the activity/  
learning outcomes):

- 1.
- 2.
- 3.

Time	Activity/Process & Content	Materials	Person in Charge

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## Youth for a Culture of Peace and Non-violence in Mindanao, Philippines (YOUCAP) Project

### About the Design:

Mindanao, the Philippines' second largest island, has rich and diverse cultures. These distinctions have long been a source of contention. It is time to rebuild a culture of peace regardless of faith, tribe, or gender.

A rich, bright, and unique clothing pattern emerged from several Mindanao tribes textiles. The textile designs were woven together to form a pattern (banig). This, like weaving (banig), represents collaborating on ideas, approaches, dialogue, and participation of youth and other stakeholders to promote a culture of peace. Combining fabrics created pixels that resembled the vibrant, contemporary, and youthful traditional banig.

The three hands represent Mindanao's three peoples: Muslims, Christians, and Indigenous People. This is a symbol of cultural and social unity in Mindanao. These hands represent the project's education, civil society, and government partners, both state and non-state.

These elements form a modern peace sign and the letter "Y," representing Youth, the sector at the center of the YOUCAP Project's activities. Also, the letter "Y" stands for YOUCAP, a project that works with partners to strengthen state and non-state actors in Mindanao to contribute to culture-sensitive, gender-sensitive, and youth-oriented peacebuilding and non-violent conflict transformation.

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