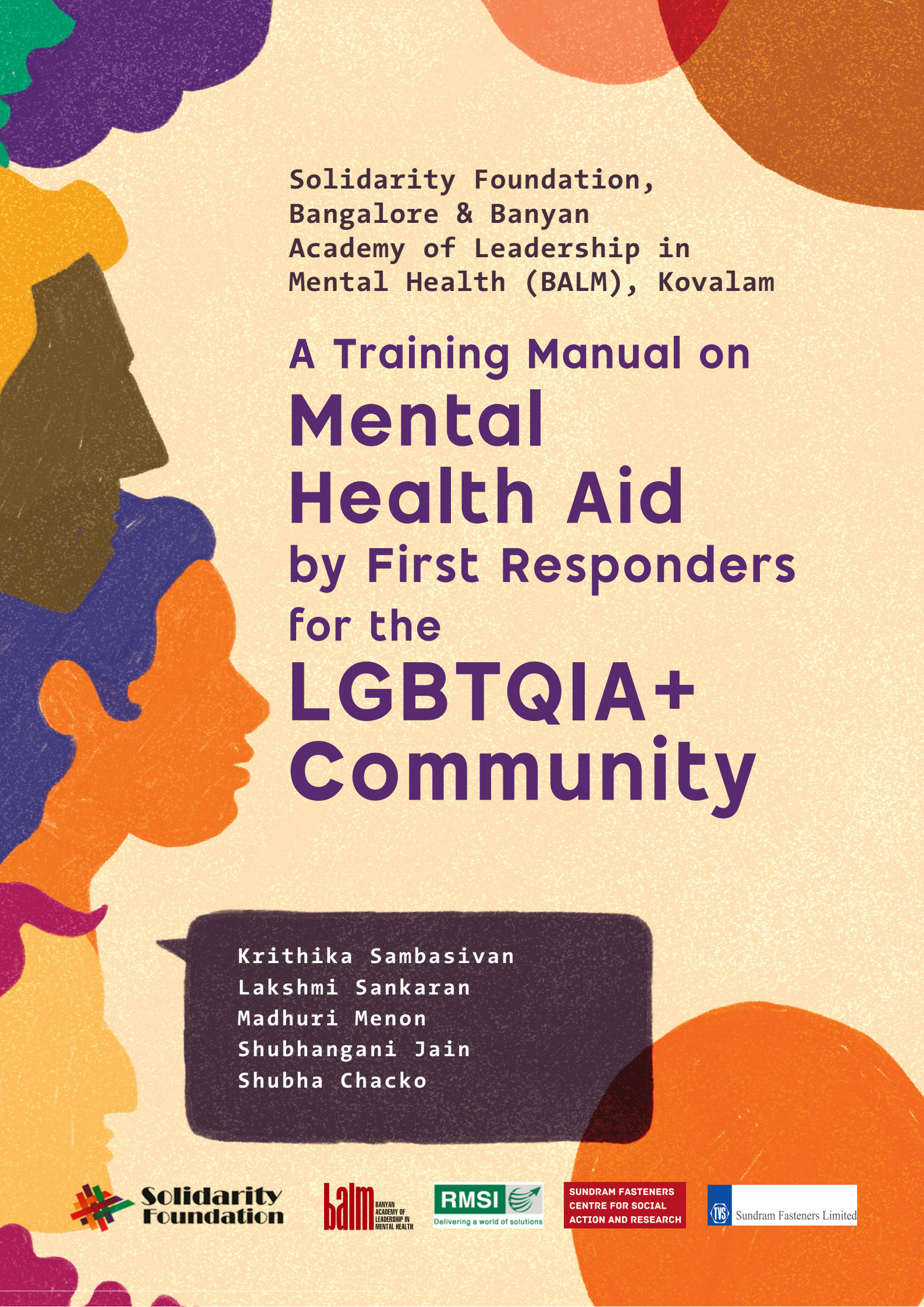

Solidarity Foundation, Bangalore & Banyan Academy of Leadership in Mental Health (BALM), Kovalam

A Training Manual on Mental Health Aid by First Responders for the LGBTQIA+ Community

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A Training Manual on Mental Health Aid by First Responders for the LGBTQIA+ Community

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Our foremost gratitude is to the GSM community for their time, trust and feedback at all stages of building this resource. We wish to thank Ritash, Jeeva and Harish for sharing their narratives of being First Responders (FRs) and guiding us in creating the manual.

The manual has been finalised after conducting two pilot trainings, in Bangalore and Chennai, with our First Responders. Without their enthusiasm, commitment, and constructive criticism, the manual's effectiveness could not have been tested. We wish to thank the Bangalore participants – Harish, Niharika, Jeeva, Renuka, Sreekanth Kannan, Veena; and the Chennai participants – Delfina K S, Nirangal Siva, Dr. S Naveenraj, Jayachitra S, S Vimala Kumari, A Sakila Banu, and one other participant from Theni district (who wishes to remain anonymous), whose insights were most valuable in shaping this manual. We also extend our gratitude to Nirangal, for their work in coordinating for and organising the Chennai FR training for us.

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Note for the facilitator: This manual is borne from the experiences of communities that Solidarity Foundation works with. If you are using the manual for other communities you work with, kindly adapt the manual (including case studies) to suit the local context and lived realities of those communities.

Finally, we would like to thank Kartika Bagodi (crisprocks), our designer, for breathing life into the manual through their beautiful artwork.

To the First Responders – Those on the ground

"Without courage we cannot practice any other virtue with consistency. We can't be kind, true, merciful, generous, or honest."
-Maya Angelou.

Contents

Introduction & Background

The LGBTQIA+ movement in India is strengthening with the rights of the community evolving through various landmark socio-cultural and legal advancements. However, the community continues to struggle on multiple fronts including healthcare, apart from the social, economic and cultural arenas. The structural discrimination faced by the LGBTQIA+ community often leads to or aggravates mental distress, and is implicated in underlying mental health conditions (like anxiety, depression, etc.) which require support and affirmative interventions. At present, the public health care and private counselling systems do not adequately cater to the mental health needs of the community – awareness, accessibility and affordability remain ongoing struggles exacerbated by underlying stigma and discrimination.

A report reviewing a mental health initiative by Solidarity Foundation and Best Practices Foundation was published in 2021. Banyan Academy for Leadership in Mental Health (BALM) conducted an assessment to understand the effectiveness of the programme aimed to provide holistic mental health support to the LGBTQIA+ community between 2020-21. In-house counselling support which was part of the initiative was offered both telephonically and face- to-face during the COVID-19 pandemic. The report revealed that individuals seek mental health support that is, first and foremost, easily accessible, and free or at reduced costs. The community requires confidential services sensitive to their needs, along with immediate help (in a crisis) and support in the long term. The peer mentors on the ground (from the community) were identified as the most important persons in the support system who responded, listened as helpers (face-to- face and phone) and supported the community in dealing with distress and crisis situations in the long-term.

Why peer-led support?

A sense of camaraderie and trust fosters ‘asking for support’ in situations of distress (emanating from relationships, families, financial strain, health issues, workplaces, daily life etc.). Peers often lend an ear to alleviate distress. This process of connecting comfortably with a peer mentor was observed in the mental health initiative by Solidarity Foundation and Best Practices Foundation, as well. After an initial conversation with the peer, the person seeking support was connected to the in-house counsellor, psychologist or psychiatrist. In such situations, peer mentors (who typically belong to the community) could serve the community better with adequate training or know-how to handle mental health issues including empathetic listening, to optimise the helping process.

Furthermore, the study reported that the community needed both professional mental health (MH) services and peer support systems (via key persons who were first to respond, also known hereafter as first responders). Unfortunately, the report observed, 'professional MH support' was costly leading to persons seeking none or fewer sessions; and that there were fewer resources that catered to this community's counselling requirements. This training manual is thus designed to help guide and train peer mentors across two days. They will be called 'First Responders' (or FRs) who aid and offer support for the community's mental health issues on the ground in effective ways. The individual in distress would be termed as a 'person seeking support' in this manual.

The objectives of the training program are as follows:

1. To improve self-awareness and personal growth among FRs.

2. To help the FR identify common mental health conditions including crises (or red flags) experienced by the person seeking support.

3. To learn and apply active listening skills to support the person seeking support and offer supportive life skills to reduce distress.

Facilitator's Notes

Who is the manual for?

This manual is intended for trainers in the field of mental health (social work, psychology, and allied fields) who work with the LGBTQIA+ community. The training is to build on mental health support offered by the community/individual working with the community, for the community. The following is an operational definition of the term First Responder, used throughout this manual:

A "First Responder" is the first point of contact for members of a community experiencing emotional distress or crises (familial and partner violence, structural discrimination, etc.) providing needed support, including follow ups with the person.

The first responder (FR) participating in the training would have completed education up to Standard 7 and above. Prior training or education in mental health programmes is not necessary to be part of this training. In some cases, the FR may not be from the LGBTQIA+ community but is someone who has experience working with the community for at least two years, and helps people from the community who are seeking support (serving as a bridge between the community and existing mental health services).

The training program for FRs is to help them address immediate mental distress (often acute in nature) or continuing problems from the past to promote mental wellness in the short term or over a prolonged duration. The response can be direct or via tele-help services including video calls with the person seeking support. The manual is designed to offer a framework for delivering universal mental wellness techniques, skills, and know-how. The trainers teaching this manual may use inputs given in each session based on the local context, time available for training, coupled with insights on what support the community needs. The activities facilitate some 'doing' exercises (practice) and vicarious learning through role plays and videos, brainstorming and discussions. The trainer may introduce further inputs that will meet the objectives. The trainer is encouraged to be creative, spontaneous and to improvise. Maintaining momentum and keeping the sessions brisk is also suggested.

How to use the manual?

The training manual covers topics related to the effective delivery of mental health aid by FRs and applies varied pedagogical methods to teach the programme in an easy-to-understand way. The manual imparts a 2-day workshop, designed to cover 16 sessions (including the introduction and wrap up sessions)

to be held from 9:00 am to 5:00 pm. The trainer can decide on the duration of the workshop and customise from the manual's contents, depending on ground conditions including levels of the FRs' previous experience. For this, a brief needs assessment can be conducted to plan the session prior to holding the workshop. The needs assessment will help understand the participants' level of experience and specific requirements, to then select the sessions that are most relevant to them. A potential needs assessment template is listed in the appendix, for reference.

Participants: The participants are first responders who have been working with the LGBTQIA+ community for a minimum of two years. This time period factors in the connections built by the individual with the community, which enable them to be a first respondent. The training is best delivered and received in small groups of 8-10 participants; this allows room for all participants to share openly. Once the training is complete, the FRs can regularly meet to check in and evaluate progress, improve skills on the ground and address hurdles. The facilitator can join these meetings and offer support.

Adult learning & pedagogy: The manual uses participatory adult learning approaches keeping in mind the field experience and specialised contributions of the participants. Icebreakers, case studies, group discussions, fishbowl strategies in group sessions (for vicarious learning), role play, demos, arts-based sessions and movement-based exercises, and training videos. Many FRs have been responding (currently or in the past) as peers and are already helping their community members. Hence, they may be familiar with several techniques and skills. In these cases the experiences of the FRs should be taken into account during the sessions by the trainer.

Each session is broadly organised into the following format:

- Session number and time
- Title of the session
- Learning objectives
- Format/setup
- Materials needed
- Activities for the session
- Closure
- Key messages
- Notes/reading references for the facilitator (embedded in the session material)/

Additional reading material

- Participation handouts (if any) in appendices

Training Material: The trainer will need to put together the following training materials before the start of the workshop, to use across most sessions:

• Board or Flip chart, chart paper & board pins

• Computer/Laptop, projector, and speaker

• Markers/chalks,

• Pens/pencils, notepads/ plain paper, art supplies including colourful pens/ crayons

The participants will be seated in a semicircle. Designate a space for a graffiti wall (a space provided to summarise and input learnings during the sessions, one can use chart papers or a white board as a graffiti wall). Materials (forms, handouts etc.) need to be photocopied for the participants before the session starts. Ensure that drinking water and toilet facilities are accessible to participants for the training period. A large airy room with minimal external disturbances is the ideal training environment.

Session formats: Group discussions, brainstorming, case studies, dyads, demos, role plays and plenary.

Handouts: These are given out at the end of each session and also used during check-in meetings (the deck is attached at the end of the manual).

Some sections have more than one activity listed. Based on the time available and the level of group involvement the trainer has flexibility to choose one or more activities for each session, to serve the learning objectives. Two trainers may conduct a session, demonstrate a skill and join roleplays.

