

Two hands, one on the left and one on the right, are shown from the wrist up, with fingers spread and palms facing each other, forming a protective arch over the text below. The hands are a light skin tone with pinkish-red cuffs.

**MODULE
FOR
COMMUNITY
AND FIELD
WORKERS**

**CREATING A SAFE
AND CARING
ENVIRONMENT FOR
CHILDREN**



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Preface

COVID-19 has taken the whole world by shock and India's story in this backdrop is no different. Children have always been on the margins and the current pandemic has increased their vulnerabilities multiple fold. While physical safety is the most immediate and imminent concern arising out of sudden outbreak of the pandemic, mental well-being has even more long lasting impact on individual and communities at large. Needless to say, children are among the most vulnerable groups when it comes to the mental health risks during and post COVID-19. As per mental health experts, numerous factors around COVID-19 such as social distancing and isolation for longer duration, sudden closure of schools and disruption in regular studies, fear of unknown and ambiguity around pandemic, restricted or no opportunities for play and peer interactions etc. may impact children's mental well-being. As per the World Health Organisation (WHO), children with mental health issues face major challenges with stigma, isolation and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights. As per WHO's 'Mental Health Status of Adolescents in South-East Asia: Evidence for Action' Report, published in 2017, a quarter of adolescents in India in the 13-15 age group suffer from depression. Even the National Mental Health Survey of India, 2015-16 conducted by National Institute of Mental Health and Neuro Sciences (NIMHANS) and supported by the Ministry of Health and Family Welfare reveal rising mental health concerns among children, both in rural and urban settings. It is needless to say that the present COVID-19 situation has added to the concerns which were already there and have amplified those in the present circumstances. COVID-19-related school closures have affected over 1.5 billion children around the world. In India, COVID-19 has amplified the situation coupled with many socio-economic deprivations for economically weaker families such as loss of livelihood opportunities, greater risk of virus spread etc. This has also resulted in reverse migration from cities to the native villages or towns. The out-of-school children and drop-outs have increased multiple folds in the backdrop of the pandemic. Needless to say, girls have suffered adversely on many counts given the predominant patriarchal social and family structure during the pandemic and issues ranges from access to technology to non-prioritising the education of girl child.

The safety of children is often construed in terms of physical safety and seldom the mental health concerns are taken into consideration. This module is an attempt to highlight the issue of mental well-being of children who have continued their school education despite pandemic situation and also of those children who will start afresh once the normalcy is restored in the schools. The module aims at equipping the teachers with basic skillset of identifying the mental health concerns among children and the ways to address those. Therefore, the module aims to creating a safe space for children at school and expand the meaning and scope of safety beyond conventional though process. The module has been supported by Malala Fund and provides a practical handbook on bringing the preliminary mental health services to the remote parts of the country through teachers.

We would truly appreciate a feedback on the handbook and its utility.

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This module could not have been possible without the guidance and support of Malala Fund Network Partners:

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We are also thankful to Ms. Anubhuti Patra and Ms. Richa Silakari from Malala Fund India office for constantly guiding and encouraging the team to keep the focus on mental well-being of children, especially girls in the times of COVID-19.

In the backdrop of every successful venture are the team members of the organisation, who deserve to be acknowledged for their cooperation and patience as we steered through the different stages of the Module and the workshops. In particular, we thank the following colleagues:

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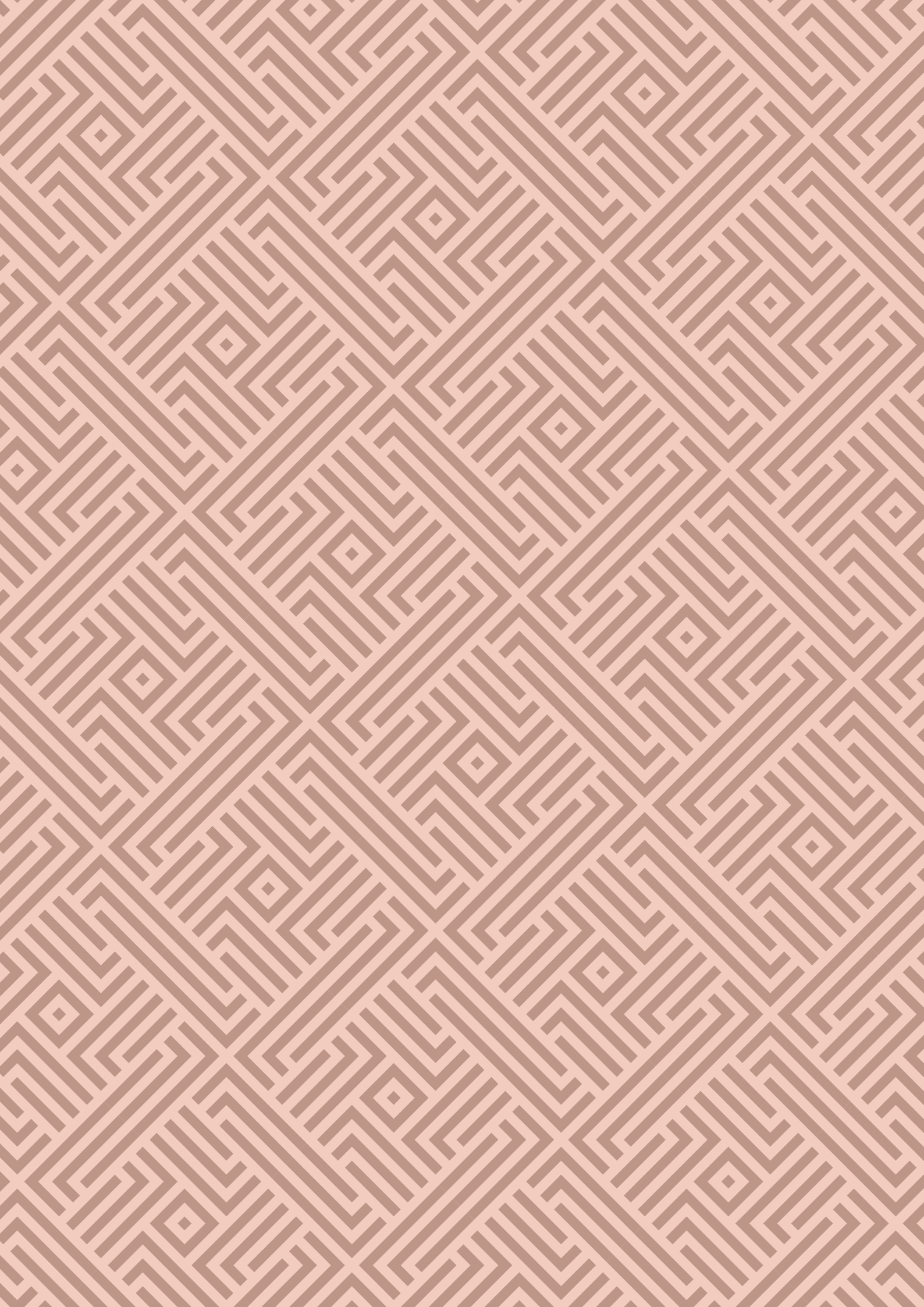
Last but not the least, we are deeply grateful to all the teachers who shared their insights and experiences from the ground to help us make this module a nuanced approach towards addressing the mental well-being of children.

LIST OF ABBREVIATIONS AND ACRONYMS

PFA	Psychological First Aid
COVID-19	Coronavirus disease
LCD	Liquid Crystal Display
ADHD	Attention Deficit Hyperactivity Disorder
PTSD	Post-Traumatic Stress Disorder
CWC	Child Welfare Committee
SJPU	Special Juvenile Police Unit
CWPO	Child Welfare Police Officer
WHO	World Health Organization

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Introduction

This training module is designed for community workers working with children and families in under-resourced, isolated, and COVID-affected communities. Other stakeholders who directly work with children on a regular basis and deals with mental health of children can also use it.

Objectives

The main objective of this training module is to enable the participants to become better informed about mental health of children, to recognise the need for intervention and to deliver Psychological First Aid (PFA) as needed. This would be accomplished by enabling the participants to:

- Develop an understanding about mental health and its components.
- Identify the factors affecting mental health of children arising out of the COVID-19 pandemic.
- Understand the impact of COVID-19 on the mental health of children.
- Recognize and identify the signs and symptoms of mental health issues in children.
- Understand the concept of Psychological First Aid (PFA) and how it can be used during a crisis.
- Build basic skills to deliver PFA.
- Understand the model and importance of a safe and caring environment for children.
- Assess the factors responsible for the drop out of children from school.

Expected Outcomes

At the end of this training, it is expected that participants will be able to:

- Understand mental health and its components.
- Assess the impact of COVID-19 on the mental health of children.
- Recognise the signs and symptoms of the mental health issues in children.
- Deliver PFA as needed with the right set of skills.
- Appreciate the importance of a safe and caring environment for children.
- Assess the factors responsible for the drop out of children from school and develop ways to support children in continuing/resuming their education/school.

Methodology

This training module uses a combination of facilitative, directive, and participatory methodologies including presentations, lecture-cum-discussions, group work/activities, role plays, panel/open house discussions, information sharing on each other's experiences, case studies, snap polls, etc.

Facilitator

A facilitator is a guide who leads discussion without controlling the process. It is the responsibility of the facilitator to provide a safe, nurturing, and open environment to discuss various concepts and relevant information in a manner sensitive to the needs, feelings, and attitude of all the participants. The term 'facilitator' is used since he/she does not provide ready answers or solutions but fosters a wider understanding of issues through the process of dialogue and discussion.