Note: *The trainer need not feel compelled to complete all topics within time constraints. Many participants may already be familiar with some of the topics. Group dynamics and attention span must be considered while conducting the workshops (small breaks help).*

Sr.no.	A facilitator should	A facilitator should not
1.	Be patient	Dominate the group
2.	Show that they are a learner too	Intimidate people
3.	Build on participants' experience	Take sides
4.	Be sensitive to what is happening in the group	Jump to conclusions
5.	Deal with issues raised in the group	Be prejudiced
6.	Encourage participation	See oneself as the expert
7.	Use simple language	Put participants on the spot
8.	Keep the group on the topic	Create a long dialogue with one participant
9.	Be a good listener	Lose their temper with a participant
10.	Keep track of all the members in the group	Be biased
11.	Maintain eye contact with group members	Facilitate discussion when they are uncomfortable with the topic
12.	Be enthusiastic	Criticise a participant's personal beliefs
13.	Have a sense of humour	Allow participants to dominate the discussion or intimidate each other

Source: *PATH and African Youth Alliance, Life Planning Skills: A Curriculum for Young PeopleIn Africa, Tanzania Version (2004) as cited in Das, S. (n.d.). Training Manual on Sexual andReproductive Health of Female Sex Workers, Gender and Sexual Minorities, Solidarity Foundation.*

Outline for a Two-day Training Session

Day 1	
9:00 – 9.50 am	**Session 1: Welcome and opening remarks** a) An overview of the two-day session b) Why am I in this workshop? Who is an FR? c) Workshop format d) Pre-evaluation form
10:00 - 10:50 am	**Session 2: Self-Awareness & Personal Growth** (Congruence/Prejudices/Commonalities)
11:00 - 11:50 am	**Session 3: SWOT & Movement**
12:00 - 12:50 pm	**Session 4: Active Listening Skills (ALS)** (Qualities of an FR/Supportive listening / Proximity, Head nodding/Silence and facial expressions/Empathy and Reflection of feelings/ Giving Informa- tion & advice
1:00 - 1:30 pm	**Lunch**
1:30 - 2:00 pm	**Session 5: Active Listening (contd.)** Film - “Friendship Bench” (Discussion)
2:00 - 2:50 pm	**Session 6: Stress and Common Mental Health (CMH) conditions; Suicide – Signs; Identifying ‘a red flag’ or crisis.**
3:00 - 3:50 pm	**Session 7: Life Skills (Part 1)** • Healthy coping (signs)/Homework)
4:00 - 4:50 pm	**Session 8: Applying Active Listening (case studies) Practice session**

Day 2	
9:00 – 9.50 am	**Recap (homework)** **Session 9: Risk factors and Non-Communicable Diseases**
10:00 - 10:50 am	**Session 10: Life Skills (Part 2)** • Anger: Recognition and management
11:00 - 11:50 am	**Session 11: Life Skills (Part 3)** • Problem solving
12:00 - 12:50 pm	**Session 12: Making referrals:** Identify when to refer; map resources (includes peer support links or buddy system), documentation
1:00 - 1:30 pm	**Lunch**
1:30 - 2:00 pm	**Session 13: Ethical listening: do's and don'ts & tele-help etiquette**
2:00 - 2:50 pm	**Session 14: Burn out & Self-care**
3:00 - 4:30 pm	**Session 15: Active Listening & Integrating it all (practice)**
4:30 - 5:00 pm	**Closing remarks Post workshop evaluation forms**

Note: *A 10-minute break on the hour is recommended (a washroom or tea break)*

Day 1

SESSION 1
Time: 9:00 - 9:50 am

A) WELCOME AND OVERVIEW OF THE TWO-DAY WORKSHOP

Learning Objectives:

1. Introduce the purpose of the workshop, make participants aware of their role as an FR and build mutual trust.
2. Discuss ground rules for participation
3. Fill-out a pre-evaluation questionnaire on participants' current knowledge and practice as an FR.

The Setup

1. Sit in a semicircle so that each of the participants is visible.
2. Welcome the group by introducing yourself and asking each of the participants to introduce themselves, their pronouns, and how they would like to be addressed through the duration of the workshop.
3. Start with an icebreaker game. Two games are described below. You can do either of them.

ICE BREAKERS...

Activity 1: THINGS WE HAVE IN COMMON

Format: In Pairs
Materials needed: Flip chart / Board and markers
Duration: 30 minutes

Process:

1. Divide the group into pairs.
2. Ask each pair to write/discuss at least 5 things they have in common with each other (common work profiles, foods they like, interests, places they like to visit, etc). Do not prompt them too much. Let them come up with what is common to them.
3. Give them 5 minutes.
4. Ask each pair to share their common interests with the group.

Closure:

Put the responses on the flip chart/board.

Highlight commonalities related to being an FR (if they come up with it) — a sense of belonging to the community and so on.

Some may even share about how they are peers, help their friends in crisis, etc.

Activity 2: STORY-TELLING ABOUT HELPING

Format: Group Activity
Materials needed: none
Duration: 15 minutes
First Responders Mental Health Training Manual Solidarity Foundation

Process:

1. Sit in a semicircle. Each member takes turns, in an order. Ask each participant to begin by sharing their name and the place they are from.

2. Start the story with "Today I met a person called Jamal. He told me he was very hassled".

3. Let each person add one or two sentences and continue the story. Move to the next person, keep the pace going. Tell the group that they can add elements about how they would help this person.

Closure:

Summarise learnings on how the FR helps a person seeking support (and also on what was not helpful). Keep up a discussion format and participants can revisit the story at the end of the day.

B) WHY AM I IN THIS WORKSHOP? WHO IS AN FR?

Activity 3

Learning Objective:

To discuss the purpose of the workshop and current participant perceptions on who an FR is (and who is not).

Format: Group discussion
Materials needed: none
Duration: 15 minutes

Process:

Use a flipchart/board to discuss the following questions:

1. What is the purpose of this workshop?
2. What does being an FR mean to you?
3. What are your expectations from this workshop?

Ask each participant to answer each question in turn. Go in order and complete each question before moving on to the next. Write down the points raised by the participants on the flipchart and display it upon completion.

Closure:

Summarise and close this segment with a brief walk through the itinerary for the next two days using slides. Ensure that all participants feel heard, and be flexible to some suggestions in the programme.

SESSION FORMAT & SETTING RULES

Learning Objective:

Discuss ground rules for the workshop.

Materials needed: Chart paper, markers

Duration: 15 minutes

Process:

Begin with participants voicing some of the ground rules they would like to be included in the workshop. Once there is consensus on certain rules, suggest other ground rules that could be included. Some suggestions for ground rules can be as follows[1]:

• Confidentiality: Whatever is discussed within the training, stays within the training space, and will not be shared with outsiders.

• Active Listening: One person speaks at a time.

• Respect: This looks like allowing a person to share their opinion, for instance, even if you do not agree with it. Participants do not interrupt each other. Speak only when the other person has finished talking. Speak for yourself and use “I” statements.

• Avoid generalisations. Do not pass value judgements on opinions and statements of others and keep an open mind.

• If an activity is very overwhelming, a participant can step out.

1) Adopted from Das, S. (n.d.). Training Manual on Sexual and Reproductive Health of Female Sex Workers, Gender, and Sexual Minorities. Solidarity Foundation.

• Participants should not feel compelled to share personal experiences during any activity.
• When sharing experiences related to actual cases, all identifiable information such as names,organisation names, therapists, etc., must be kept confidential.
• Phones on silent mode.
• Punctuality.

CLOSURE

Summarise ground rules on a chart paper by inviting one of the participants to write them down and put it up where they are visible during the 2 days of the workshop.

PRE-EVALUATION FORM

Learning Objective:

Participants assess their current skills, perceptions, and knowledge on being an FR.

Format: individual activity
Materials needed: pre-evaluation forms, pens

Process:

Distribute the pre-evaluation form (this could be done even before Session 1 commences depending on the start time or while waiting for everyone to settle in) including a brief test of knowledge and collect it when the participants have completed it. Some may need help with writing responses so ensure to give the forms before the workshop commences. Ideally, the facilitator should read out the questions one by one (projected on a screen) in a language understood by all the participants.

SESSION 2
Time: 10:00 - 10:50 am

SELF-AWARENESS AND PERSONAL GROWTH

Learning Objectives: Encouraging self-awareness to allow for personal growth as an FR.

This session is about nurturing congruence, becoming aware of prejudices and biases and strengthening what binds us as a group. The facilitators can speak about their own biases and learnings as a starting point of the session.

The Setup

1. Sit in a semicircle so that each of the participants is visible.
2. Welcome the group by introducing yourself and asking each of the participants to introduce themselves, their pronouns, and how they would like to be addressed through the duration of the workshop.
3. Start with an icebreaker game. Two games are described below. You can do either of them.

CONGRUENCE (Self-congruence)

Learning Objective: To understand the importance of mental, physical, and verbal congruence. In other words, to learn to become self-aware and bring one's thoughts, feelings, and words/actions into alignment.

Congruence of the mind and body is critical for an individual to be effective at their work and build trust with the community. For example, if we are sad, we may not want people to know we are sad. However, in this scenario, our feelings, physical and mental state would be different from our words and actions. It is important to acknowledge this and say it's okay. It's not wrong to be sad. To express this is also not wrong. Learning to be with the state and gradually come out of it is a process.

Activity 1

Format: Group activity
Materials needed: none
Duration: 20 minutes

Process:
1. Ask the group members to sit in their places and close their eyes.
2. Put forth the following questions:
a. How am I feeling today?
b. What are my bodily reactions to these feelings? How is my body feeling today?

c. What am I conveying to the world (or how am I verbalizing this/ or non-verbally expressing)? Am I projecting something different?
d. Are all of these components in sync or out of sync with each other?
3. Once participants have had about 5 mins to think about it, ask them to open their eyes and share out aloud.
4. Help participants understand the importance of congruence.
5. Debrief.

KEY MESSAGES

Everyone experiences feelings that are uncomfortable from time-to-time. It is okay to have these feelings even though we might feel guilty about them. Talking to someone we trust may help us to understand them and go deeper into the reasons behind these feelings.

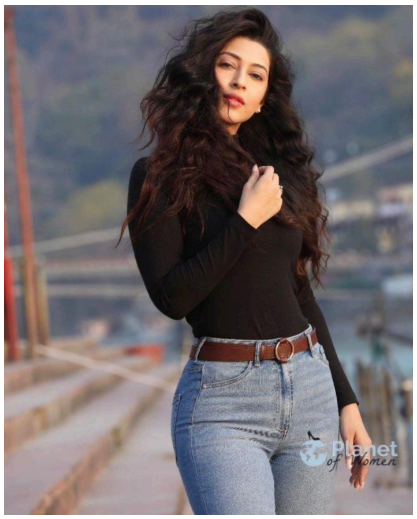
If you aren't feeling good today, you do not have to be in a position to help someone out who is seeking support. Asking someone to step in and help the person is alright.

PREJUDICES AND BIASES

Activity 2

Learning objective: To examine biases that stem from an individual's beliefs and to suspend them when working with persons seeking support.

Format: Group activity
Materials needed: Flipchart, markers
Duration: 20 minutes



Process:
"Look at this picture" – This picture can be shown on a PPT slide.
1. Ask the group to start listing down all their thoughts when they see the photo.
How would you react and behave if you met this person, as an FR?
2. Jot down the points on a flipchart.
3. Discuss them and point out how to recognize prejudices and biases.
4. Debrief.

CLOSURE:
Ask the group how they can check the biases discussed. Summarise points on a flipchart and debrief.

KEY MESSAGES
We all have prejudices and biases. We need to ensure that we do not allow them to take over our behaviour and attitudes. Everyone's problems are important to them, and talking is one way to vent them out and find some ways of coping and dealing with them.
Our biases and prejudices are often a product of our social conditioning and some examples are gender, class, caste, religion and so on. Working through them is important!

Further Reading:
The below video identifies some key points on prejudice.
https://www.youtube.com/watch?v=IzEdSdvFLU0

WHAT BINDS US AS A GROUP?

Activity 1

Learning Objective: Reflect on commonalities and things that bind the group to increase trust and to reduce biases and prejudices.

Format: Group activity
Materials needed: none
Duration: 15 minutes

Process:
Ask participants to stand in a circle but at a considerable distance from each other such that it is a wide circle and people are initially spaced away from each other.
Ask the group a list of questions. People can move closer to the centre based on the answer i.e., when it is affirmative or when having something in common[2].
The questions could be:
- Which country are you from?
- What language do you speak?
- Do you have family and friends?
- Have you loved someone or been loved? - Have you eaten idli-vada-roti-rice?

KEY MESSAGES
We tend to overlook our shared realities and tend to focus too much on the differences even though we have overwhelming similarities.

2) The idea is to ask questions to which participants are likely to have common answers, so that when you ask the last question the participants would have moved much closer to each other in the circle.

Closing Team Activity

WALKING MEDITATION – BY THICH NHAT HANH
Instruct the group to walk around the room in a circle, one behind the other and focus on breathing while taking each step. Take slow steps. Focus on each step. Use your own voice in a soothing manner to guide the group3.

SESSION 3
Time: 11:00 - 11:50 am

UNDERSTANDING OURSELVES BETTER

SWOT Analysis
It is a tool adapted to help us understand ourselves better. It helps an individual to build upon one's strengths and identify weaknesses to evolve in personal and professional capacities. The tool also assists in identifying opportunities and types of professions that one would be suitable for, while addressing the problem areas in the self.

Activity

Learning Objective: To learn about the FR's strengths and weaknesses to improve one's capacities.

Format: Dyads and Group discussion
Materials needed: Projector, SWOT analysis sheets
Duration: 30 minutes

Process:
Project the SWOT analysis chart using PPT slides (below). Questions can be included based on the needs of the group.
Give each member 10-15 mins to reflect on the questions and fill up their sheets (refer to appendix). Let the group know that there are no right and wrong answers.

3) Further information: https://www.headspace.com/meditation/walking-meditation

SWOT GRID[4]

Strengths - What am I good at? - What resources do I possess?	**Weaknesses** - What am I not so good at? - What am I afraid of? - What skills should I improve and practice?
Opportunities - What can my employer offer me to help me grow professionally? - Who can support and help me?	**Threats** - What are some of the perceived obstacles in being an FR? - What are some of the technologies that I am unable to fully master?

CLOSURE

Debrief the common points that emerge from the group and summarise. Let the group take down the points on their handouts for future reference.

KEY MESSAGES

While performing the role of an FR and during a crisis situation, we may not see the "best" side of our- selves or another person. Bringing about an awareness of every individual's multiple sides, and different contexts and lives, becomes helpful in handling the situation better.

Closing Team Activity

MOVEMENT

Learning Objective: To relax and unwind as part of self-care using melody (arts-based activity) and learn to share this activity with persons seeking support.

Format: Group activity

Materials needed: speakers

Duration: 10 minutes

Process:

Play a song/melody of your choice and instruct the group to dance/or move to the melody. Encourage them to get completely immersed (eyes closed) in the music and to let go. The idea is for them to relax and unwind.

4) Further reading: https://www.mindtools.com/pages/article/newTMC_05_1.htm

SESSION 4
Time: 12:00 - 12:50 pm

ACTIVE LISTENING SKILLS

Learning Objective: To learn about active listening skills and apply through practice.