Training Environment

It is recommended that the training be facilitated by at least 2-3 persons, and the number of participants should not exceed 60 in an online mode, and 20-25 in an in-person mode.

It is imperative for a facilitator to promote a conducive and co-operative environment, both, in-person (in a physical space) and online (in a virtual space), wherein participants are encouraged to put forth their views.

The facilitator must:

- Welcome every participant and create an atmosphere where each participant feel at ease to express ideas and respond to those of others.
- Respond positively to questions from participants.
- Mitigate any conflict arising between participants and takes a neutral stand, without hurting anyone's feelings.
- Pay attention to responses of all participants to encourage their continued attention and participation. *(It can be done with an encouraging comment, a 'thank you' or a nod or by simply acknowledging the response)*
- Provide clarification or ask another participant for a response or suggestion, if a participant seems to miss a point.
- Create an environment where all points of view are respectfully heard and disagreements, if any, are gracefully handled.
- Avoid taking sides.
- Use well-placed humour, if possible, to engage participants.

Responsibilities

PRIOR TO THE TRAINING, THE FACILITATOR MUST:

- Read the training module thoroughly and work through the activities in each session to be familiar with the responses and explanations required.
- Be well prepared on the goals and structure of the training program.
- Practice mock sessions with colleagues before conducting the actual training.
- Be updated on the latest information related to topic in discussion.
- Think of and be prepared with a lot of energizers to be conducted in between sessions.
- Decide on the mode of training beforehand and share the same with each participant prior to the actual training to give them to for arrangements.
- If the training is done online, then check the setting before starting the session. Check internet availability, audio and video settings etc.
- Share the link for the online session and password at least 24 hours before the training to avoid any last-minute hassles.
- Choose a sitting area with no or minimum distractions when conducting online session.

DURING THE TRAINING, THE FACILITATOR MUST:

- Dress professionally even during the online session.
- Make the sessions simple and easy to understand.
- Demonstrate enthusiasm for the topics covered in the training and for the work that the participants are doing.
- Be receptive to each participant's questions and needs.
- Ensure each participant gets a chance to be heard.
- Ensure everyone takes part in the discussion and encourage participants to go beyond one-word responses.
- Not cut off discussion because it is uncomfortable to him/her.
- Not let participants ridicule or otherwise not listen to one another.
- Not skip any discussions and questions.
- Not dominate the discussion or lead the participants from their own reference point and perspective.
- Not be judgmental.
- Not make the participants feel targeted.
- Not raise his/her voice or express negative emotions verbally and/or non-verbally (through facial expressions or any other gesture) to control the flow of discussions.

AFTER THE TRAINING, THE FACILITATOR MUST:

- Be available to the participants even after the sessions for answering questions/queries.

How to Use This Training Module

Purpose

Facilitators can use this training module in an **in-person** or **online** mode to:

1. Learn about mental health of children via a facilitated session
2. Learn about mental health of children through self-study of this module
3. Conduct mental health awareness sessions for children using the resources provided
4. Conduct mental health awareness sessions for children's parents using the resources provided
5. Assess mental health of children using the information and tools provided
6. Deliver PFA using the information and tools provided

Conventions Used Online and In-person indicate if a particular activity can be carried out online or in-person.

Optional

indicates that the activity is not mandatory or can be substituted with another one that the facilitator prefers, as long as it meets the stated objectives.

Mandatory

Indicates it is mandatory.

Facilitators

indicates if the activity is for facilitators only. That if a session is being conducted for children, it is not to be included. In-person (F) or Online (F) refers to material required by the facilitators.

In-person (P) or Online (P) refers to material required by the participants.

Sequence of Information

The information is provided in the given order:

1. **Objectives** – why is the information being provided (table)
2. **Expected outputs** – what the participants must be able to accomplish after the training (table)
3. **Methodology** – how the facilitator would need to conduct the training (table)
4. **Pre-requisites** – what must be in place before the training, both, for the facilitator and the participants (table)
5. **Material required** – the material that would be needed, both, online and in-person (table)

6. **Activities and Tasks** – suggestions on the tasks that the facilitator can carry out in each section and how he/she can engage the participants and introduce the concept; some of these are optional and can be skipped or substituted with other activities (numbered items)
7. **Facilitator Guide** – reference material and resources at the end of each activity or task for the facilitator to explain and reinforce the concept (table)

Annexures

The annexures contain additional, detailed information on the concepts and supporting documents, checklists, forms, and other material that may be used by the facilitator.

Suggested Workshop Agenda

The facilitator can refer to the following suggested agenda for conducting the workshop. It may be modified as per the number of participants, the time available, the mode of training (online or in-person) and number of co-facilitators available.

DAY ONE

Time	Topic	Duration
10:00 AM – 10:50 AM	Welcome and Introduction	50 mins
10:50 AM – 11:20 AM	Understanding the Myths around Mental Health	30 mins
11:20 AM – 12:20 PM	Understanding Mental Health	60 mins
12:20 PM – 12:30 PM	Short Break	10 mins
12:30 PM – 01:30 PM	Components of Mental Health	60 mins
01:30 PM – 01:40 PM	Reflections and Discussion	10 mins
01:40 PM – 02:00 PM	Assignment for Day – 1 and Closing	20 mins

DAY TWO

Time	Topic	Duration
10:00 AM – 10:20 AM	Welcome and Reflection from Session 1	20 mins
10:20 AM – 10:30 AM	Discussion on assignment for Day - 1	10 mins
10:30 AM -- 11:00 AM	Understanding the impact of Pandemic on Mental Health of Children	30 mins
11:00 AM – 11:30 AM	Recognizing signs and Symptoms	30 mins
11:30 AM – 11:40 AM	Short Break	10 mins
11:40 AM – 12:20 PM	Understanding PFA	40 mins
12:20 PM – 01:30 PM	Building skills to provide PFA	70 mins
01:30 PM – 01:45 PM	Reflections and Discussion	15 mins
01:45 PM -- 02:00 PM	Assignment for Day – 2 and Closing	15 mins

DAY THREE

Time	Topic	Duration
10:00 AM – 10:15 AM	Welcome and Reflection from Training of Day 1 and 2	15 mins
10:15 AM – 11:00 AM	Discussion on assignment for Day – 2	45 mins
11:00 AM – 11:30 AM	Creating a Safe Environment	30 mins
11:30 AM – 12:00 PM	Exploring factors responsible for Dropout from school	30 mins
12:00 PM – 12:10 PM	Short Break	10 mins
12:10 PM – 12:50 PM	Supporting children to continue their school/education	40 mins
12:50 PM – 01:05 PM	Discussions and Reflections	15 mins
01:05 PM – 01:15 PM	Assignment for Day – 3 and Assessment	10 mins
01:15 PM – 01:30 PM	Application of the module	15 mins

**Part A. Welcome,
Context
Setting and
Introduction**

Objectives	Expected Outputs
<ul style="list-style-type: none"> ■ To formally welcome participants ■ To state the purpose of the training and understand the expectations of the participants from the training ■ To share the agenda for the workshop ■ To familiarise participants with the ground rules ■ To introduce participants with each other and to make them comfortable ■ To enthuse and motivate participants to take an active role in the training 	<ul style="list-style-type: none"> ■ Participants will relax, open up and get to know each other ■ A congenial and safe environment for the training will be created ■ Participants will be aware about the objectives of the training and what is expected from them
Methodology	Material Required
<ul style="list-style-type: none"> ■ Presentation ■ Discussion ■ Activity 	<p>In-person (F): A4 size sheets, pens/pencils, flip chart, markers, a small bowl or box, projector and screen or LCD screen, laptop or desktop, audio speakers, thumb pins, stapler and pins, double-sided tape, cello tape</p> <p>In-person (P): Notebook and pen</p> <p>Online (F): Laptop or desktop, online platform such as Zoom (or similar) with a professional subscription (including polls, breakout rooms, recording, etc.).</p> <p>Online (P): Good internet connection and a smartphone with a large screen or a laptop/desktop with Zoom (or similar) app installed.</p>
Prerequisites	
<p>In-person (F): The training room must be able to accommodate 20-25 participants in a circular seating setup.</p> <p>Online (P): Participants must be comfortable with Zoom (or similar mode for online training) and be seated in a private space without external noise and distractions.</p>	

A.1. Opening Remarks

Mandatory Online In-person

Prepare opening remarks well in advance and do a mock session prior to the training. Opening remarks are key as they set the tone and mood for the workshop. There must be high energy and enthusiasm during the opening remarks. It is a good idea to introduce yourself and your co-facilitators and to thank the participants for taking out time to attend.

A.2. Purpose and Agenda

Mandatory Online In-person

Every participant comes with certain expectations or pre-conceived notions about the training. For the smooth transaction of the training program, it is important that the facilitator should have a fair idea about the expectations of participants from the current training program and share the objectives of the training and what participants will gain by the end of training.

Facilitator must clearly articulate the purpose of the workshop, seek the expectations of the participants and what they hope to gain from the workshop. Note the expectations articulated by the participants on the flipchart or chat window and display visibly during the training.

This is essential to align all stakeholders and remove any misconceptions.