The sessions below present some basic listening skills[5] that the First Responder could use in various contexts. Many of these skills are elements of counselling techniques and play key roles in promoting mental (and physical) health. Mental health distress can add to a person's burden and come in the way of seeking support and making changes in behaviour and lifestyles. The duration of the call/ meeting with the FR depends on the type of the issue faced by the person seeking support. The FR usually adapts to the situation. The FR is often the first point of contact for the LGBTQIA+ member (based on reports, previous research and key interviews). After which further referrals are made (as the case may be) to the dedicated counselling services set up/shared by the organisation.

The human connection between the FR and the person seeking support who is from the LGBTQIA+ community, and, in turn, their connection to the formal mental health services, has many formats and modes (face to face, telehelp or video calls including group sessions). Where tele helpline is used, the FR needs to pay attention to the voice and tone, etc. The FR is an important point of contact for the members - from early interventions, for crisis and follow-up to address recurring mental distress.

People Who Listen (qualities of a good listener)

You may have come across some people who closely pay attention and listen to what you say. Perhaps, sometime in the past, you may have felt comfortable talking to someone when you wanted to vent, or share something special or needed to be heard. We may have come across persons in our lives who enshrine certain qualities that make us feel that they heard us.

Carl Rogers (1957) first presented the technique of Empathetic Understanding, which he described as a method to effectively express interest in the inner world and feelings of the person seeking support.

Here are its salient features:

- Unconditional positive regard (non-judgmental acceptance, respect, warmth and caring, rather than controlling)

5) Source: Counselling skills Training (Phillip Burnard, 1995)

- Congruence and warmth (or genuineness and caring attitude via verbal and bodily messages)
- Being non-judgmental (setting aside our personal values and opinions)
- Empathetic understanding of the person seeking support's inner world and feelings of the person from their point of view by consistently observing and checking with them.

The FR can always develop or improve these qualities to become a better listener.

Activity 1

Learning Objective: Identify the qualities of an effective listener.
Format: Working in pairs
Materials needed: none
Duration: 15 minutes

Process:
In pairs, discuss people you have come across in your life who are good listeners. They could be a family member or friend, a teacher or colleague, a neighbour, etc. Discuss any one person in more detail.
For example, what about the person's qualities made you feel heard? How do you know that you were listened to? How did you feel when you shared with the person?

CLOSURE
Like these people we have come across in our lives, how can the FR with qualities of an effective listener help the person seeking support? List points on a board. Debrief.

GRAFFITI
What are some qualities you would want in an FR who is about to help you?
Use the wall!

PARTICIPANT HANDOUT (in appendix)
Active Listening

To Be Screened: Video on Active Listening & Problem Solving Skills.

The following video displays a scenario between an FR and a person seeking support, wherein active listening and problem solving skills are being used by the FR.
Tamil version: https://youtu.be/dDXUNC5ikSY
Kannada version: https://youtu.be/QnJKXLCnmDQ

a. SUPPORTIVE LISTENING BEHAVIOURS

Activity 2

Learning Objective: Understanding how our body language plays a role in conveying that we're listening to the other person.

Format: Working in pairs
Materials needed: none
Duration: 15 mins

The acronym '**SOLER**' can be used to remember behaviours that demonstrate that you are listening. Check your behaviour to monitor and become aware of when you are listening (given below). The reverse of SOLER is unsupportive listening.

Sitting squarely (feet on the ground)

Open position

Leaning forward slightly

Eye contact that is comfortable

Relaxed posture

ROLE PLAY

Sit in pairs facing each other. One is a listener, and the other is a talker. Observe SOLER as you talk about topics like music, holidays, interests outside work. Switch roles after 5 minutes and continue.

CLOSURE

Discuss with the participants about what supportive listening looked like in the role plays, how it is effective, and what strategies they use (in addition to SOLER) to be an active listener.

KEY MESSAGES

SOLER is the baseline for active listening behaviour. Some behaviours are unhelpful and can prove to be distractions during listening. Head nodding, appropriate proximity or distance, and silence are useful skills. You can monitor your style and keep improving your active listening skills through field practice.

Additional reading material

1. SOLER

https://www.youtube.com/watch?v=9SI529vYRSI

2. Active listening *https://www.mcgill.ca/engage/files/engage/active_listening_and_effective_questioning.pdf*

b. UNSUPPORTIVE LISTENING BEHAVIOURS & DISTRACTION

Learning objective: Understanding how body language can come in the way of effective listening.

The reverse of SOLER indicates poor listening skills. Distractions by the FR can be in the form of interactions with the immediate environment (looking at mobile, watch, others, cleaning teeth, blowing nose, yawning etc.) and internal distractions too (e.g., embarrassed feelings about content shared, ideas, and thoughts).

This aspect can be worked upon, as not everyone might be comfortable with everything that is shared. **Discuss what one can do in a situation like this.**

CLOSURE

Ask about the qualities and skills an FR needs to develop to become a more effective listener. FRs and facilitators need to be empathetic to each other so that each community member feels acknowledged when they share their experiences or stories.

To Be Screened: Video on Supportive and Unsupportive Listening Behaviours.

The following video displays two scenarios between an FR and a person seeking support, wherein supportive and unsupportive listening behaviours are shown by the FR.

Tamil version: https://youtu.be/1VdunPFDVxs

Kannada version: https://youtu.be/c0mzcVU5jeE

c. PROXIMITY & HEAD NODDING

One should be aware of proximity and personal space during listening. Another cue is head nodding during listening, to indicate that we are listening and paying attention and being present in the moment.

Activity 3

Learning objective: Creating space and understanding non-verbal ways of active listening.

Materials needed: none
Duration: 15 minutes

ROLE PLAY (Proximity)
Hold a conversation about your hobbies with your friend for about 2 minutes. Keep observing supportive listening and SOLER. Now let's work on proximity.

- Sit very close with knees almost touching
- Sit 5 feet away from each other
- Sit side by side
- Sit at a comfortable distance facing each other

CLOSURE
In the first round each one says what they liked least about the activity. In the second round they say what they liked the most. Summarise.

HEAD NODDING (Encouragement)

This practice is useful for us to observe how much we nod our head automatically (a lot or hardly so) and how we can find the right amount of nodding to indicate that we are listening. Sounds like 'uh', 'hmm', or words like 'go on' are ways of showing that we are listening.

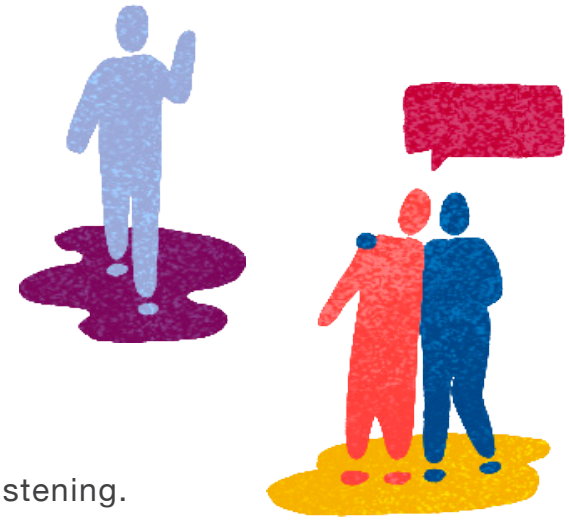
Duration: 10 minutes

ROLE PLAY
Hold a dialogue about your interests outside of work, observe SOLER with appropriate proximity with your friend. Let's try nodding our heads while we listen (2 minutes each).

1. Exaggerated head nodding while listening (continuous)
2. None at all (stay still)
3. Try other ways of encouraging the person to continue speaking (uh, go on..etc)

CLOSURE

In the first round each one says what they liked least about the activity. In the second round they say what they liked the most. Summarise.



Activity 4

d. SILENCE & FACIAL EXPRESSIONS

Learning objective: Skills that matter in active listening.

Let us explore the degree to which we use silence as a skill when we are listening to someone. We may tend to be sentence finishers for others. Or we may find it difficult to understand the benefits of silence during listening. Maintain a calm and composed expression during the process.

Format: Role play, group discussion
Materials needed: Flipchart, markers
Duration: 10 minutes

ROLE PLAY

Sit in pairs facing each other and follow the instructions below for 2 minutes.

- Maintain comfortable eye contact and silence
- No eye contact (look away)
- Change facial expressions (exaggerate blinking or hold your head on one side, etc.)

CLOSURE

Discuss what felt comfortable about the silence. What felt uncomfortable? (e.g., specific behaviours) Talk about the point when we felt compelled to look away from our friend and about facial expressions.

GRAFFITTI (do's and don'ts when listening)

'What are the do's and don'ts of active listening that the FR should remember when helping the community members?'

List points on the chart paper or flipchart.

Activity 5

e. QUESTIONING & PARAPHRASING

Learning objective: Questioning and paraphrasing are skills in effective listening.

Questions help us begin the session, open the conversation, and help the person talk. However, asking too many questions, termed 'grilling', may make the other person feel angry, annoyed, intruded upon and/or not want to talk to you further. Maintaining a balance of open and closed questions requires mindfulness.

See examples given below.

Open questions help the person talk — in this scenario, responder will not have a one-word answer unless they are naturally reticent or unwilling):

- What brought you to the Centre?
- How has it been at the workplace/ home/ neighbourhood?
- Discuss more questions with participants

Closed questions help clarify (a simple yes or no):

- Is the blood test done?
- Were you drinking last night?
- Discuss more questions with participants

Demonstration: Ask someone to talk and then ask open-ended questions for a few minutes (no suggestions or statements). Only questions.

Paraphrasing or mirroring – repeating the essence of what the person says and checking in (if one has understood correctly).

For example: You described how anxious and sleepless you get when you think of "coming out". Have I understood this correctly?

The participants discuss a few scenarios with each other using paraphrasing and mirroring skills. A demonstration of this skill by the facilitator is also helpful.

f. EMPATHY & REFLECTION OF FEELINGS

The aim of listening is to convey to the person seeking support that you understand their perspective as much as possible through reflection of the feelings (being an active listening skill). We already discussed in the previous sessions about some people's qualities that make them a good listener. A person may talk about a situation but not express how their feelings are about the situation.

You may often observe some feelings or expressions or body language underneath what is being said (what goes unsaid). For example, facial expressions (often unacknowledged) or body language (can express sadness, worry, or confidence, etc). While the FR understands the situation that the person is going through, some empathetic prompts with feeling words (from the FR) will help convey concern. This is termed as 'reflection of feelings'. You can check with the person if you have understood them correctly, as we may not be right or have not correctly understood (a 'check in' like 'is that so?' or 'have I got this right?').

Activity 6

Learning objective: Conveying empathy.
Materials needed: none

Process:
Conduct a demonstration of the person seeking support sharing a story but displaying different emotions that are not in sync with their narrative: emotions like fear or annoyance, worry, etc (through facial, body language). Can the FR pick up these emotions through observation (non-verbal) and respond in a way that is supportive using listening skills?

Some examples of how we can reflect feelings via statements are given below:

- It sounds as though the situation made you very ..... angry/ upset/ scared/ tense/ sad etc. (based on what you can observe). Have I understood this right?
- You seem uncertain about 'coming out' ...
- You seem to be more cheerful now that you have got the job.....
- You seem nervous when you describe the scene at the police station...
- Invite the group to add more examples.

g. REFLECTION OF CONTENT (of what is shared)

A few last words stated by the person seeking support are shared back by the FR to help them to say more. Take the following example:

Person Seeking Support: I lived in Mysore for two years and liked the climate, but I had difficulty finding a flat and settling down.

FR: You faced some difficulties. What were they?

Person Seeking Support: Yes, it was a new place for me. My partner was from Mysore, and she has many friends, but it was new for me.

KEY MESSAGES

Reflecting feelings helps the person feel understood. It ensures that you as an FR understand the emotional state of the person verbally and confirms what they may see through non-verbal cues. Repeating select words said by the person helps them share more thoughts and feelings.

GRAFFITTI

Situations that make it difficult to empathise:

We may not always be able to empathise with what the people who come to us seeking support tell us – about a situation or life story.

For example, a person could say he hears 'voices'; someone wants to have an abortion; someone beats up their children daily; or is having many extramarital relationships which are a secret.

Write/think more about similar situations that make it hard for you to empathise. It can be that you recognise that you are finding it difficult to empathise — you can then refer the person to another FR or a counsellor. Referring them to another FR is helpful for both you and the person who has reached out.

h. GIVING INFORMATION & ADVICE

Learning objective: Giving information: (how much is adequate?)

There are times when it is necessary to give a person seeking support clear information. For example, when the person wants to know about other helping agencies or specialists, applying for a job, addiction to tobacco, and so on. Sometimes, the person seeking support may ask you for your opinion or advice on what you would do about a certain issue. It is helpful to clearly state the boundaries. You can also choose for some safe self-disclosure if it might help (without harming the person).

The FR can check with their peers and in some cases, make referrals. Excessive information given by the FR can become advice-giving which might not support

the person seeking support in making a decision of their own. An effective FR will be clear about the information that is asked, offer responses tentatively and one piece at a time. Over talking, an attitude of I-know-it-all or a sense of superiority can put them off.

BRAINSTORM

What are the pros and cons of giving too much advice?

i. STAGES OF HELPING A PERSON

From the time the person meets you for the first time to the time of terminating the session, there are some clear stages in the process of active listening (see image below). Initiate discussion and summarise.

Discuss the 5 stages and goal setting in the session.

1. RAPPORT TO INITIATE SESSION: e.g. saying 'hello' and 'what brings you here'; 'would you like a glass of water?' introduce yourself and the purpose of the session). The idea is to break the ice and make the person comfortable.
2. UNDERSTANDING THE PROBLEM VIA GATHERING DATA: drawing out stories, concerns, issues, drawing out strengths and resources....what's available for problem resolution
3. GOAL SETTING: '...you have said that these are the concerns...Let's select what we shall discuss in the session today? What do you want to happen? Or change?' Help with new ways of thinking, direction, action, behaviour change.
4. WORKING STAGE: discuss alternatives that work for the person seeking support (rather than advising or prescribing), re-storying ...('what are we going to do about it?') Discuss new goals, new actions, challenges and new skills, creative problem solving....continue.
5. TERMINATION: discuss their change in thought, behaviour, feelings at the end of the session; discuss a plan to meet again in the future.

KEY MESSAGES
Elements of active listening include both verbal and nonverbal skills. Qualities of a good listener include personal warmth, being non-judgmental, open, thoughtfulness, optimism, cheerful disposition, avoiding moralism, spontaneity and sense of humour. People can be trained to develop these qualities, since they are central to the listening process. Often, the FR may be tempted to suggest what usually worked in the past for them. Remember, that every situation and person is different and the same strategies may not be effective. Keep the person seeking support at the centre while alternatives are discussed.

Additional reading material:
1. What is active listening?
https://www.bhf.org.uk/informationsupport/heart-matters-magazine/wellbeing/how-to-talk-about-health-problems/active-listening.

2. Do's and Don'ts in listening
Some pointers: https://ericjacobsononmanagement.blogspot.com/2012/04/effective-listening-dos-and-donts.html

These can be used as pointers to explain the chart below.

SESSION 5
Time: 1:30 - 2:00 pm

ACTIVE LISTENING (CONTD.)

Learning Objective: Become familiar with approaches in mental health services using peer mentors.

Format: Videos, and group discussions.
Materials needed: projector, speakers
Duration: 30 minutes

Video-based Activity
1. Here is 1 video from an initiative in Zimbabwe, Africa, called “The Friendship Bench”. The link is below. Screen this video: https://www.youtube.com/watch?v=Th77mCuL5GY
2. Discuss their opinions and takeaways from the clip.
3. Some of the broad leading questions could be:
    a. What are some things that stood out to you in the video?
    b. What do you think about having professionals vs. peers in a developing country like ours?
        Would some of what they say be useful in future work as an FR? Imagine spaces like this and can we create more of this? (Also, have I created this?) How would the friendship bench look like with our community?

Summarise takeaways.

Additional reading material
The state of mental health care in developing countries: https://www.youtube.com/watch?v=4Gys5TI68FE

SESSION 6
Time: 2:00 - 2:50 pm

STRESS & COMMON MENTAL HEALTH CONDITIONS

Learning Objective: To understand stress and common mental health conditions among the LGBTQIA+ community.

Stress is a term that is often used in today's world. Some also use the word 'tension' to describe a state that brings about mental distress leading to anxiety and depression. All of us, at some point or the other, have experienced stress in our lifetime. A certain amount of stress is important for motivation and productive work. In this training module, our focus is on unhealthy stress[6].

Healthy Stress: Stress can be positive and motivate a person to do better and accomplish the goal they have set. Some examples are, a sportsperson who is preparing for a running race, a student facing a final examination or being excited about 'coming out' with family and friend's support.

Unhealthy stress or distress: Too much work or lack of support at home or at work can lead to unhealthy stress from having little control over life. Too little stress leading to boredom, monotonous work and routine work can also add to it. Stress can affect our body and mind and lead to health problems like backache, peptic ulcer, headache, skin problems and low immunity. People with continuous and diagnosable psychological problems may be under greater stress. The same situation that started off as healthy stress can become unhealthy. For example, if a student is so anxious during the exams that they become totally blank. When one family member must cope with many ill persons at home, it results in unhealthy stress. For many people, stress is produced by social conditions and they feel isolated or not accepted (for their gender or choices that are made).

Origins: Stress can originate from the home, social environment, a person's workplace or from the community.
Family: Frequent quarrels with the partner, poor support from family for/due to the choices we make.
Work: Lack of work and poor opportunities. Stress at the workplace can lead to tension and unhappiness
and reduce a person's productivity.
Community: Difficult living conditions, living alone, migration to different places for jobs, poor support
from family or friends can cause stress.

6) Source: NIMHANS. TRAINING MANUALS FOR HEALTH CARE PROVIDERS IN ADDRESSING BEHAVIORAL/ PSYCHOLOGICAL RISK FACTORS FOR NON-COMMUNICABLE DISEASES IN PRIMARY CARE.

Social environment: Disability and unemployment; mounting debts, the pandemic and loss of jobs and pay cuts, chronic illnesses and injury are examples.
Each one's ability to withstand pressure, coping styles and way of relating to stress is different. Cultural factors also contribute, and many people do not talk about their stress, thinking it is a sign of personal weakness to talk about it.

Brainstorming

Format: Plenary and discussions
Materials needed: stress and symptoms handouts

Process:
Generate discussion on the reasons for stress and how it manifests in the LGBTQIA+ community **(health and mental distress)[7].** Ask how FRs trained in active listening skills can help?

PARTICIPANT HANDOUTS (in appendix)
Stress and Symptoms

To Be Screened: Video on Signs of Stress and Coping.

The following video shows three scenarios between an FR and a person seeking support, where the person seeking support is displaying signs of stress, and talking about the ways they are coping with it. The video is for FRs to learn about how stress manifests in various ways, and how people take up (often unhealthy) habits to cope with it.

Tamil version: https://youtu.be/RmgKgsiicNQ
Kannada version: https://youtu.be/VmOJUp8oBXk

KEY MESSAGES
Stress is a natural phenomenon. However, too much or constant stress is harmful in the long run. Everyone reacts and deals with stress differently. Adopting healthy lifestyles can help in coping with stress. These can also mitigate the chances of having lifestyle-related diseases and common mental health problems that may affect us in the long run.

7) Further information: SF manual prepared by BALM titled Evaluation of Mental health program for the LGBTQIA+ Community (2021) on the common mental health conditions prevalent in the LGBTQIA+ community.

COMMON MENTAL HEALTH CONDITIONS

A person experiencing unhealthy stress can be at risk of developing common mental health problems like depression and anxiety. Very often, the person may complain of bodily symptoms and tiredness (for which there is no obvious physical cause, when medical tests come out normal). FRs should remember that symptoms of stress and mental health problems are often hidden due to shame and stigma. For example, people may not readily talk about their use of cannabis, alcohol, and tobacco (for fear or shame) or about separation from a loved one or about indebtedness. The FR can probe into details of stress and lifestyle including relationships without making the person feel offended or hurt.

You may say: "It is common for some to use alcohol, tobacco, etc., to cope when there is tension and in some cases there is abuse of our loved ones — this is understandable. These can develop into serious issues in the long run. We can discuss these situations, if it is so in your life ..."

DEPRESSION[8]

A person with depression may be experiencing some life changing situations such as the loss of a loved one, financial hardships, partner violence, continuous taunts from the family and so on. The FRs should note that a person may feel sad due to normal reasons too (like missing friends or family back home). A person with depression may experience some signs given below:

- Low mood /fluctuations of mood (day and night); crying spells
- Loss of interest or pleasure in life
- Tiredness, change in weight
- Disturbed sleep and appetite
- Poor concentration on tasks
- Feelings of guilt and worthlessness (suicidal ideas, past attempts)

Note: In severe depression, suicidal thoughts or acts can occur.

There can be some physical problems like back pain, headache, chest pain, change in weight (loss or gain), constipation, or anxiety symptoms may be present. Referral to a physician to rule out health issues including consideration of medication is necessary.

The above symptoms for depression should be present for a month or more and every symptom should be present for most of everyday — at least one of the above symptoms for most days (most of the time) for at least two weeks.

8) Source: Tele-helpers guide, BALM, Unpublished

ANXIETY

Feeling worried, fearful, and uncertain is natural (like when we imagine the future or don't have a job, or in cases of uncertainty of acceptance by society). The FR should check for signs related to a person developing an anxiety disorder, considered a common mental health condition.

Mixed symptoms of anxiety and depression may also be present.

<table>
<tr>
<td rowspan="2">A PERSON WITH ANXIETY MAY EXPERIENCE:
• Rapid heart beats
• Sweating
• Dry mouth
• Shaking
• Difficulty in breathing
• Feelings of choking
• Chest pain
• Uneasy feeling in stomach
• Feeling dizzy
• Sense of losing control
• Numbness
• Hot flashes or cold chills
• Aches and pains
• Restlessness
• Irritability
• Worrying
• Inability to relax and sleep</td>
<td>Symptoms should be present for a period of at least one month with prominent tension, worry and feelings of apprehension about everyday events and problems; at least four symptoms must be present.</td>
</tr>
<tr>
<td>Mixed symptoms of depression and anxiety can often be present.</td>
</tr>
</table>

MANAGEMENT OF DEPRESSION AND ANXIETY

Below are strategies to help a person experiencing depression and anxiety. Referring them to the in house counsellor / psychologist is an important consideration keeping in mind medication if required (discuss with the person seeking support and your supervisor before referral).

DEPRESSION - WHAT TO DO:

- Educate about mental health symptoms
- Provide information about healthy lifestyle habits
- Mobilise social support
- Enhance positive coping and problem-solving methods
- Encourage proper diet and regular exercise
- Initiation of medication

ANXIETY - WHAT TO DO:

- Educate about mental health symptoms
- Teach relaxation techniques
- Mobilise support from family and friends
- Encourage healthy coping skills, problem-solving abilities
- Suggest lifestyle changes in habits, exercise, and drug use behaviour

Mindfulness-based activities are helpful as part of daily practice to deal with stress (given below).

Demonstrate the activities below over the two workshop days with participants so they may use it in their daily lives and also suggest it to those who come to them seeking support.

Format: demonstration
Materials needed: none
Duration: 15 minutes
'Countdown to peace':

Sit comfortably, with both feet on the ground, and name:
5 things you can see (2 breaths)
4 things you can feel
3 things you can hear
2 things you can smell
1 thing that you can taste
Add 2 deep breaths in between.

BODY SCAN

a. Rest/ sit comfortably.
b. Allow a few minutes of deep breathing, with eyes closed.
c. Focus on one part of the body or group of muscles at a time; mentally release any physical tension felt there.
d. Visualise from your feet, scan upwards (e.g. feet, heels, ankles, calves, knees, thighs, hips, stomach, waist, chest, shoulder, neck, arms, fingers, wrists, elbows, whole arm, throat, face, head and so on.)
e. Enjoy the peace, feel the calm.
Open your eyes after 5 minutes or when you are ready to do so.

CLOSURE

The participants share how they felt during the activity and say how these may be used at the end of the day or during a break (especially when stressed).

RISK FOR SUICIDE:	WARNING SIGNS FOR SUICIDE:
• Mental illness, depression, alcohol or drug use problems and chronic somatic distress • Hopelessness, social isolation • Repeated self-medication • Difficulty in carrying out usual work • Severe psychosocial problems	• Suicidal threats, direct or indirect statements • Suicide notes and plans prior suicidal behaviour • Making final arrangements (e.g.: writing a will, • give away possessions) • Changes in behaviour, appearance, thoughts and/or feelings • Living alone • Elderly age group

WHAT TO DO?

- Listen to the person seeking support and be empathetic
- Assess the level of risk and intent
- Assess the availability of immediate support (family, friends, etc) to ensure the individual's safety. Connect with them, with the individual's consent
- Contact case manager/ team lead immediately
- Maintain regular contact and follow-up
- Organise clinical evaluation as soon as possible

Activity

Read the following case study with the group.

Case study

Rima is feeling low and doesn't have motivation. She recently lost her job due to taking constant leave at work. She stays at her boyfriend's home and says her boyfriend is cheating on her and doesn't care for her anymore. She meets the FR and shares about how the situation is hopeless, she hasn't felt like eating for the past one month, and that she has lost weight. She drinks a quarter of alcohol at night but is still unable to sleep. She says that she has 'stopped feeling in charge of her life' and has taken medical leave saying she is tired. She starts weeping while sharing and shows signs of being anxious as well.

1. Ask the group how they will apply active listening skills to help Rima.
2. Discuss: Depression may often lead to the person thinking about suicide. Hence, it is important to be observant and look out for signs for depression and suicidal ideation. In the case of depression, the FR has to make referrals to a specialist with the consent of the person seeking support.
3. Summarise.

CRISIS INTERVENTION

Crises come in various forms – domestic and interpersonal violence, family and partner conflict, conflict with law, workplace stressors, financial and economic stress are some examples.

Suicide

The FR needs to be alert to risk factors, and basic signs for suicide termed as a 'red flag'; they need to be familiar with suicide interventions. Urgent supervision from your team is recommended including referrals (see text box below).

KEY MESSAGES

It is normal to feel anxious and sad at times. However, persistent anxiety and sadness that affects daily living needs attention. Do not assume that the sadness will go away. Many are at risk for suicide and show signs. Make appropriate referrals.

Closing Activity

Duration: 15 minutes
Format: Group activity
Materials needed: speakers (option 1); speakers, pens, papers (option 2)

MELODY AND RELAXATION (Option 1)

1. Play the instrumental version of a popular song about strength/positivity/self.
2. Get everyone singing the song. After a while, ask what they like about the song.
3. Summarise and say how singing more often as part of daily routine can enhance mental wellness and foster relaxation.

DOODLING (Option 2)

1. Play inspirational/positive instrumental music in the background.
2. Give paper and pen to each of the participants.
3. Ask them to draw or write whatever comes to their mind while listening to the music. They can make a bird if they feel free, a sunrise/sunset, their home, or just musical notes.
4. Encourage them to write or draw in any and every way possible.
5. Ask them to stick the drawings/writing on a wall.
6. Interpret the broad meanings and common motifs that are visible across the drawings/writings.

Additional reading material

1. Suicide prevention: https://mhi.org.in/media/insight_files/MHI-Suicide_Prevention-Changing_the_Narrative-Sep2021_1.pdf
2. Mental health disorders in the LGBTQIA+ community: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/

SESSION 7
Time: 3:00 - 3:50 pm

LIFE SKILLS (PART 1)
HEALTHY COPING

Learning Objective: Understand healthy coping mechanisms (that address stress).

Format: Plenary and group discussions; case studies
Materials needed: none
Duration: 50 minutes

What are "life skills"?[9]
WHO defines life skills as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life".
1. Discuss about life skills with the group (use slides).
2. Let the group know that there are healthy and not so healthy ways to deal with stress and that they can lead to common mental health problems.