A.2.1. Activity: Listing of Expectation and Sharing of Objectives

Mandatory Online In-person

- Step 1:** Ask and encourage the participants to share their expectation from the training.
- Step 2:** Keep writing down the expectation of the participants on a flip chart/or ask participants to write them in the chat window.
- Step 3:** Once all the participants have shared their expectations, integrate the expectations, and share them with the participants.
- Step 4:** Afterwards, by using the information given in Facilitator Guide A.2 share objectives and expected outcomes of the training with participants with the help of a presentation. Integrate the training objectives and outcomes with expectation of the participants and set the context for training.

Facilitator Guide A.2

The main objective of this training module is to enable the participants to become better informed about mental health of children, to recognise the need for intervention, to deliver Psychological First Aid (PFA) as needed, and to either prevent school dropouts or attempt to channel children back into the school system. This would be accomplished by enabling the participants to:

- Develop an understanding about mental health and its components.
- Identify the factors affecting mental health of children arising out of the COVID-19 pandemic.
- Understand the impact of COVID-19 on the mental health of children.
- Recognize and identify the signs and symptoms of mental health issues in children.
- Understand the concept of Psychological First Aid (PFA) and how it can be used during a crisis.
- Build basic skills to deliver PFA.
- Understand the model and importance of a safe and caring environment for children.
- Assess the factors responsible for the drop out of children from school.

At the end of this training, it is expected that participants will be able to:

- Understand mental health and its components.
- Assess the impact of COVID-19 on the mental health of children.
- Recognise the signs and symptoms of the mental health issues in children.
- Deliver PFA as needed with the right set of skills.
- Appreciate the importance of a safe and caring environment for children.
- Assess the factors responsible for the drop out of children from school and develop ways to support children in continuing/resuming their education/school.

This training uses a combination of facilitative, directive, and participatory methodologies including presentations, lecture-cum-discussions, group work/activities, role plays, panel/open house discussions, information sharing on each other's experiences, case studies, snap polls, etc.

A.3. Ground Rules

Mandatory Online In-person

As a facilitator you must lay out the ground rules. These are mentioned explicitly to guide the participants towards the desired behaviour expected from all, in order to ensure a mutually rewarding experience. Depending on the time available, and the nature of the training, these could be decided in consultation with the participants or independently by the facilitator. If the former, once the ground rules are unanimously decided, keep them visibly displayed in the training area (if in-person) or typed in the chat window (if online) for reference.

For this training, there are four basic ground rules. These are:

1. Maintain confidentiality - this is extremely important if people are to be comfortable revealing personal stories
2. Be respectful – maintaining decorum even if we disagree with each other, is essential
3. Avoid being judgmental – it is imperative to not form premature moralistic judgements about issues and anything that is being shared during the training
4. Participate actively – the training is designed to elicit active participation; passive listening will not yield many benefits

Note: *Ground rules must always be set with positive statements and action words. Avoid using a rule as ‘Do not interrupt others when they are speaking’. Instead, word it as, ‘Let the participant finish speaking before stating your point’.*

Some typical ground rules which can be included are:

- Feel encouraged to participate at your own comfort level
- Be fair and sensitive
- Allow everyone to be heard equally
- Ask questions in a positive, open, and accepting atmosphere
- Avoid cross-communication to prevent disturbance
- Respect all views - everyone’s input is valuable
- Respect each other’s right to participate and share thoughts

Some specific ground rules for online training are:

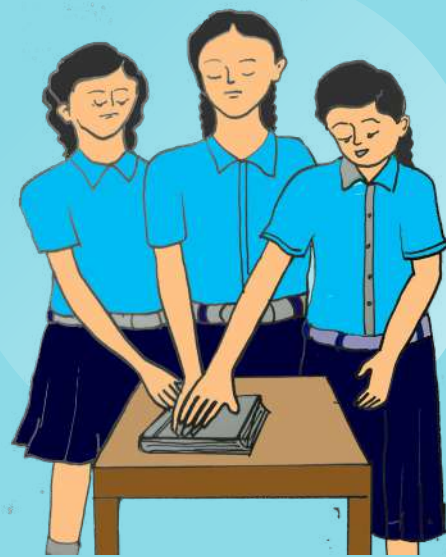
- Mic to be kept turned off at all times.
- Participants who wish to speak must indicate by clicking on the Raise Hand icon, or they can type in the chat window. Then they must wait for the facilitator to invite them to speak.
- Each time participants should mention their name when responding or talking so that others can recognize them.
- Video must be kept on at all times.
- Other apps should not be kept open to save bandwidth and ensure a good connection.

EXAMPLE OF GROUND RULES

1. Be respectful



2. Maintain confidentiality



3. Participate actively



4. Avoid being judgmental



A.4. Ice Breaker

Optional Online In-person

Using an ice breaker is essential to get participants to drop their inhibitions, make them comfortable with each other and get into the spirit of the training. It will also energize and motivate them to actively participate in the training. However, depending on the time available, it may not always be feasible to conduct.

Two activities for ice breaking are provided below. You can choose to do either or none. More ideas for ice-breaking activities are provided in **Annexure I**.

A.4.1. Activity: Chitty Chat Introductions

Optional In-person

To introduce participants with each other, the following activity can be done:

- Step 1:** Count the total number of participants.
- Step 2:** Prepare same number of chits and write each number twice. For example, if there are 10 participants then prepare 10 chits and write each number from 1 – 5 twice in separate chits.
- Step 3:** Fold every chit in the same order or manner and place them in a small bowl or box.
- Step 4:** Ask all participants to pick up one chit from the bowl/box.
- Step 5:** Once all the participants have taken the chits from the bowl/box, ask them to pair with the participant who has same number chit.
- Step 6:** Ask participants pairs to collect the following information from each other: Name, education, place they belong to, occupation, designation, their interest, and an event from their childhood. Give 2-5 mins.
- Step 7:** Invite the participants one by one to come forward and introduce their partners.

A.4.2. Activity: Coin Introductions

Optional Online

To introduce participants with each other, the following activity can be done:

- Step 1:** Count the total number of participants.
- Step 2:** Ask every participant to find and bring the oldest coin they can find near them and show it to the facilitator through video.
- Step 3:** Ask participants to now look at the year mentioned on the coin and think of an event/memory - sweet or bitter – that happened with them in that year.
- Step 4:** Ask each participant to introduce themselves with the following information - Name, education, place they belong to, occupation, designation, their interest, and life event of the year mentioned in their coin.

**Part B. Understanding
Mental Health
and its
Components**

Objectives	Expected Outputs
<ul style="list-style-type: none"> ■ To build understanding about mental health and its components ■ To learn about the components of mental health - Emotional Well-being, Psychological Well-being, and Social Well-being ■ To make participants aware about the importance of mental health ■ To dispel certain myths and facts about mental health of children 	<ul style="list-style-type: none"> ■ Participants will be able to understand about mental health and how it is different from mental illness ■ Participants will learn about the components of mental health - Emotional Well-being, Psychological Well-being, and Social Well-being
Methodology	Material Required
<ul style="list-style-type: none"> ■ Presentation ■ Discussion ■ Activity ■ Case Study 	<p>In-person (F): A4 size sheets, pens/pencils, flip chart, markers, a small bowl or box, projector and screen or LCD screen, laptop or desktop, audio speakers, thumb pins, stapler and pins, double-sided tape, cello tape</p> <p>In-person (P): Notebook and pen</p> <p>Online (F): Laptop or desktop, online platform such as Zoom (or similar) with a professional subscription (including polls, breakout rooms, recording, etc.).</p> <p>Online (P): Good internet connection and a smartphone with a large screen or a laptop/desktop with Zoom (or similar) app installed.</p>
Prerequisites	
<p>In-person (F): The training room must be able to accommodate 20-25 participants in a circular seating setup.</p> <p>Online (P): Participants must be comfortable with Zoom (or similar online mode) and be seated in a private space without external noise and distractions.</p>	

Mental health needs of children and its awareness in community and field workers and amongst parents are largely unseen or unknown. Caregivers and parents often find themselves struggling to understand the behaviour of children who are self-harming, socially isolated, withdrawn or behaving in a way that may cause distress at school or at home. These outwards expressions of sadness, unhappiness or difficulty affect the well-being and learning of children, forcing children to leave studies and to drop out from school.

What is required is the adoption of a proactive approach towards the mental health of children, anticipate mental health issues, pre-empt, and prevent problems, and undertake early interventions. The approach should also focus on not just helping children deal with the problem at hand but also help them build on their strengths to deal with stressful situations or crises. This will act as a buffer in times of crisis or difficult situations.

In this section we will learn about what constitutes mental health and its various components - how one can identify mental health issues in children, manifested or expressed through their behaviour or through learning problems or other means.

B.1. Myths and Facts about Mental Health

Mandatory Online In-person

You can do either one of the two activities given below.

B.1.1. Activity: Guess the Myth; Guess the Fact

Optional In-person

Prerequisite: Prepare a list of statements on a flip chart related to mental health of children. The list of myths and facts is given in Facilitator Guide B.1.

Step 1: Show each statement one by one.

Step 2: Ask participants to respond to each statement by raising their hand if they agree with the statement.

Step 3: Once all the statements (myths) are read out and responses are collected, then share the facts associated with each statement and hold a brief discussion about it with the participants.

Note: The presentation of the statements can be done in multiple ways depending on the mode of training. If the training is being done in-person, then participants can be given a sheet with all statements written on it and they can respond in writing with a yes or no.

If the training is being done online, then the statements can be presented via a presentation and/or an online poll can be conducted. This will enable the facilitator to share the results of the poll immediately with the group.