How do we help ourselves cope better with stress?
Recognising the sources of stress in our lives, recognising how this affects us, and acting in ways that help to manage our levels of stress.

Brainstorm (use flip chart and write responses):

ASK

- When do you feel stressed? Give examples, explore (health and wellness/ pandemic phase).
- How did you feel? What were your emotions?

HELP

Discuss healthy and unhealthy ways of dealing with stress; how it impacts our health in the long run; impacts our family/partner/work/ health and community at large (interlinks).

NEW WAYS

- What are some ways that I can deal and cope with the situation?
- How do you feel when you discuss these new tools? (use feeling words)

TRY OUT

- What can you try out this week?
- What could come in the way or create a block?
- How can we deal with these hurdles? Explore solutions.

Summarise and give feedback on the action plan; Set homework and follow-up dates.

9) Source: WHO, 2020. Life skills education school handbook: Prevention of noncommunicable diseases

Activity

Case study

Jithin has been stressed and anxious due to various reasons. Specifically, he is being abused verbally by his partner and is struggling to perform at his new workplace. He is stressed, he says, and a bit anxious ('I don't want to lose this job,' he says).

He keeps blaming himself for the problems between him and his partner.

- Discuss how you can gather more information about the situation.
- Conduct group discussion on some strategies to help Jithin cope better.
- Debrief.

PARTICIPANT HANDOUTS (Refer to appendix for handout)

Ways of healthy coping

HOMEWORK (Healthy coping)

1. Ask the group to practise one healthy coping skill (include in the list doodling, melody, mindfulness-based activities, etc.).
2. While practising, ask them to think about the following questions.
    a. What activity/skill do you choose?
    b. How long will you practise this?
    c. How would you feel about practising this skill?
    d. Note the immediate benefits, if any?
    e. Tell them how they can similarly help the person seeking support set a small homework task at the session end.
3. Tell the group to come prepared to discuss it when they return the next day (Day 2).

SESSION 8
Time: 4:00- 4:50 pm

APPLYING ACTIVE LISTENING (practice time!)

Learning Objective: Apply active listening to case studies (on stress and common mental health conditions).

Format: Case studies, role plays and fishbowl, practice sessions, rounds.
Materials needed: (optional) handouts
Duration: 40 minutes

Process:
1. Present the following case study to the group via a PowerPoint slide or handouts. “Let us look at a case from the field (given below). What are the issues? How do I respond as a FR? Apply active listening skills from the previous sessions.” (Help the FR apply stages of helping and listening skills).

Case 1:
Nisha, a lesbian woman, reaches out to you crying. She has just revealed to her family that she has a girlfriend and that she doesn't want to marry the man that the family has chosen for her. She is in love with her girlfriend and wants to be with her. The family has asked her to leave her home or marry a man that they choose. Her brother calls her later (in secret) and asks her to do what she feels will make her happy. She meets you as an FR and says she is scared to go home and shares how she starts sweating when she thinks of her future and feels a heaviness in her chest.

Case 2:
Dheeraj identifies as a Kothi person and wants to dress as a woman. He loves to wear sarees and wishes to do so at work. He says his company has very strict policies on dressing. He approached his boss who told him, ’you have to wear men’s clothing or leave’. He doesn't want to lose his job, as he is saving money and also mentions that his department supervisor is understanding. But says he is helpless. ‘I have tension and am taking painkillers as my back is aching a lot,’ says Dheeraj. He wants your help.

Case 3:
Prem, a trans man, calls you on the telephone at 11 pm saying that he has never ending problems — no job, no money, no acceptance from family. He is drinking excessively and is unable to look for alternative work opportunities. He says his future is hopeless. He has had enough of this undignified life and wants to end it.. He calls the FR for a way out.

10) More information: https://my.clevelandclinic.org/health/treatments/21526-gender-affirmation-confirmation-or-sex-reassignment-surgery

Case 4:
Kamala is a trans woman who is 20 years of age. She is seeking Gender Affirming Surgery (medical procedures that help people transition to their self-identified gender[10]) and wants guidance on where to go and how to go about this. She is having problems at home because of this and having issues with her partner who is abusive towards her. She calls you, and is distressed and crying on the phone saying she feels suicidal.
2. Ask for two volunteers to demonstrate active listening skills- one is an FR and another is a community member (or person seeking support). The participants sit around and observe (taking notes is encouraged). Use any one of the cases above.
3. Debrief and ask the group on the listening skills and stages observed.
What was helpful? Encourage some positive strokes by the FR (person role playing). What can be added to improve the session?

Some questions to probe:
a. How will you approach this person seeking support?
b. What are some of the questions you will ask? Open questions? Closed ones?
c. What position did you observe (SOLER) while listening?
d. How can you make the person feel welcome?
e. What is the goal? Any strengths and resources that you can identify?
f. What other strategies will you adopt to handle the situation?

*Additionally, the participants can provide a brief case study (one that they have encountered, with names changed), and that case can be taken up for discussion as well.
A de-rolling should be done after role play (we dust and rub our body, arms and legs symbolising closure of the case study that was role played)

Closing Day Activity

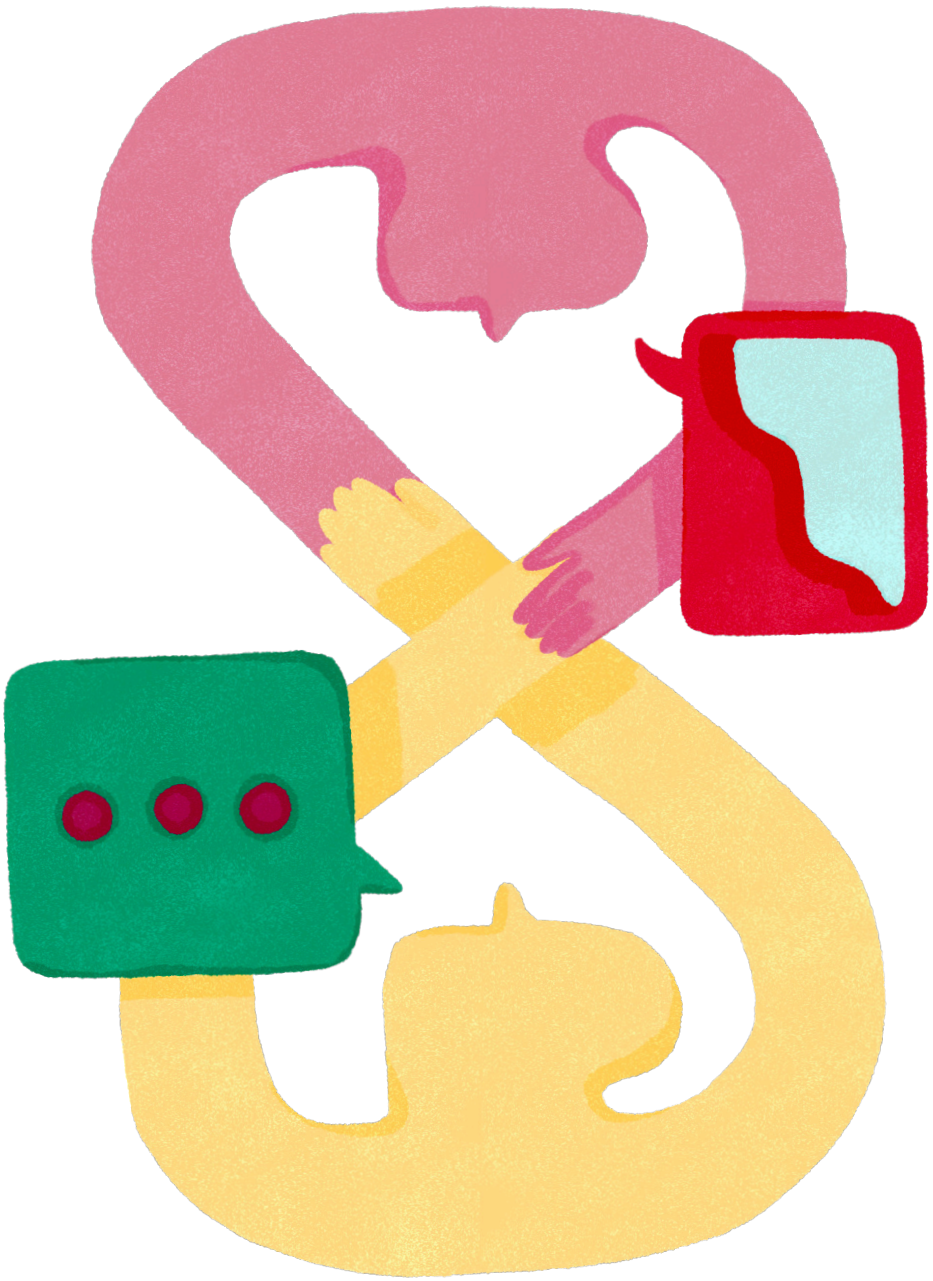
CHECK OUT (A-HA)

Format: Group activity
Materials needed: A small ball
Duration: 10 minutes

Process:
1. Ask participants to form a circle.

2. Ask them to throw the ball to one another. When someone catches the ball, ask them to share one thing with the group that they will take home from the day. It can be an “a-ha moment”, something that they found especially important, a lesson learned, a new understanding, a different perspective, etc.

3. Start with sharing your own impression of the day; then continue by throwing the ball to someone else.



DAY 2

SESSION 9
Time: 9:00 - 9:50 am

Melody & doodling can be a relaxing way to start the day so begin with this activity for 15 minutes before moving on to a recap.

Format: Individual activity
Materials needed: speakers, colour pencils / sketch pens, papers
Duration: 10 minutes

Process:
Play a relaxing tune and distribute colour pencils and papers. Allow participants to draw while listening to the melody for 15 minutes (no chatting). After 15 minutes, the participants can share a phrase or word to describe what they feel, and explain in brief about the doodle. Debrief on how this activity is a way of reducing stress, relaxing and helping us focus.

RECAP
1) Provide a recap by picking a chit (explained below).
2) Discuss homework done (on healthy coping).

MUSICAL CHITS
Write down a few basic topics that were covered yesterday on cards/chits and put them in a bowl (e.g. SOLER, active listening skills etc).
1. Pick the chit/card from the bowl and share a few words related to the topic. Other participants can add on as well.
2. Make sure everyone contributes.

ABOUT NON-COMMUNICABLE DISEASES

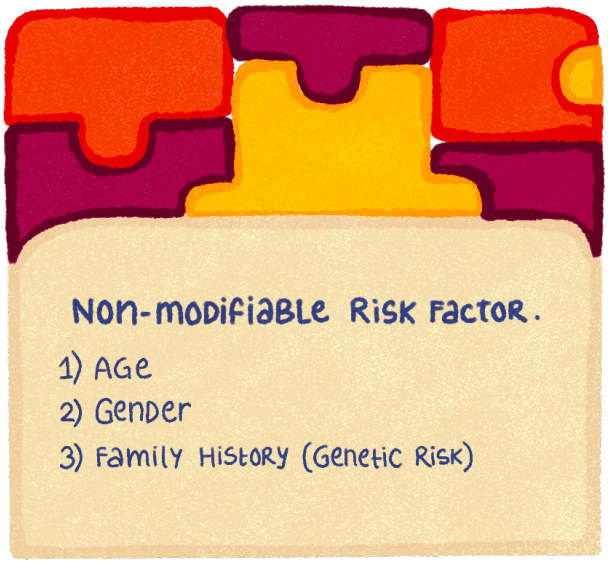
Learning Objective: Discuss non-communicable diseases – risk factors and healthy lifestyles to mitigate disease onset.

Format: group discussions; plenary; case studies.
Duration: 20 minutes

NON-COMMUNICABLE DISEASES (NCDs)

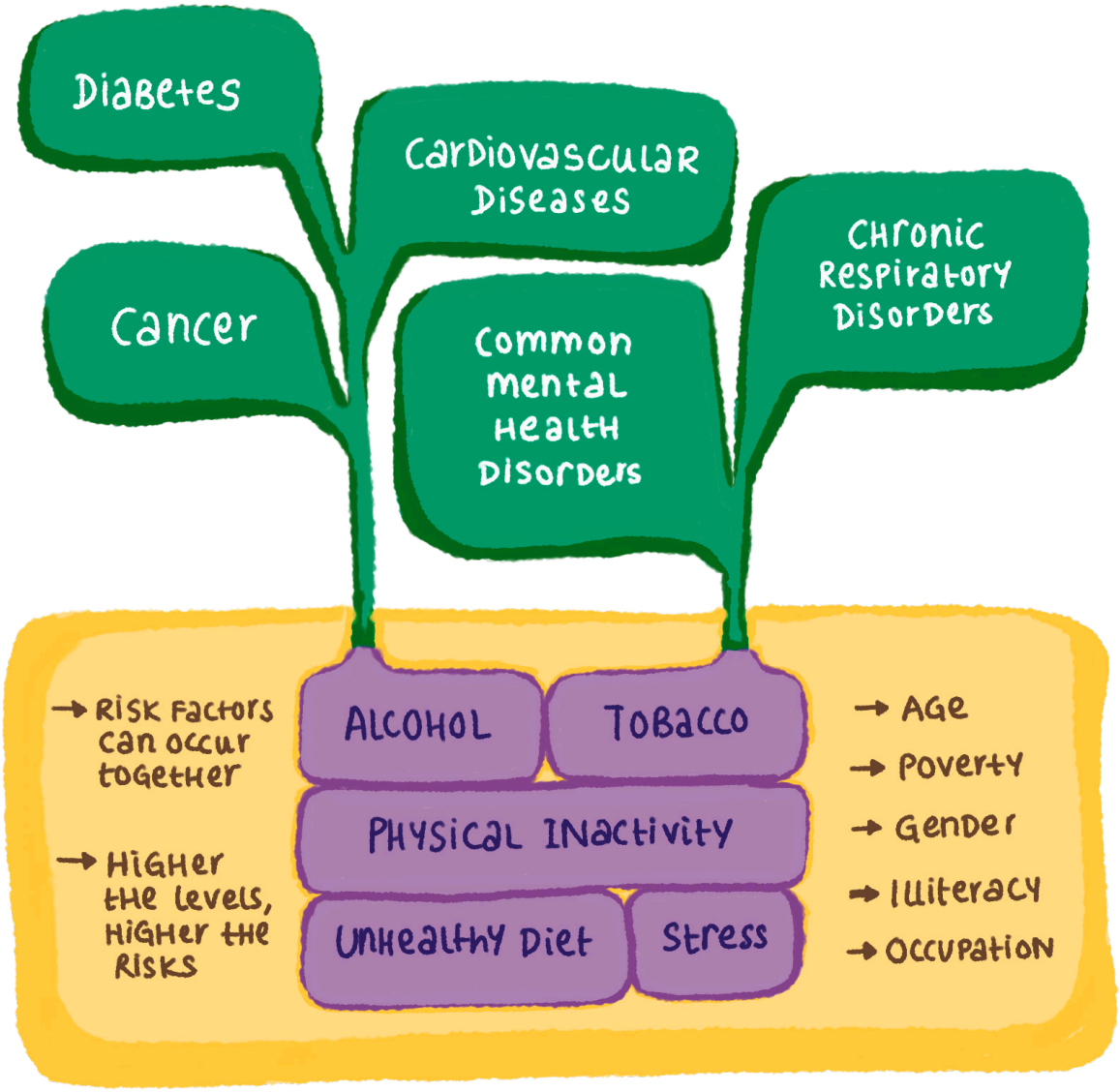
Learning objective: Identifying risk factors and NCDs.

Risk factors which are associated with coping with mental health distress or a crisis may be in the form of increased use of tobacco (beedis, cigarettes, and chewing tobacco or even cannabis use) and alcohol; continuous stress that persists, poor nutrition (diet), and low physical activity. These lead to NCDs that can turn chronic in the long run and are the result of a combination of genetic, physiological, environmental and behavioural factors like life styles.
The FR can discuss modifiable risk factors, motivate persons to change and adopt healthy coping strategies including referrals for motivational counselling and medical checks.



Impact of NCDs

The diagram below explains how risk factors link to developing NCDs.



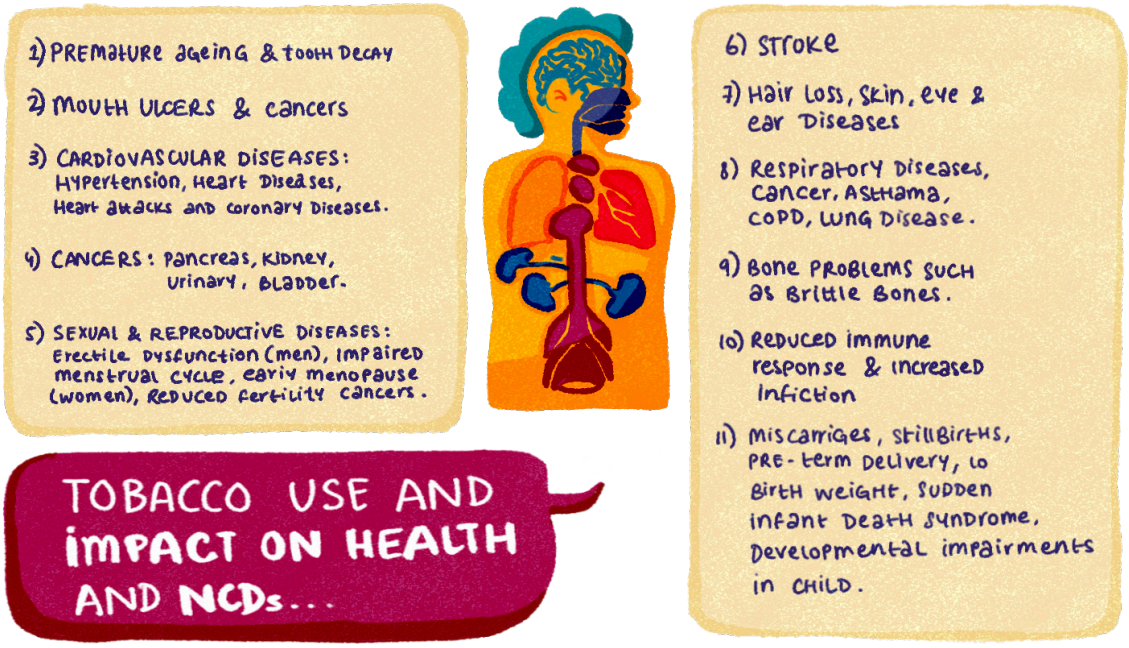
a) Tobacco use as a risk factor

Use of tobacco (and substances like cannabis and nicotine) may rise during a crisis. Second-hand smoke creates a risk to others living in confined spaces with no access to open areas.

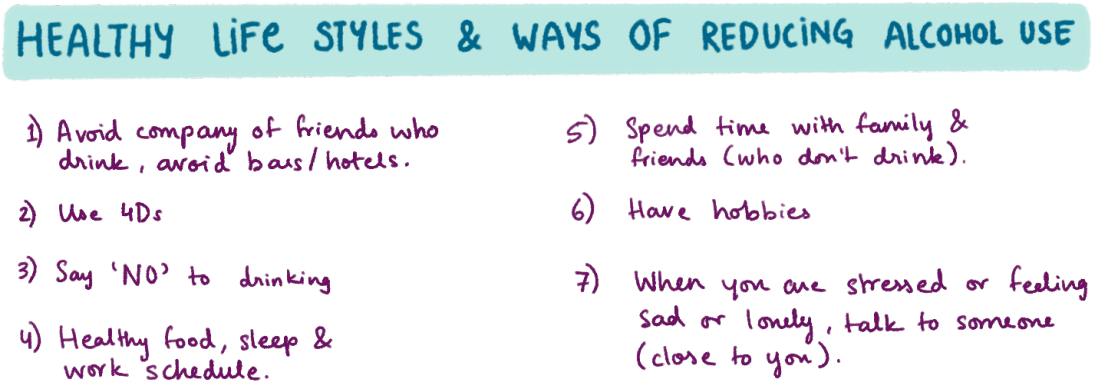
1. Discuss the impact on health and quitting tobacco (salient points are given below in images). The 4 D's are Delay (postpone use), Distract (move away), Drink water (sip water, tea), and Deep breathing (focus on deep breaths) including relaxation when the urge hits. When a person is motivated to change behaviour, the 4D's can be discussed by the FR.

2. Assertiveness (saying 'NO' to peer users).

3. Set follow-up dates to reinforce and acknowledge positive changes made by the person seeking support.



Source: Handbook For Counselors: Reducing Risk Factors For Noncommunicable Diseases



Source: Handbook For Counselors: Reducing Risk Factors For Noncommunicable Diseases

b) Alcohol-use as a risk factor

Use of alcohol as a form of coping during a crisis is common and may increase among regular users (leading to dependence). Co-morbid mental health problems may develop over time (depression, suicidal ideation, etc.). The traffic light is a metaphor to gauge levels of risky alcohol use and act as a guide for the FR to lower the risk to green (see images below). It is also useful in lowering impact on the body, including risks for dependence. Discussion with case manager/ team lead is important for dependence as are referrals, including follow-up.

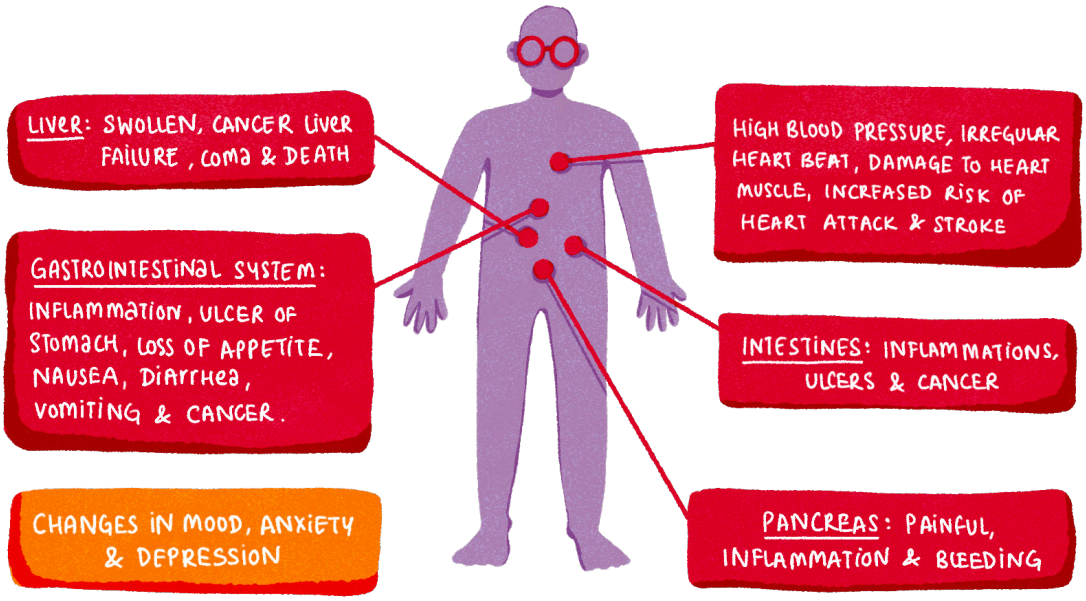
Developing assertiveness for a firm 'NO' is helpful to combat peer pressure (life skill).

Advise: Avoiding persons who drink (risky situations), using 4D's when craving sets in, healthy sleep, daily routines, self-care strategies and healthy coping can be discussed. HALT — Hunger, Anger, Loneliness and Tiredness — are triggers that need to be avoided.

Maintain follow-up with the person seeking support and praise small steps taken to encourage them. Refer to a specialist when the problem continues.

Source: Handbook For Counselors: Reducing Risk Factors For Noncommunicable Diseases

How Alcohol Use Leads To NCDs & Other Diseases[11]



Source: Handbook For Counselors: Reducing Risk Factors For Noncommunicable Diseases

Activity

Case study
Part 1: Neeraj's friend calls you up to ask you to help Neeraj. He is smoking and drinking a quarter or more of alcohol every night. They want to help Neeraj but do not know how. You try to meet Neeraj with a plan to help him.

Group discussion: How will you approach Neeraj? Let's brainstorm ways that are helpful.

Part 2: You finally make contact with Neeraj after trying multiple times (he calls you and meets you in person). Neeraj tells you he has tension and recently lost his partner to drugs (heroin). He finds solace in smoking and drinking to forget the past. He says he is also very stressed at work because the manager is discriminating against him due to his identity.
Group discussion:
a. How will you apply active listening skills? Name some skills that can be used.
b. Talk about NCDs and the risks with Neeraj (Indicate how you would do so).
c. What information will you give regarding healthy coping and stress management? Give examples.

11) Source: https://main.mohfw.gov.in/sites/default/files/Handbook%20for%20Counselors%20-%20Reducing%20Risk%20Factors%20for%20NCDs_1.pdf

KEY MESSAGES

Risk factors often lead to NCD but are modifiable through lifestyle changes. The FR can motivate people to change by giving them information and also refer them to a specialist to bring about a change in those having alcohol dependence and those who struggle due to tobacco use.

Additional reading

1. Handbook For Counsellors: Reducing Risk Factors For Noncommunicable Diseases, linked below: https://main.mohfw.gov.in/sites/default/files/Handbook%20for%20Counselors%20-%20Reducing%20Risk%20Factors%20for%20NCDs_1.pdf

SESSION 10
Time: 10:00 - 10:50 am

LIFE SKILLS (PART 2)
ANGER MANAGEMENT

Learning Objective: To learn techniques of anger management.

Format: Group discussions and role plays; graffiti
Materials needed: Projector, pens / markers (for graffiti)
Duration: 50 minutes

WHAT IS ANGER?[12]

Anger is a natural adaptive response to threats. It allows us to defend ourselves when we are attacked. Therefore, a certain amount of anger is necessary to our survival. Anger can also be a good thing as it can give you a way to express negative feelings, or motivate you to find solutions to problems.
Many people from disadvantaged communities who face everyday social stigma have suppressed anger which is bottled up rather than expressed. This is seen in many forms: passive-aggressive behaviour (getting back at people indirectly without telling them why), making cynical comments, being hostile, or constantly putting others down and criticising. It becomes difficult to cultivate successful relationships when one is suppressing anger. Anger turned inward may cause hypertension, high blood pressure, or depression.

12) Further information: https://www.apa.org/topics/anger#:~:text=Anger%20is%20an%20emotion%2 characterized,excessive%20anger%20can%20cause%20problems

Excessive anger as a pattern can cause health issues and can spillover at home (e.g., verbal and physical abuse of family members) and other social situations (at work, with friends, etc.).

Expressing angry feelings in an assertive and non-aggressive manner is the healthiest way to express anger. Learning how to make clear what your needs are, and how to get them met, without hurting others is a life skill. The FR can help the person seeking support address anger in healthy ways and reduce distress.

BRAINSTORM

Ask the group in what situations is anger manifested?
What are the consequences of anger?
1. Explain suppressed vs. expressed anger.[13]
2. Discuss what anger can lead to:
   - It can trigger risk factors like use of alcohol, psychoactive substances an tobacco as part of coping and pave the way for non-communicable diseases in the long run.
   - Create problems at the workplace, in relationships and family.
   - Personality can change over time.

Activity 1

1. Show the video on anger and anger management: https://www.youtube.com/watch?v=BsVq5R_F6RA
2. Ask the group what they thought after they saw this video.
3. Debrief.

Activity 2
How do you manage anger issues?

ASK:
- What do you do when you are angry? How do you feel? What triggered it?
- How does your anger affect people around you? Give examples.
- How can you let the angry feelings out?
- How have you managed feelings of anger in the past?

13) Further reading: https://www.apa.org/topics/anger/control

ACTION:
- What helps us to deal with anger? What is not helpful?
- State how it can affect our health (mind-body-family-community).