B.1.2. Activity: Myths and Facts Brainstorming

Optional Online In-person

Step 1: Divide the participants in equal number of groups.

Step 2: Instruct participants to list down all the myths that they know or have heard about mental health. Give participants 10 minutes for the discussion.

Step 3: Ask each group to present their list of myths.

Step 4: Once all the presentations are complete, integrate all the myths as per the list given in Facilitator Guide B.1 and conduct a discussion about the myths.

Note: If this is being done online, use breakout rooms.

Facilitator Guide B.1

S. No.	Statement	Fact
1	Mental health problems are not real problems.	Mental health problems are not the regular ups and downs of life. It creates distress, doesn't go away on its own and are real health problems. It hinders a person's normal life functioning. When someone is physically injured, they see a doctor. Similarly, mental health problems also require seeing a mental health professional- psychologist/counsellor/psychiatrist.
2	Mental health issues are just an excuse for poor behaviour and poor academic performance	It's true that some people who experience mental illnesses may act in ways that are unexpected or seem strange to others. For instance, being angry or violent or may start crying suddenly for no apparent reason. We need to remember that the illness, not the person, is behind this behaviour.
3	Children do not experience Mental Health problems	Even very young children may show early warning signs of mental health concerns. Half of the mental health problems show first signs before a person turns 14 years old.
4	Children show anger and violent behaviour due to lack of discipline and manners	More than a myth, it is a stereotype/bias that adults hold against children. When children are in distress or confused or feel rejected or experience any mental health issue, they may express themselves in different ways. Some children may become withdrawn or isolated whereas others may show anger or violent behaviour. Also, one must be mindful of the fact that aggression and violence can be a learned behaviour. Children who witness aggressive behaviour or violence at home may adopt this behaviour to cope with any difficult situations in life.
5	Mental health problems happen due to personal weaknesses of children	Mental health problems have nothing to do with being weak and many people need help to get better. Many factors contribute to mental health problems, including: Biological factors, such as genes, physical illness, injury, or brain chemistry Life experiences, such as trauma or a history of abuse, Family history of mental health problems People with mental health problems can get better and many recover completely.
6	Children can manage mental health problems through will power	Children don't have the skills and life experience to manage conditions as overwhelming as depression, anxiety, or ADHD . They can benefit profoundly from the right treatment plan, which usually includes a type of behavioural therapy, and have their health and happiness restored. We can't expect children and teens to have the tools to overcome these challenges on their own, but they can recover with the help of their parents, or other significant adults in their lives and an effective intervention plan.

Facilitator Guide B.1

7	Children grow out of mental health issues	On the contrary, children “grow into” deeper or debilitating mental health issues if timely interventions are not given. Most mental health problems, if left untreated in childhood become more difficult to treat in adulthood. Since we know that most psychiatric disorders emerge before a child’s 14 th birthday, we should have a huge incentive to screen young people for emotional and behavioural problems. We can then coordinate interventions while a child’s brain is most responsive to change, and treatment is more likely to be successful.
8	Therapy and counselling cannot help children with mental health issues	Treatment for mental health problems varies depending on the individual and could include medication, therapy, or both. Many individuals gets better with a support system during the healing and recovery process.
9	There is no hope for children with mental health problems. They will never recover.	Studies show that people with mental health problems can get better and many recover completely.
10	Mental health problems cannot be prevented	Prevention of mental, emotional, and behavioural disorders is possible, if one focuses on addressing the known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Further, promoting the social-emotional well-being of children and youth leads to better preparedness to deal in any potential stress in future.

B.2. Understanding Mental Health

Mandatory Online In-person

It is important to be able to understand the different aspects of mental health. For this purpose, carry out the following activity.

B.2.1. Activity: Understanding Mental Health

Mandatory Online In-person

Step 1: Divide the participants in equal number of groups.

Step 2: Share one case study per group given in Facilitator Guide B.2 – Section 1. Give at least 10-15 mins for discussion. Share the following questions as a guide to discussion:

- What do you think about the child in the case study?
- Do you think the child has any mental health issue(s)?
- If yes, what is/are the mental health issue(s) the child is facing?
- If no, provide your reasons.
- Do you think the child needs to be taken to a doctor for treatment?

Step 3: Get everyone back together.

Step 4: Discuss each case study.

Step 5: After the discussion is complete, share and discuss the status of each child mentioned in the case studies.

Step 6: Share what encompasses mental health and the three inter-linked components of mental health using Facilitator Guide B.2 – Section 2.

Note: The message that the participants should get from this activity is that mental health includes not just helping children to deal with the issue at hand, but to also help children develop strength; resilience and qualities, which will help them, deal with any possible stressful situations/crisis in future.

Facilitator Guide B.2 – Section 1

Case	Details for Discussion (to be given to participants)	Actual Status
1	5-yr old Danish starts crying whenever his mother goes for work. He constantly makes requests to his mother to not go for work and stay at home with him. When his mother is at her workplace, he calls her frequently and asks her to come back home. He complains of stomach pain or body pain and requests his mother to take leave. He has stopped attending his online classes and does not study at all. His mother shared that when she comes back home from work, he fights with her. His mother is a healthcare professional and was stationed in a hospital during the lockdown.	Danish's mother was a para-medical professional and was on COVID-19 duty at a hospital and her son was very worried about her mother going to the hospital during lockdown. He was worried that something will happen to her mother and that is why he wanted his mother to stay at home.

<p>2</p>	<p>16-yr old Sunita is the eldest daughter in her family. She is a very bright child and never misses school. She is also very helpful and helps her mother with home chores (does all the cleaning, cooking, and washing). She has younger siblings, but they do not help Sunita in home chores, at all.</p> <p>Her mother has noticed a recent change in Sunita's behaviour Sunita has started shouting often and beats-up her younger siblings when they do not listen to her. Sunita's mother also noticed that Sunita is not attend her online classes regularly and if it all she does, she joins the classes late.</p>	<p>Due to the closure of school and lockdown, Sunita being the oldest child had to share the responsibilities of housework with her mother. Her entire day would go in doing home chores, leaving no time for her studies or leisure activities and even to rest or rebuild her energy. She would be too tired to attend her classes or finish her school assignment on time.</p> <p>Further her siblings were not helping her at all in house chores, therefore she was feeling stressed out and worn out and that was the reason for her anger towards her siblings.</p>
<p>3</p>	<p>14-yr old Gayatri's has been posting several messages on her WhatsApp status. Earlier, the messages were general but moved to being more about love, affection, friendship, and now, more recently, about loneliness, rejection, lack of trust, and self-harm. She seemed to be demeaning herself very often in the messages.</p>	<p>Gayatri became attracted to her chachi's 19-yr old brother who was living with them during the lockdown. She started harbouring feelings of affection but soon found herself frustrated at her inability to express her feelings, and also because he took no notice of her. Her feelings of loneliness were compounded by the fact that she did not attend online classes and was completely cut off from all her friends.</p>
<p>4</p>	<p>17-yr old Ram has recently changed his school due to his father's transfer. Their new house is far from the city and is quieter than the previous one. He likes it here and he likes the new school too. He shares cordial relations with his parents and siblings. He is very focused on achieving his goals and spends most of his time studying. He wants to get admission in the best business management college. Ram scored first position in his mid-term exams.</p> <p>But Ram's mother is worried about him because he has no friends and he spends most of his time at home alone either playing online games or studying.</p> <p>Even after six months of relocating, he has made no friends in the community and he would reject all the invitation for participation in any of the community programs.</p>	<p>Ram had an experience of bullying in his previous school and no intervention was done at that time. Later, he developed social anxiety and would go to any length to avoid any kind of social interaction to avoid humiliation.</p> <p>It is also important that if a person does not have any healthy and meaningful relationships in real life, it is easy to look themselves in a virtual world where they can get a false sense of belonging.</p>

<p>5</p>	<p>As a child, he had fallen from the bed, stairs and balcony and has got hurt on the head many times. Pratik hardly speaks to anyone, at home or during online class. He doesn't like to study either and is inconsistent with his homework. But he has very good handwriting. His mother works in an office; she leaves at 8am and return home at 4pm. Often she finds that Pratik hasn't eaten his food. Pratik's younger sibling, a 2-yr old talks all the time. Unlike Pratik, he even fights back when other kids hit him.</p>	<p>Pratik's head injuries were completely unrelated to the current concerns of his mother. They were superficial and did not impact his growth from any perspective. His mother's concerns stemmed from comparison with the younger sibling. Pratik was indeed very quiet, but it was due to acute isolation he was experiencing during lockdown.</p>
<p>6</p>	<p>12-yr old Sita has many superficial cut marks on her left forearm. Sita shares that she sees this chudail all the time who is after her and tells her to take a knife and kill her younger brother and herself. She says that the chudail wears a white saree, has long, flowing black hair, and she has blood on her hands. Sita lives in a 1BHK apartment with her father, mother and two younger siblings. At night, they all sleep together next to each other.</p>	<p>Sita's was not hallucinating. She was exhibiting attention seeking behaviour. It was a pattern with her as she did not get adequate attention at home from her parents, especially her mother.</p>

Facilitator Guide B.2 – Section 2

What Encompasses Mental Health

Good mental health is more than simply the absence of mental disorder; it includes:

1. A sense of self sufficiency, self-esteem, and self-worth
2. The ability to put one's trust in others
3. The ability to give and receive friendship, affection, and love
4. The ability to form enduring emotional attachments
5. The ability to experience deep emotions
6. The ability to forgive others and oneself
7. The ability to examine oneself and consider change
8. The ability to learn from experience
9. The ability to tolerate uncertainty and take risks
10. The ability to engage in reverie and fantasy
11. The ability to reach its highest potential

Mental health includes three components:

- Emotional Well-being
- Psychological Well-being
- Social Well-being

All three components are inter-connected and inter-dependent. For instance, when one experiences negative emotions (emotional well-being) for a long period of time, it may affect their social interaction (social well-being). Or if one finds it difficult to handle or maintain healthy social relations (social well-being), then it may affect the person's self-confidence or self-worth (psychological well-being).