Ways to manage Anger:[14]
1. Practice relaxation and mindfulness-based activities (daily routine).
2. Reframing the situation, or finding a different way of viewing it.
3. Learn problem-solving skills to address some core issues, analyse the underlying triggers and improve communication.
4. Using humour to see a different side to the situation (where possible).
5. Changing your environment for a different perspective (if doable).
6. Referring the person to professional counselling is an option.

Activity 2

GRAFFITI
List ways in which we can express our anger and vent (summarise takeaways).

14) Further information and source: WHO Life skills is simple https://www.apa.org/topics/anger/control

Activity 3

Case study: Mara is a transgender woman who has a lot of anger issues (due to pressure at work).
She finds herself taking it out on her partner especially after a long day at work. She admits to being abusive and yelling and says she feels bad later. She wants to be better in her relationship and not do something she will regret. She says smoking calms her down; but she has a persistent cough of late.
She wants your help.

Format: Role play and group discussion
Materials needed: none

Process:
1. Ask for two volunteers. One will play the FR and the other is Mara.
2. Apply the above strategies to help Mara deal with her anger issues. What are the triggers?
3. Discuss with the group what was done well; what could have been improved? Summarise and close.

KEY MESSAGES
Anger can be addressed by helping the person analyse triggers and improve ways of managing it.

SESSION 11
Time: 11:00 - 11:50 am

LIFE SKILLS (PART 3)
PROBLEM SOLVING PROCESS

Learning Objective: How the FR can use problem solving in a session.

Problem-solving is a life skill[15] that helps us identify ways to manage issues and problems that keep coming up in our daily lives. Some problems are manageable and some recur again and again.
The aim of learning these skills is to apply them. Problem-solving is concerned with the present and the here-and-now rather than delving too much into the past.

Format: Case studies; group discussions; dyads

15) Source: WHO, 2020. Life skills education school handbook: Prevention of noncommunicable diseases.https://apps.who.int/iris/rest/bitstreams/1276896/retrieve

BRAINSTORM

What is problem solving?

Summarise by saying that problem-solving enables us to deal constructively with problems in our lives. If problems remain unresolved, they can cause mental stress including physical strain.

Problem-solving cycle (see diagram below)
Stage 1. Clarification of the problem. Both FR and the person seeking support discuss the problem.
Stage 2. Generation of all possible solutions that can help (brainstorm together, get creative).
Stage 3. The best solution is identified by the person seeking support (what happens when I apply it?)
Stage 4. Practice. They try out the solution and return (to another session).
Stage 5. Evaluation is done by both the person seeking support and FR. If the outcome is not effective, return to Stage 1 & 2 and follow steps.

Activity 1

Applying the problem-solving cycle

BRAINSTORM
A scenario-
I need to find a job again as I am running out of money....
OR
My partner beats me up after drinking and demands sex. He forgets the situation the next day...

Activity 2

Case study: Sameer, a transgender man, has recently joined a new job. He shared about his journey as a trans person with one of his co-workers. The co-worker spreads this information at work and now all his colleagues are avoiding Sameer because of his identity. Sameer is very distressed and wants to leave his job, which he loves. The HR manager is aware of the situation and suggests he sees the counsellor.

Format: Role play
Materials needed: none
Duration: 15 minutes

Process:
1. One person plays Sameer and the other is an FR.
2. Apply the problem-solving cycle along with active listening skills.
3. Close session and summarise.

The person seeking support (Sameer) shares about skills that were observed in the FR as being helpful and what can be improved upon. How did Sameer feel at the end of the session?

KEY MESSAGES
Problem-solving gives the person more control over their life. Teaching problem solving can be metaphorically compared to the premise behind the saying, “give a man a fish and he eats for a day; teach a man to fish and he eats for life”.

SESSION 12
Time: 12:00 - 12:50 pm

MAKING REFERRALS

Learning Objective: Recognise that the person seeking support needs more support than
the FR can offer.

We need to know the limitations of our capacity to help, as an FR. It is ethical to refer the person seeking support to an expert when more expertise is required (such as to a counsellor, psychiatrist, lawyer, medical doctor, etc.). You may continue working with them and discuss with your team about how best to help the person. FRs need to be realistic about their workload and set limits to how much they can do. Remember, that sometimes even our best referrals do not work out for the person seeking support. In such a case we need to manage our own emotions (for example, disappointment or guilt) — one could share with a team member, for instance, and maybe find some alternatives. We may continue to support them by sharing a list of resources for them to explore.

A good referral is one made to a specialist we trust rather than blindly suggesting one. Getting to know and listing our local resources and their willingness to help the LGBTQIA+ community is a start. Early referrals should be made to ensure the person seeking support has adequate support from the beginning. Explain the reason for making a referral to the person seeking support and share phone numbers and addresses and set up an appointment. 'Social prescribing' is a useful process and referrals are an integral part of it (reference below).

Activity

When does an FR refer?

Format: Dyads and group discussions

Discuss in pairs
1. Ask each pair to discuss some situations as examples where a referral is necessary.
2. What are the steps you would take when making a referral?
3. What are the barriers to making referrals?

CLOSURE
Debrief and allow participants to share.

KEY MESSAGES
Refer to agencies that have been vetted (via directory of networks, a key person or an established contact); Explain clearly to the person seeking support about the need to make a referral and give information beforehand; inform the agency, a key person or contact; keep updating your network of resources. Avoid unnecessary and blind referrals.

GRAFFITTI
List immediate referrals available to you via internal resources and then move on to external contacts. The facilitator can help the participants list various types of referrals that serve the community's needs (other NGOs, legal aid, media, health services, counsellors, job placement services, etc.).

Additional Reading Material
Articles on Social Prescription, linked below:
https://www.england.nhs.uk/personalisedcare/social-prescribing/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301369/

SESSION 13
Time: 1:30 - 2:00 pm

ETHICS IN ACTIVE LISTENING PROCESSES

Learning Objective: Learn about ethical listening practices and applying them as an FR.

Some ethical guidelines & key messages
1. FRs will not discriminate based on gender identity and expression, caste, sexual orientation, religious beliefs, disabilities, language, habits, preferences, socio-economic status or other socio-cultural markers/attributes (for example, people who use alcohol can make us uncomfortable and a discussion about it with our peers can improve understanding and empathy).
2. FRs will maintain confidentiality at all times. There can be exceptions when necessary (with a case manager/team lead) to ensure the best care for the person seeking support (with prior recorded/documented permission obtained from the support seeker).
3. FRs will respect the person seeking support's rights of choice if the choices do not harm self or others.

4. FRs will always maintain ethical boundaries and not provide services that create conflict of interest.
5. Self-disclosure will be minimal, keeping in mind that it is about the person seeking support and not the FR.
6. FRs do not make any diagnoses. They can consult the team lead/professional for planning next steps.
7. FRs need to assess their own ability to deal with their stressors and internal conflicts (by seeking peer supervision).
8. FRs do not impose their own beliefs and values on the person seeking support and should not allow these to interfere with their ability to provide the best care.
9. FRs should be aware of not over identifying with the trauma or issue discussed.
10. FRs should not function outside of their role and seek guidance (from a fellow FR or a counsellor) when dealing with any ethical or legal concerns/dilemmas related to the services provided or the issue at hand.
12. FRs should be open to consultation with supervisors to debrief and discuss their feelings.[16]

Format: Plenary and group discussions using a case study.

BRAINSTORM

Case: Ibrahim is in distress. He tells you that his partner is physically violent e.g., beats him up without provocation. You (the FR) know Ibrahim's partner.
- What are the ethical issues here?
- What will you do?

ASK: Can we think of similar cases where we faced an ethical dilemma?

CLOSURE
Debrief and list points on the board.

Additional reading material
Dos and don'ts for someone suffering from mental health problems: https://www.providencecenter.org/news/the-dos-and-donts-of-supporting-someone-with-mental-illness

[16] Source: Tele-helpers guide, BALM, Unpublished

SESSION 14
Time: 2:00 - 2:50 pm

BURNOUT (SIGNS) AND SELF-CARE

Learning Objective: To discuss signs of burnout including the importance of self-care as a First Responder.

The FR needs to be aware of their own self-care and recognise signs related to burnout. Helping the community and the person seeking support can affect the FR leading to compassion fatigue. The identity of being an FR can add to the pressure, and spillover when lending an ear and offering support to another community member who is in distress. This can cause high levels of 'work-related' stress and other combined factors (personal and external) placing individuals at high risk for experiencing burnout.

Burnout at your workplace usually creeps in subtly, over time, impacting workers in a way that they almost don't notice. Signs and symptoms include chronic fatigue, insomnia, physical symptoms like headaches and stomach aches, anger, isolation, irritability, depression, and more.

Format: plenary; group discussions; dyads
Duration: 20 minutes

BURNOUT
1. Discuss burn out under the following topics:[17]
    a. What is burnout?
    b. Signs and symptoms of burnout.
    c. How is burnout different from stress?
    d. Causes of burnout.
    e. How to deal with burnouts?
2. Use PPT slides to share information.
3. Use a flipchart and ask the group to share out the most common burnout signs they face.
4. Debrief.

Signs of burnout
- Mood swings (e.g. feeling sad, sudden anger outbursts)
- Experiencing detachment (from work related duties; a cynical and negative outlook)
- Addictions (increased use of tobacco, alcohol, cannabis etc, over the counter medications including more coffees)

17) Further information: https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm

- Feelings of anxiety and depression (including guilt, being overwhelmed, a sense of shame as others appear to cope well at the workplace and seem fine and “I am alone”)
- Trouble being productive, chasing deadlines, self-doubt leading to tiredness and exhaustion.

COMPASSION FATIGUE

‘Compassion fatigue’ is a term that describes the physical, emotional, and psychological impact of helping others — often through experiences of stress or trauma. Compassion fatigue is often mistaken for burnout, which is a cumulative sense of fatigue or dissatisfaction.

Triggers of compassion fatigue[18]

- Providing mental health services as an FR exposes you to various issues.
- Being physically or verbally threatened when providing care.
- Being confronted with suicide or threats of suicide and providing care to someone who experiences depression.
- Being both a part of the LGBTQIA+ community and an FR.
- Insomnia and poor appetite.
- Physical symptoms that are vague.

A discussion about some of the signs is suggested. What else would they add to the above list?

MY SELF-CARE

Activity

Format: group discussion
Duration: 20 minutes
Materials needed: none

Process:

1. How do I include caring for myself?
2. Ask the group to discuss some of the strategies that they already use to deal with burnouts and compassion fatigue.

18) Source and more details: https://www.webmd.com/mental-health/signs-compassion-fatigue#:~:text=Compassion%20fatigue%20is%20a%20term,sense%20of%20%20fatigue%20%20or%20%20dissatisfaction Source and more details: https://www.webmd.com/mental-health/signs-compassion-fatigue#:~:text=Compassion%20fatigue%20is%20a%20term,sense%20of%20%20fatigue%20%20or%20%20dissatisfaction

3. Examples of some of strategies:

- Protect yourself, take breaks.
- Keep your self-care going too
- Working around the clock can create compassion fatigue and burnout.
- Delegates tasks or ask people who can help
- Take peer support
- Encourage other health care workers to do the same

4. “The “three R” approach: Recognize. Watch for the warning signs of burnout. Reverse. Undo the damage by seeking support and managing stress. Resilience. Build your resilience to stress by taking care of your physical and emotional health”.[19]

To Be Screened:

Video on Burnout & Self-care.
The following video provides a brief look into burnout, its symptoms, and ways of self-care that the FRs can use to take care of themselves.

Tamil version: https://youtu.be/z82P-gI7Z9Q
Kannada version: https://youtu.be/VATsWxzAbis

KEY MESSAGES
Self-care is not a choice but a necessity. When you are fit, you can help others – it can be compared to the airline oxygen mask – wear the mask first before you put it on others.
Self-care need not involve big and expensive strategies – small things can go a long way.
If you feel overwhelmed, take a break. There is nothing wrong in saying “I can't do this today”. LEARN TO SAY NO when required. FRs can meet up once in 2 weeks to discuss their challenges, learnings, and also do something fun with each other.

19) Source: https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm

SESSION 15
Time: 3:00 - 4:30 pm

ACTIVE LISTENING & INTEGRATING IT ALL (Practice)

ACTIVITY
Learning Objective: Practise the skills learnt through the workshop (active listening and life skills).

Format: Role plays in dyads or group discussions (use case samples given below or bring in cases handled in the past with changed names).

Process:
Discuss each case under the following themes (20 minutes).
a. Assess the situation applying active listening skills.
b. Incorporate some life skills depending on the requirement.
c. Determine if the person needs a referral. Apply.
d. What are some of the follow – up steps? Any homework?

Duration: 90 minutes

CASE SAMPLES

Case 1: Job-related stress
Jobin is a trans man who has just got a job at a call centre. Jobin was happy at first — he had a job; he was doing well and his manager was very supportive. The manager, due to personal reasons, had to leave the company, however the manager is still in touch with Jobin. Now Jobin has a new manager who is phobic to gender and sexual minority groups. He treats Jobin badly in covert ways. Jobin is distressed and contacts the FR.

Case 2: Family issues
Kaila is an asexual person who loves their family but is having trouble because the family expects them to give up all their earnings to support them. The family consists of their brother and elderly parents. The brother lost his job during the COVID-19 pandemic and has an alcohol problem. Due to Kaila's orientation, they are now treated badly, and all their money is being taken from them by the family. They have nowhere to go and come to the NGO.

Case 3: Identity
Vikram is a cis gay man. He hasn't come out to his family yet. The family has started to look for a bride for him. He has come out to his sister, but his sister is helpless. The family insists that unless he gets married his sister cannot. The sister is keen to marry her lover, so she no longer supports him. Vikram is in extreme distress.

Case 4: Partner issues
Rose is a trans woman who has been in multiple toxic relationships and has developed trust issues because of them. She has recently found a new partner who is supportive of her, but she still feels that the partner is cheating on her with her best friend. Although the partner has given her assurances, she still doesn't trust him. The partner has decided to separate from Rose for some time until she experiences some self-growth. Rose cannot take the separation from her partner but also cannot get over her anger and trust issues.