A sense of self sufficiency, self-esteem, and self-worth



The ability to put one's trust in others



The ability to form enduring emotional attachments

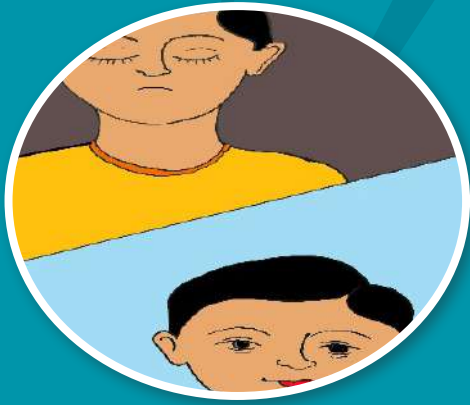
What Encompasses Mental Health?



The ability to examine oneself and consider change



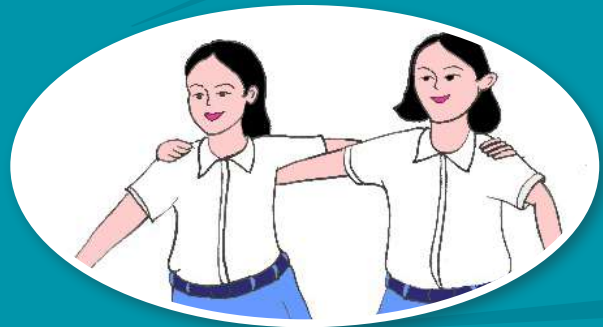
The ability to engage in reverie and fantasy



The ability to experience deep emotions



The ability to forgive others and oneself



The ability to give and receive friendship, affection, and love

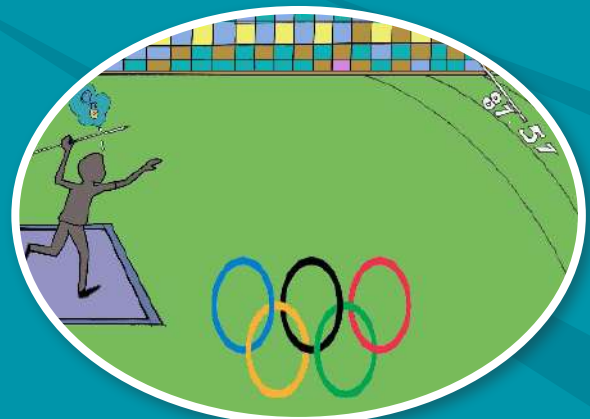
What Encompasses Mental Health?



The ability to tolerate uncertainty and take risks



The ability to learn from experience



The ability to reach its highest potential

B.3. Understanding Emotional Well-Being

Mandatory Online In-person

Emotions form an important part of our well-being. What we feel and experience about ourselves and about others affects our relationships with self and others. At times, it may seem like we are ruled by these emotions. There are a host of emotions that one experiences - some are pleasant/positive whereas others may be unpleasant/negative. Feeling both positive and negative emotions is a natural part of being human. Balancing the experience of both is core to emotional well-being.

We might use the word 'negative' to describe more unpleasant emotions, but it doesn't mean those emotions are bad or we shouldn't have them. Still, most people would probably rather feel positive emotions than negative ones - to feel happy instead of sad, or confident instead of insecure. But what matters is the quality of our emotions, and how they are balanced i.e., how much of each type of emotion, positive or negative, we experience in a particular situation.

Note: It is true that no emotions are bad but the way in which they are expressed can be healthy or unhealthy. For example, berating or humiliating children when one is feeling frustrated can affect their mental health. This would be an unhealthy expression of emotions. Unhealthy feelings can also take the form of self-harm or suicide.

To enable participants to understand emotional well-being, carry out any of the activities given below.

B.3.1. Activity: Personal Emotions Good vs. Bad

Optional Online In-person

- Step 1:** Ask participants to write down a list of all the emotions they have ever experienced. Give 10-12 mins for this.
- Step 2:** Ask participants to sort the list into two categories – good/positive emotions (those which gives pleasant experiences) and bad/negative emotions (those which gives unpleasant experiences). Give 10-12 mins for this.
- Step 3:** Ask 4-5 participants to share their list of emotions and their reasons why they think some emotions are good/positive and some are bad/negative.
- Step 4:** Then **use Facilitator Guide** B.3 – Section 1 to discuss good/positive emotions vs. bad/negative emotions and explain the concept of emotional well-being.

B.3.2. Activity: Expression of Emotions – Situational Emotions

Optional Online In-person

- Step 1:** Share a list of situations provoking emotions. **Use Facilitator Guide** B.3 – Section 2.
- Step 2:** Ask participants to brainstorm the emotions that children can experience in such situations.

Step 3: Once the activity is complete, discuss different ways children may express their emotions and feelings in different situations. **Use Facilitator Guide B.3 – Section 1.**

B.3.3. Activity: Expression of Emotions: Picture

Optional Online In-person

Children express emotions in different ways. When faced with a difficult situation, some children may show anger, whereas other may become silent and withdrawn. Or a child may throw his/her toys out of frustration. Often kids lack the vocabulary to talk about their feelings, and they may act out these feelings in a way that may be problematic. Therefore, it is important for the adults in their lives to develop the skill to identify their emotions and help children deal with them.

For this purpose, the following activity can be done.

Step 1: Share a few pictures or images one by one where children are expressing emotions. **Use Facilitator Guide B.3 – Section 3.**

Step 2: Ask the participants to identify the emotion or feeling the child may be experiencing in each picture, and what it implies.

Step 3: Once the activity is complete, discuss different ways children may express their emotions and feelings in different situations. **Use Facilitator Guide B.3 – Section 1.**

B.3.4. Activity: Expression of Emotions - Movie clip

Optional Online In-person

Step 1: Play parts of a movie named ‘Inside Out’ displaying emotions and their expression by children.

Step 2: Once the movie ends, discuss different the ways children may express their emotions and feelings in different situations. **Use Facilitator Guide B.3 – Section 1.**

B.3.5. Activity: Understanding Hidden Emotions of Children

Optional Online In-person

Do this activity to understand how children express their emotions in different situations. It will help adults understand the emotions of children and help them identify any child who is experiencing negative emotions even in apparently pleasant situations. You can then talk to the child or refer the child for counselling as deemed fit.

Step 1: Share the worksheet outlining different situations. **Use Facilitator Guide B.3 – Section 4.**

Step 2: Ask participants to write down how they might feel in these different situations.

Step 3: Once the activity is complete, collect all the sheets.

Step 4: Then discuss different ways children may express their emotions and feelings in different situations. **Use Facilitator Guide B.3 – Section 1.**

Facilitator Guide B.3 – Section 1

Often emotions like anger, sadness, fear are considered negative/bad emotions. But these emotions warn us against any threat or challenge that we may need to deal with. For instance, fear can alert us of any possible danger. It is a signal that we might need to protect ourselves. Angry feelings warn us that someone is stepping on our toes or violating our trust. Hence, negative emotions help us to focus on a problem so we can deal with it. But experiencing too many negative emotions for a longer period can make us feel overwhelmed, anxious, exhausted, or stressed out.

On the other hand, positive emotions help individuals to deal with any situation in a better way. Positive emotions help us take in more information, open us to new possibilities and enhance ability to learn new or build on existing skills.

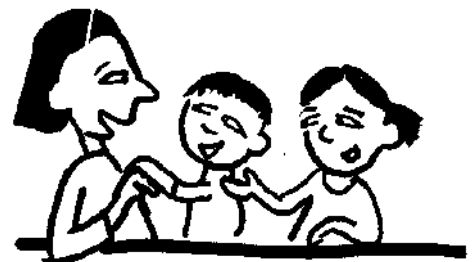
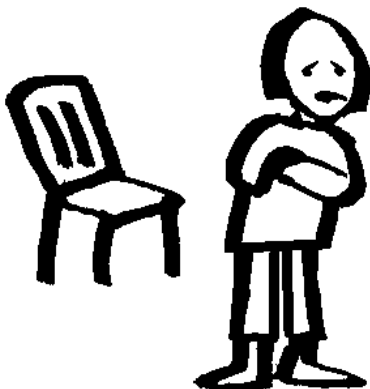
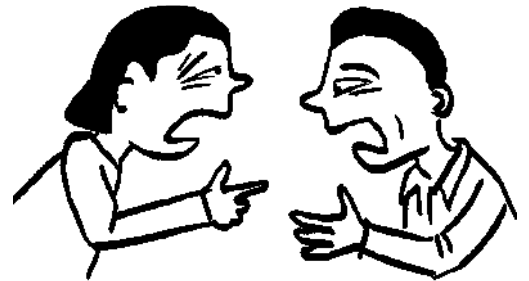
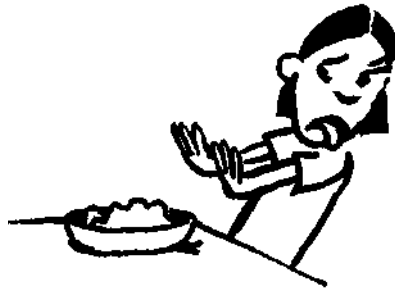
All emotions are valid. Feeling both good/positive and bad/negative emotions are a natural part of human being. Though it is true that most of the time we would rather feel good or positive emotions than bad or negative emotions. We use the word bad/negative emotions to describe more difficult or unpleasant emotions. But both – good/positive or bad/negative emotions are important to experience and contribute to our emotional well-being, and overall mental well-being.