Case 5: Substance abuse
Sammy is an intersex person who is having various problems in life. They are unable to go through the gender affirming medical procedures due to lack of money. They have decided to take to alcohol. The problem has escalated and they are turning violent and are having to be restrained. Sammy's family member calls you up stating that their arm is burnt with cigarette butts. Things are getting worse, they share.

Case 6: Suicidal ideations
Ravi identifies as a kothi person. She has recently lost her job and has no income. Her partner has left her, she is unable to dress the way she wants to. Life is overwhelming her. No matter where she looks there are only problems. She has decided that there is no point in going on. She calls you up at 11 pm.

KEY MESSAGES
The FR is now skilled at using active listening and other elements (making referrals, ethical processes, etc.). Where necessary, life skills are also included in the session.

DOCUMENTATION BY FR

Learning objective: Discussing how to keep basic information about the person seeking support confidential.

Format: in pairs
Materials needed: documentation forms (Refer to appendix for form).

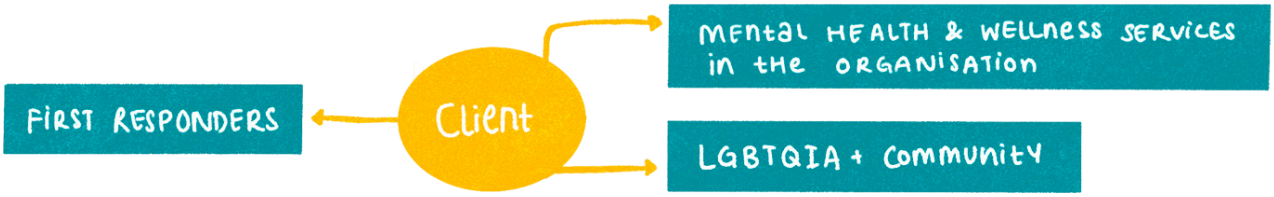
Process:
In dyads, fill in a form.

TEAMWORK & CLOSING REMARKS

Learning Objective: Recognising teamwork

At the end of day 2 the FRs would understand how working as a team plays a role in effective service delivery. The person seeking support from the community meets the FR and they in turn engage using active listening (as the case may be). The person's contact with the organisation and recognising the FR's role as an integral cog in the mental health services is the larger picture (see image below).

Format: Group discussion
How and where do they see themselves in this picture?



Activity

CLOSING REMARKS (Aha moment)

Materials needed: A small ball
Format: Group activity

Process:
1. Ask participants to form a circle.
2. Ask them to throw the ball to one another. When someone catches the ball, ask them to share one thing with the group that they will take home from the day. It can be an "aha moment", something that they found especially important, a lesson learned, a new understanding, a different perspective, etc.
4. Debrief. And thank the group for their participation.

GOOD-BYES (Optional activity)

Materials needed: speakers
Format: Group activity

Process:
1. Play an inspirational tune.
2. Give each participant 30 seconds to sing their goodbyes to each other.

Day 3 (Optional)

Learning objective: About check-ins and follow up.

Let the group know that there will be a trial period for 4-5 weeks, with four hour-long check-in meetings, before there is a follow-up session (Day 3). This day is to gather feedback and offer booster/advanced training if there are any gaps.

Post-evaluation form

Learning Objective: Participants are required to assess their learnings and give feedback about the workshop. All feedback collected will be anonymous in order for participants to share their impressions and suggestions freely with the project team and facilitator.

Materials needed: Post-evaluation forms (see appendix for form), pens

Process:
Distribute the post-evaluation form and collect it when the participants have completed it.

References

1. American Psychological Association. (2022, August 9). *Control anger before it controls you*. https://www.apa.org/topics/anger/control

2. Banyan Academy of Leadership in Mental Health. (2021). *Evaluation of Mental Health Program for the LGBTQIA+ Community*.

3. Burnard, P. (1995). *Counselling Skills Training*.

4. *Gender affirmation surgery: What happens, risks & benefits*. (2021, May 3). Cleveland Clinic. https://my.clevelandclinic.org/health/treatments/21526-gender-affirmation-confirmation-or-sex-reassignment-surgery

5. National Institute of Mental Health and Neuro Sciences, & WHO India. (2017). *Handbook For Counselors: Reducing Risk Factors For Noncommunicable Diseases*.

6. National Institute of Mental Health and Neuro Sciences, Bangalore. (2016). *Reducing Risk Factors For Noncommunicable Diseases (NCDs) In Primary Care: Training Manual For Community Health Workers*. https://main.mohfw.gov.in/sites/default/files/Traning%20Manual%20for%20Community%20Health%20Workers%20on%20Reducing%20Risk%20Factors%20of%20NCDs_1.pdf

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8. Smith, M., Segal, J., & Robinson, L. (2023, February 24). *Burnout Prevention and Treatment*. HelpGuide.org. https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm

9. WebMD. (2022, December 12). *Compassion fatigue: Symptoms to Look For*. https://www.webmd.com/mental-health/signs-compassion-fatigue#:~:text=Compassion%20fatigue%20is%20a%20term,sense%20of%20%20fatigue%20%20or%20%20dissatisfaction

10. World Health Organization. (2020). *Life Skills Education School Handbook: Prevention of Noncommunicable Diseases*. https://www.who.int/publications/i/item/9789240005020

Additional Readings

1. Prejudices | Anne Frank House | Explained
https://www.youtube.com/watch?v=IzEdSdvFLU0&ab_channel=AnneFrankHouse

2. Personal SWOT Analysis
https://www.mindtools.com/aaiakpy/personal-swot-analysis

3. Egan's SOLER model
https://www.youtube.com/watch?v=9SI529vYRSI&ab_channel=ColetteEaton

4. 10 tips for active listening
https://www.bhf.org.uk/informationsupport/heart-matters-magazine/wellbeing/how-to-talk-about-health-problems/active-listening

5. Effective Listening: Do's And Don'ts
https://ericjacobsononmanagement.blogspot.com/2012/04/effective-listening-dos-and-donts.html

6. Friendship Bench - Zimbabwe
https://www.youtube.com/watch?v=4Gys5TI68FE&ab_channel=FriendshipBench

7. Suicide Prevention: Changing the Narrative
https://mhi.org.in/media/insight_files/MHI-Suicide_Prevention-Changing_the_Narrative-Sep2021_1.pdf

8. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/

9. Handbook For Counsellors: Reducing Risk Factors For Noncommunicable Diseases.
https://main.mohfw.gov.in/sites/default/files/Handbook%20for%20Counsellors%20-%20Reducing%20Risk%20Factors%20for%20NCDs_1.pdf

10. Control anger before it controls you
https://www.apa.org/topics/anger/control

11. Social prescribing
https://www.england.nhs.uk/personalisedcare/social-prescribing/

12. Social prescribing: where is the evidence?
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301369/

13. The Dos and Don'ts of Supporting Someone with Mental Illness
https://www.providencecenter.org/news/the-dos-and-donts-of-supporting-someone-with-mental-illness

14. Manual on Mental Healthcare of Transgendered Persons in India
https://www.researchgate.net/publication/353906777_Manual_on_Mental_Healthcare_of_Transgendered_Persons_in_India

APPENDICES

A. Worksheets: 1.Needs Assessment, 2.Pre-evaluation form, 3.SWOT, 4.Active listening skills, 5.Post-training evaluation form, 6.Documentation by FR.

1. NEEDS ASSESSMENT FORM

1. Name:
2. Place:
3. Organisation's name:
4. Designation:

5. Have you participated in any training on mental health before?
   If yes, what were the topics you remember?

6. Have you participated in any training on providing mental health peer support to your community? If yes, what was your experience and learnings?

7. What would you like to learn as a peer supporter from this training?
   (List at least 2 learnings/skills)

2.PRE-TRAINING EVALUATION FORM

Name: **Age:**

1. How long have you been working as an FR?

- ◯ 1-2 years
- ◯ 2-3 years
- ◯ >3 years
- ◯ Not Applicable (NA)

2. What is your position as an FR? If there is one.

- ◯ Volunteer
- ◯ Employed/designated
- ◯ NA

3. How many calls/sessions do you handle in a week (on average)?

- ◯ One
- ◯ 2-3
- ◯ 3-5
- ◯ >5
- ◯ NA

4.Questions related to becoming a skilled FR

1. How do you rate your knowledge on common mental health issues in the LGBTQIA+ community?	
2. How confident do you feel about distinguishing between a crisis (red flag) and a general situation for help?	
3. Do you have strategies/or ways to take care of your own mental health needs (self-care)?	
4.An FR's role is as follows (circle correct answer)	1. Sending the person seeking support to a psychiatrist for help (referral) 2. Using special ways of listening to help the person seeking support 3. Giving advice and a solution to the problem 4. 1 and 2

5. Problem-solving is used as part of listening and it means the following:	1. The FR tells the person seeking support the solution to the problem 2. The FR discusses steps to find solutions with the person seeking support 3. Not sure of the answer
6. Risk factors can lead to NCDs and are as follows:	1. Alcohol and ganja use is the biggest risk factor 2. Alcohol abuse, tobacco, unhealthy diet and physical inactivity, prolonged stress 3. Stress is the most severe risk factor 4. Not sure of the answer
7. What kind of support would you require after the program, if any? For example: check-ins with other FRs, further training (booster sessions), etc.	

Answer Code:
Q4: A4
Q5: A2
Q6: A2

3. SWOT ANALYSIS GRID

STRENGTHS	WEAKNESSES

OPPORTUNITIES	THREATS

4. ACTIVE LISTENING SKILLS (EXERCISE)

Choose any one person:

PERSON	Name	Qualities that you remember
1. A close friend		
2. A teacher that you liked		
3. A person at work		
4. A close family member		
5. A neighbour		
6. Someone fulfilling the role of a counsellor		

5. POST-TRAINING EVALUATION FORM

Name: **Age:**

A. Rate your overall learnings gained from the training program.

a. Self- Awareness & personal growth	
b. Active listening skills	
c. Common mental health problems	
d. Life skills	
e. Making referrals	
f. Ethics when listening	

A. Rate your overall learnings gained from the training program.

a. Content	
b. Activities as part of training	
c. Facilitator	
d. Handouts	
e. Logistical arrangements	

C. Questions related to being an FR (if you are designated as an FR, otherwise ignore section)

1. How do you rate your knowledge on common mental health issues in the LGBTQIA+ community?	
2. How confident do you feel in distinguishing between a crisis (red flag) and a general situation and offering support?	
3. Do you have strategies/or ways to take care of your own mental health needs (self-care)?	
4. An FR ‘s role is as follows (circle correct answer)	1. Sending the person seeking support to a psychiatrist for help (referral) 2. Using special ways of listening to help the person seeking support 3. Giving advice and a solution to the problem 4. 1 and 2
5.Problem-solving is used as part of listening and it means the following.	1. The FR tells the person seeking support the solution to the problem 2. The FR tells the person seeking support the solution to the problem 3. Not sure of the answer
6.Risk factors can lead to NCDs and are as follows:	4. Alcohol and ganja use is the biggest risk factor 5. Alcohol abuse, tobacco, unhealthy diet and physical activity, prolonged stress 6. Stress is the most severe risk factor. 7. Not sure of the answer
7. What kind of support would you require after the program, if any? For example: check-ins with other FRs, further training (booster sessions), etc.	

6. DOCUMENTATION

This is a simple form filled in by the FR after meeting a person seeking support

A. Profile of person seeking support

1. Name of person seeking support
2. Age
3. Gender
4. Presenting issues (tick more than one if necessary) add a few lines if doable:
   a. Partner
   b. Family
   c. Workplace
   d. Finance
   e. Legal
   f. Health
   g. Substance use and related issues: tobacco / alcohol / drugs (NDPS)
   h. 'Guru' – only applicable to persons following relevant traditions/practices
   i. Violence
   j. 'Coming out'
   k. Others?

B. Interventions:

5. What did the FR do?
   a. Talk
   b. Life skills
   c. Peer link (groups) or buddy
   d. What else?

6. Mode of sessions:
   a. Face to face
   b. Tele or video calls
   c. Hybrid

7. Total number of sessions

8. Referral
   a. Yes, (to whom?)
   b. No

9. Follow-up:
   a. Yes
   b. No

10. Progress made/ recovery?
    a. Yes, (and how?)
    b. No

11. Did the FR take peer support /check-in?
    a. Yes, (from whom?)
    b. Helpful: Yes/No
    c. Not required

12. Anything else?...

Name of FR:
Location:
Date:

B. Handouts for First Responders on Active Listening and Healthy Coping (English/ Kannada/ Tamil)
(Active Listening skills, Core conditions in listening, Stages in listening, supportive listening (SOLER), Listening behaviours, unsupportive listening, Symptoms of Stress, and Healthy coping)

C. Deck of Slides for a Two-day Workshop
Folder of Handouts in English, Kannada and Tamil, along with deck of slides to be used for both days of the workshop, linked here
https://drive.google.com/drive/folders/1hKYCYeHCFB_SdFK5_-s-QTmKzb9P8iaz?usp=sharing

D. FR Training Material Videos

The links to each of the videos are provided below.

Kannada videos:
Active Listening & Problem Solving Skills - https://youtu.be/QnJKXLCnmDQ
Supportive and Unsupportive Listening Behaviours - https://youtu.be/c0mzcVU5jeE
Signs of Stress and Coping - https://youtu.be/VmOJUp8oBXk
Burnout & Self-care - https://youtu.be/VATsWxzAbis

Tamil videos:
Active Listening & Problem Solving Skills - https://youtu.be/dDXUNC5ikSY
Supportive and Unsupportive Listening Behaviours - https://youtu.be/1VdunPFDVxs
Signs of Stress and Coping - https://youtu.be/RmgKgsiicNQ
Burnout & Self-care - https://youtu.be/z82P-gI7Z9Q

Solidarity Foundation

BALM BANYAN ACADEMY OF LEADERSHIP IN MENTAL HEALTH

https://www.solidarityfoundation.in/

https://balm.in/

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