Facilitator Guide B.3 – Section 2

Situation	Possible emotional expression
When a child fails in an exam	angry, withdrawn, refusal to go back to school
When a child witnesses abuse at home	sad, fearful, angry
When a child is scolded by parents, a teacher, or any other adult	sad, may try to run away from home, hit younger siblings
When a child loses something important to him/her	upset, guilty, crying
When a child is in a difficult situation	confused, fearful
When a child feels let down by adults	sad, angry, guilty, feeling worthless
When somebody is abusive or violent with a child	spending more time outside home, scared, guilty, angry

Facilitator Guide B.3 – Section 3

Expression of emotions



Facilitator Guide B.3 – Section 4

HOW DO YOU FEEL WHEN.....?

You are praised or appreciated	
You are not included in a game	
You share anything with a friend	
You win a game	
You are scolded by your parents or teachers	
You are being accused of something you did not do	
You are alone at home	
You are told that you can never do anything right	
You see your parents fight with each other	
Your younger siblings do not listen to you	
Your friend loses your notebook	

B.4. Understanding Psychological Well-being

Mandatory Online In-person

Understanding oneself involves being aware of different aspects of the self, including traits, behaviours, and feelings. Essentially, it is a psychological state in which oneself becomes the focus of attention. What we know about ourselves and how we see or perceive ourselves can affect our psychological well-being.

Do any of the activities below to help participants understand the self.

B.4.1. Activity: Understanding Self

Optional Online In-person

Step 1: Share four different situations with the participants given in Facilitator Guide B.4 – Section 2. Give 2-4 mins. for the participants to think about the situations.

Step 2: Discuss all the four situations one by one with the participants.

Step 3: Share that the four situations described in the activity were of a single person and then explain the different aspects of self-awareness using the Johari Window concept. **Use Facilitator Guide B.4 – Section 3.**

Step 4: Explain the concept of psychological well-being. **Use Facilitator Guide B.4 – Section 1.**

B.4.2. Activity: Self-awareness Creation

Optional In-person

- Step 1:** Ask the participants to partner with someone who knows them well.
- Step 2:** Share the Self-Awareness Worksheet with the participants given in Facilitator Guide B.4 – Section 4. Give 10-12 mins. for the participants to fill it out.
- Step 3:** Have a discussion with the participants about their experience of doing the activity. Following questions can be used as guides:
- Was it an easy or a difficult exercise?
 - What was easy and what was difficult?
 - Did you discover something that you did not know about yourself?
 - How did you feel while filling up the façade section?
 - Was it easy to share things that you normally hide from others?
 - Do you agree what others said about you in the blind spot section?
 - What does this information tell you? How can you use this information?
 - Does it give you areas of your life/personality that you would like to work upon?
 - Does it tell you your strengths?
- Step 4:** Explain the different aspects of self-awareness using the Johari Window concept. **Use Facilitator Guide** B.4 – Section 3.
- Step 5:** Explain the concept of psychological well-being. **Use Facilitator Guide** B.4 – Section 1.

Facilitator Guide B.4 – Section 1

Psychological Well-being is another component of Mental health which focuses on an individual's private and personal criterion for evaluation on one's life's functioning. It involves the development of one's potential, having a sense of purpose, ability to experience positive relationships and sense of self-worth. It is a combination of feeling good and functioning effectively.

Researchers also have found that the absence of distress doesn't necessarily indicate a person has high psychological well-being. High psychological well-being is about feeling happy and doing well on the criterion or standard set by the person itself. People with high psychological well-being report feeling capable, happy, well-supported, and satisfied with life and experience fewer social problems.

People with negative/poor psychological well-being often finds it difficult to accept self as they are, feel less empowered, unable to maintain healthy relationship with others and unable to find purpose in life. On the other hand, positive/high psychological well-being are more confident, evaluate self in relations to other in a more rational manner, take criticisms in a constructive manner and are able to develop skills and achieve goals set for themselves.

Facilitator Guide B.4 – Section 2

Situation 1: 'A' is average in academics but is very active in extra-curricular activities. 'A' likes to dance and always participate in all the dance competitions or programs in her school. 'A' is very helpful towards other students in class and enjoys helping others.

Situation 2: 'B' has few very close friends. On several occasions, 'B's friends have shared that 'B' has issues saying no to people. Whoever asks for help, 'B' always says yes, and at times goes beyond her capacity to help people. But 'B' thinks this is not true and that she does not always say yes to requests for help from others.

Situation 3: 'C' fears to be seen as a negative or a bad person. 'C's parents have taught 'C' to always be kind and helpful and respectful towards others. At times, 'C' even feels pressurized to be nice and helpful towards others.

Situation 4: 'D' has been experiencing the same dream from last one week. 'D' shared it with the school counsellor but has no idea why it is so.

Facilitator Guide B.4 – Section 3

The Johari Window is a simple and useful tool for understanding and training on self-awareness, and personal development. It is a model of self-awareness and is used to represent information including feelings, experiences, views, attitudes, skills, intentions, and motivation. The analogue of the Window represents the different aspects of oneself.

The analogy used by Joseph Luft and Harry Ingham to describe Johari's Window is as follows - Think about your home. Think about all the rooms and spaces in your home. Think about your windows. How many windows does your house have? Do they all give you the same view? Imagine if you looked out of the only one of them. What would happen? What would you see?

If we always looked out of only one window of our house, then our perspective of the world would be limited to the view out of that window. If we looked out to the sea, the world would look like all water. If it looked out to the mountains, the world would look like all mountains.

We have similar windows in our mind, and we tend to look out only through our own particular windows. This affects our perspective about ourselves and the world. The Johari Window has given four quadrants of the self. These are as follows:

- Arena or the Open Self – what is known by the person about himself/herself and is also known by others.
- Blind Spots or the Blind self – what is unknown by the person about himself/herself, but which others know.
- Façade or the Hidden Self – what the person knows about himself/herself that other do not know.
- Dark Self or the Unknown Self – what is unknown by the person about himself/herself and is also unknown by others.

Having an understanding of the self or being self-aware is important. Because when we have a better understanding of ourselves, we are able to experience ourselves as unique and separate individuals. We feel empowered to make changes and to build on areas of strengths as well as identify areas of improvements.

Self-awareness also help us check our negative perception about self, what we think and how we feel and perceive ourselves. A negative sense of self will lead to unpleasant affect or emotions and feeling and in turn affects our overall psychological wellbeing.

Facilitator Guide B.4 – Section 4

SELF-AWARENESS WORKSHEET

Arena Write things about yourself that everyone knows	
Façade Write things about yourself that nobody knows	
Blind Spot Ask a friend to tell you things about you that they think you do not know	

B.5. Understanding Social Well-being

Mandatory Online In-person

Social well-being is the third component of mental health. Do either of these activities below to introduce the concept.

B.5.1. Activity: Relationship Scale

Optional Online In-person

An important component of social well-being is healthy inter-personal relationships.

Step 1: Ask participants to think about all the relationship in their lives and place them on an importance scale in the worksheet provided in Facilitator Guide B.5 – Section 2. Give 5 mins. For this task.

Step 2: Ask the following questions and discuss:

- Why are all these relationships important?
- How would you feel if a very important relationship was no longer part of your life?
- How would you feel if a less important relationship was no longer part of your life?
- How would you feel if there is no relationship in your life?

Step 3: Introduce and explain the concept of social well-being. **Use Facilitator Guide B.5 – Section 1.**

B.5.2. Activity: My Magic Wall of Relationships

Optional Online In-person

Step 1: Ask participants to think about all the relationship in their lives and fill them in the worksheet provided in Facilitator Guide B.5 – Section 3. Give 5 mins. For this task.

Step 2: Ask the following questions and discuss:

- Why all these relationships are important?
- Describe in what ways the people you have marked as close (personal) are important to you?
- Describe in what ways the people you have marked as Social are important to you?
- Describe in what ways the people you have marked as Family are important to you?

Step 3: Introduce and explain the concept of social well-being. **Use Facilitator Guide B.5 – Section 1.**

Facilitator Guide B.5 – Section 1

Social well-being is the third component of mental health. It is one’s ability to make and maintain meaningful positive relationships with family, friends, neighbours, and co-workers. Good social well-being includes not only having relationships but also the ability to behave in a fair and just manner in the relationships and maintaining acceptable social standards.

We build our social wellbeing by interacting with people around us. These interactions involve using good communication skills, creating, and maintaining meaningful relationships, respecting ourselves and others, and creating support systems (with family and friends).

Social wellbeing is strongly linked to social inclusion and a sense of belonging. On the other hand, lack of or no relationship or unhealthy relationship can affect our overall mental well-being.

Facilitator Guide B.5 – Section 2

My Relationship Scale

Less important	Important	Very Important

Facilitator Guide B.5 – Section 3

My Magic Wall of Relationships

Relationship Type	Person	Ways he/she is important to me
Close (Personal)		
Social		
Family		

**Part C. COVID-19
and Children's
Mental Health**

Objectives	Expected Outputs
<ul style="list-style-type: none"> To understand the impact of the pandemic on children’s mental health To identify/recognize the signs and symptoms of mental illness in children 	<ul style="list-style-type: none"> Participants will learn about the impact of the COVID-19 pandemic on children’s mental health Participants will learn to recognize the signs and symptoms of mental illness and mental health issues in children
Methodology	Material Required
<ul style="list-style-type: none"> Presentation Discussion Activity Brainstorming 	<p>In-person (F): A4 sheets, pens/pencils, flip chart, markers, a small bowl or box, projector and screen or LCD screen, laptop or desktop, audio speakers, thumb pins, stapler and pins, double-sided tape, cello tape</p> <p>In-person (P): Notebook and pen</p> <p>Online (F): Laptop or desktop, online platform such as Zoom (or similar) with a professional subscription (including polls, breakout rooms, recording, etc.).</p> <p>Online (P): Good internet connection and a smartphone with a large screen or a laptop/desktop with Zoom (or similar) App installed.</p>
Prerequisites	
<p>In-person (F): The training room must be able to accommodate 20-25 participants in a circular seating setup.</p> <p>Online (P): Participants must be comfortable with Zoom (or similar) App and be seated in a private space without external noise and distractions.</p>	

The recent pandemic and subsequent lockdown have had a profound impact not only on the physical health of the children, but also on their mental health and well-being. In a study, it was found that the onset of COVID-19 outbreak has lowered children’s emotional well-being by 74%.

There are multiple factors directly or indirectly associated with the pandemic, that may affect the mental health and well-being of children. In this section, an attempt will be made to explore the factors which may affect children’s mental health and its impact.

C.1. Understanding the Pandemic Impact on Child Mental Health

Mandatory Online In-person

C.1.1. Activity: Open Discussion and Brainstorming

Mandatory In-person

Step 1: Ask each participant to tell one major change that he/she has observed in children during the pandemic.

Step 2: Write down all the answers given by participants on a flip chart.

Step 3: Discuss the information given in Facilitator Guide C.1.

Online

If this activity is to be done online, ask participants to type their answers in the chat window. Or send a link to a form where participants can record their answer.

Facilitator Guide C.1

The impact of COVID-19 and subsequent lockdown has been felt differently amongst different populations. The impact on mental health will always be more on one group i.e., children. Children may face additional challenges to understand, absorb and deal with the changes that COVID-19 is bringing into their lives. Due to closing of the schools, children's interaction and communication with their playmates and school mates, their play time, social bonding with their peers, regular routines have been hindered, which are vital for their growth, development, and learning.

The children who are at most significant risk are the youngest ones as their brains are still developing and are being exposed to high levels of stress and isolation, which can lead to permanent abnormal development.

Children exposed to stressors such as separation through isolation from their families and friends, seeing or being aware of critically ill members affected with corona virus, or the death of loved ones or even thinking of their own death from the virus can cause them to develop anxiety, panic attacks, depression, and other mental illnesses.

The impact of pandemic on the mental health of children is manifold and has affected various aspects of their lives.

- Development of psychiatric illness/disorders like depression, anxiety, PTSD, etc.
Constant fear of contracting the virus, restricted social interaction and isolation makes children more anxious, worried, and sad. If it continues for a longer period and with no support and intervention, children can develop psychiatric illnesses like depression, anxiety, panic attacks, etc. They may experience:
 - Difficulties in sleeping and eating
 - Nightmares
 - Being withdrawn or aggressive
 - Complain of pain in stomach or headache without any physical reason
 - Fears or afraid to be left alone
 - Clinging, depending behaviours
 - New fears manifest (for instance of the dark)
 - Decreased interest in playing and engaging in playful activities
 - Being sad, crying more than usual or for no apparent reason
- Relapse of psychiatric illness
Children who have been or had been suffering from psychiatric illness prior to the COVID-19 may witness a relapse of the illness.
- Loss of interpersonal relationship
The migration and isolation due to pandemic has also resulted in the loss of relationships for the children. Children who, with their family, moved back to their native villages, lost contact with their peers, friends, school, and teachers. This change and loss associated with the pandemic may lead children to experience grief, sadness and at time this may manifests in anger and violence or loss of interest in academics.
- Loss of loved ones due to pandemic and experience of grief
Loss touches all our lives, yet we frequently fail to recognize its existence except in extreme cases such as death, war, or natural disasters. Loss of friendships, loss of school or education, loss of loved ones due to death, loss of a parent's job are all such conditions that can have an impact on the mental health of children. All such losses whether tangible or intangible, involves a grieving process and if it is not recognized and acknowledged and unless support is received, any such significant change will become and probably remain a source of stress. If the children continue to experience loss for a longer duration without any support or intervention then very likely children may develop mental health issues ranging from loss of interest, depression to developing psychiatric illness.
- Low self-esteem and self-concept
Children who witness abuse and violence often blame themselves for the abuse. They feel unwanted and think poorly of themselves. Children who may have witnessed or faced abuse at home may develop feeling of poor sense of worth or low self-esteem.

- Impact of digitalization of education

This is key as it can spawn a lot of other issues under the guise of education.

- Health issues (eye strain, myopia, poor posture, headaches, dry eyes, carpal tunnel syndrome, etc.)
- Safety and Security issues (exposure to pornographic material, underage social media interactions, cyber-bullying, grooming, etc.)
- Academic issues (mindless copy/paste, loss of writing skills, loss of spelling skills, plagiarism, adoption of unfair means during exams, etc.).

- Impact due to loss of education

Due to the pandemic and migration, a lot of children were forced to leave their school and go back to their native villages. This has resulted in the loss of school and education. The pandemic has seen an increase in the dropout rate of children, especially girl children.

- Increased vulnerability

The pandemic has also raised the protection concerns of the children. A sharp increase was reported in the cases of abuse and violation of child rights during the lockdown such as increase in the cases of child marriages and trafficking of children for the purpose of sexual exploitation, marriage, etc.

- Impact of closure of schools and disruption in regular studies

Closure of schools and disruption of regular studies have increased the anxieties and worries of children. The impact of closure of schools and disruption in regular studies can be variable for different grades. The impact is very different for primary as that is a high developmental stage where socialization deficits can be debilitating in the long run. In secondary, it's more a matter of loss of academic curriculum and potential impact on future options for livelihood. In middle school, it's about losing out on the fundamentals that provide a base for secondary.

C.2. Recognizing Signs and Symptoms of Mental Health Issues

Mandatory Online In-person Facilitators

Young children in difficulty may have underlying mental health issues. The manifestation of the mental health issues by children can be variable. In the same situation, some children may become silent or withdrawn, whereas others may express anger and hyperactivity. Teachers/schools need to look beyond the behaviour of the children to understand what might be going on with a child.

C.2.1. Activity: Presentation

Mandatory Online In-person Facilitators

Prerequisite: Create a presentation with the material given in Facilitator Guide C.2.

Step 1: Present the warning signs and symptoms of mental health issues in children with the help of the presentation.

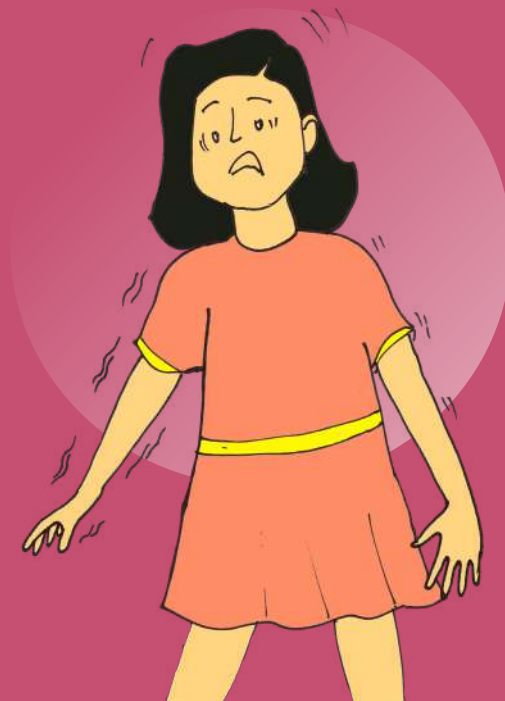
Step 2: Share the specific warning signs and symptoms of various mental illnesses and other mental health issues faced by children as given in Annexure II.

Step 3: Share that some of these may require immediate support or intervention from the adults in the child's life or may require the support of a professional counsellor or mental health expert.

Warning Signs and Symptoms for Mental Health Issues

Feelings

- Persistent sadness
- Hopelessness
- Anxiousness
- Being afraid
- Guilt and shame
- Being irritable and angry most of the time for no apparent reason
- Significant changes in mood unrelated to events
- Feeling bad about oneself or one's appearance
- Lacking energy to do things
- Feeling tired most of the time



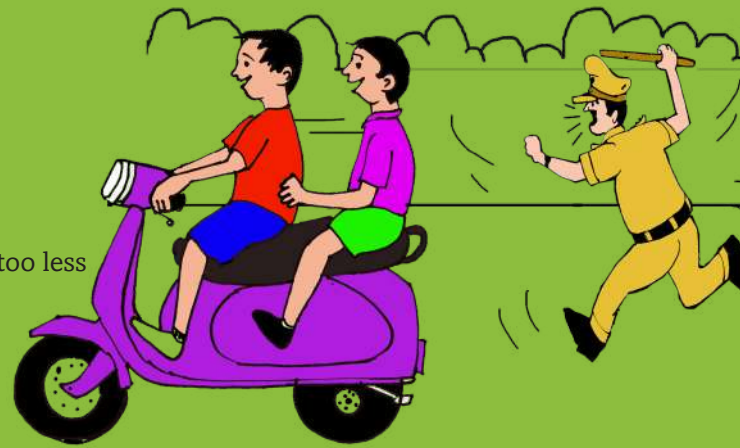
Thoughts

- Preoccupation with death and dying
- Thoughts about suicide or hurting oneself
- Overly rapid thoughts and ideas
- Thinking of oneself as bad or evil
- Finding it difficult to make decisions
- Limited understanding and difficulty with conceptual thinking
- Suspicious and inability to trust anyone



Behaviour

- Being overly isolated or withdrawn
- Avoiding social situations
- Crying a lot for no apparent reason
- Having irrational fears that affect to function normally
- Showing loss of interest in leisure activities
- Inability to enjoy themselves
- Disturbed sleep pattern – either sleeping too much or too less
- Nightmares
- Beginning to act in a sexually proactive manner
- Drug or alcohol use
- Increase risk taking behaviour
- Disturbed eating pattern – eating too much or starving self
- Undergoing significant weight loss or gain
- Lacking in energy or bored
- Often complaints of headaches, stomach aches or general illness
- Restless, fidgety or being hyperactive
- Self-harm
- Talking about suicide
- Behaving in age-inappropriate manner – regressive behaviour
- Often starting fights with other pupils
- Regularly breaking the rules with little regards for the feelings of others
- Adopting ritualistic, repetitive, or routine behaviour that appears to be irrational
- Aggression towards adults and other pupils



Some common stress reactions to any disaster may include:

- Confusion
- Fear
- Feelings of hopelessness and helplessness
- Sleep problems
- Physical pain
- Anxiety
- Anger
- Grief
- Shock
- Aggressiveness
- Withdrawal
- Guilt
- Shaken religious faith
- Loss of confidence in self or others.
- Keep a check on the following also:
 - Status messages of children
 - Level of WhatsApp (or similar) group participation
 - Attendance and participation in online classes
 - Quality of work submitted and responses in class
 - Sentiments expressed in reflective writing (essays, dear diary, etc.)
 - Sentiments expressed through art
 - Social media presence and activity
 - Learning circles of 5-8 children



These can give important insights into the mental health of children. A number of these checks must be carried out proactively, rather than passively. The community worker must make an effort to track these mechanisms to remain on top of things. For example, if phone numbers are not stored in the phone and kept up to date, one cannot track status messages. Or, if art and reflective writing are not solicited, there will be no way of knowing.

Note: In difficult circumstances, emotional reactions are common and normal phenomena. But if you are concerned that a child may be struggling with a mental health problem then observe and consider the following:

- **Frequency:** how often does the child exhibit the behaviours of concern?
- **Duration:** how long do they last?
- **Intensity:** to what extent do the behaviours interfere with the child's activities?

The age specific reactions to trauma are given in **Annexure III**.



Part D. **Psychological
First Aid (PFA)**

Objectives	Expected Outputs
<ul style="list-style-type: none"> ■ To understand the concept of Psychological First Aid (PFA) ■ To learn how to provide PFA to children in times of crisis ■ To learn basic skills required to deliver PFA ■ To explore and understand what constitutes a 'Safe and Caring Environment' 	<ul style="list-style-type: none"> ■ Participants will learn about the concept of PFA ■ Participants will learn how to support and provide PFA to children in times of crisis ■ Participants will learn about the basic skills required to deliver PFA ■ Participants will learn how to create a safe and caring environment for children in school
Methodology	Material Required
<ul style="list-style-type: none"> ■ Presentation ■ Discussion ■ Activity ■ Scenarios ■ Brainstorming 	<p>In-person (F): A4 sheets, pens/pencils, flip chart, markers, a small bowl or box, projector and screen or LCD screen, laptop or desktop, audio speakers, thumb pins, stapler and pins, double-sided tape, cello tape</p> <p>In-person (P): Notebook and pen</p> <p>Online (F): Laptop or desktop, online platform such as Zoom (or similar) with a professional subscription (including polls, breakout rooms, recording, etc.).</p> <p>Online (P): Good internet connection and a smartphone with a large screen or a laptop/desktop with Zoom (or similar) app installed.</p>
Prerequisites	
<p>In-person (F): The training room must be able to accommodate 20-25 participants in a circular seating setup.</p> <p>Online (P): Participants must be comfortable with Zoom (or similar) and be seated in a private space without external noise and distractions.</p>	

Note: This section is for teachers and caregivers only.

Teachers are in an excellent position to help their students after any disaster, crisis, or emergency. Just as teachers help children to connect with appropriate academic and counselling services under normal circumstances, teachers can also help children return to school, stay in school, continue to learn, and return to their usual activities after any emergency/pandemic like situation or a personal tragedy. Teachers can help their students if they:

- Take a proactive approach and look for signs of distress in children
- Identify children who need support to deal with a crisis
- Observe or listen to them for risk factors or for any adverse reactions
- Provide them immediate support
- Connect them to appropriate services that might help children deal with a crisis.

This is called providing Psychological First Aid (PFA) - just as in time of accident or medical emergency people are given medical first aid and linked to necessary medical aid, PFA is provided in times of mental crises.

In the earlier section, we attempted to understand the concept of Mental well-being and its components. In this section, we will learn how a teacher can deliver PFA to a student and what skills are needed for the same.

D.1. Understanding PFA

Mandatory Online In-person Facilitators

D.1.1. Activity: Understanding PFA

Mandatory Online In-person Facilitators

Prerequisite: Create a presentation with the material in Facilitator Guide D.1.

Step 1: Present different aspects of PFA with the help of a presentation.

Step 2: Share the additional material on age-specific reactions to trauma as given in Annexure III and the detailed material on PFA as given in Annexure IV.

Step 3: Share that PFA may require immediate support or intervention from a professional counsellor or mental health expert.

Facilitator Guide D.1

What is PFA?

PFA is a humane supportive response to a fellow human being who is suffering and who may need support.

What does PFA involve?

It involves:

- Providing practical care and support, which does not intrude
- Assessing needs and concerns
- Helping people to address basic needs (for example, food and water, information)
- Listening to people, but not pressuring them to talk
- Comforting people and helping them to feel calm
- Helping people connect to information, services, and social supports
- Protecting people from further harm

What does not constitute PFA?

It is important to understand what PFA is not. It is not:

- Something only professionals can give
- Professional counselling
- Clinical or psychiatric intervention (although it can be part of good clinical care)
- Psychological debriefing
- Asking someone to analyse what happened to them
- Asking someone to put time and events in order
- Pressing people to tell you their story
- Asking people details about how they feel or what happened or their reactions to an event

Why is PFA needed for children?

PFA is needed because in crisis events, children:

- React and think differently than adults
- Have specific needs according to their ages
- Are vulnerable to adverse effects due to their physical size and social and emotional attachments to caregivers

What is the goal of PFA?

The goal of PFA is to create and sustain an environment of:

- Safety
- Calm and Comfort
- Connectedness
- Self-Empowerment
- Hope

PFA addresses basic needs, reduces psychological distress by providing a caring and comforting presence, and provides education on common stress reactions. It empowers the individual by supporting strengths and encouraging existing coping skills. It also provides connections to natural support networks, and referrals to professional services as and when needed.

Where and when should PFA be used?

PFA can be used in any setting where children are found in trauma - in shelters, schools, hospitals, private homes, at workplace, and in community settings.

PFA is aimed at helping people who have been very recently affected by a crisis event. This is usually done during or immediately after an event. However, it may be given sometimes days or weeks after the event, depending on how long the event lasted and how severe it was. One can provide PFA at the first contact with any distressed child.

What are the basic objectives of PFA?

- Establish a human connection in a non-intrusive, compassionate manner
- Enhance immediate and ongoing safety and provide physical and emotional comfort
- Calm and orient emotionally overwhelmed or distraught survivors
- Help survivors to tell specifically what their immediate needs and concerns are and gather additional information as appropriate
- Offer practical assistance and information to help survivors address their immediate needs and concerns
- Connect survivors as soon as possible to social support networks, including family members, friends, neighbours, and community resources
- Share and support adaptive coping mechanisms, acknowledge coping efforts and strengths, and empower survivors
- Encourage adults, children, and families to take an active role in a survivor's recovery
- Provide information that may help survivors cope effectively with the psychological impact of disasters
- Be clear about your availability, and (when appropriate) link the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations

D.2. Delivering PFA

Mandatory Online In-person Facilitators

D.2.1. Activity: Delivering PFA

Mandatory In-person Facilitators

Step 1: Do a role play along with your co-facilitator of how PFA can be provided to a distressed child.

Step 2: Discuss about delivering PFA. Use the content given in Facilitator Guide D.2.

Note: If the training is done online, play a simulation video for delivery of PFA. The links for the videos are given in Facilitator Guide D.2.

Additional material has been provided in Annexure IV.

Facilitator Guide D.2

Links for Simulation videos

https://www.youtube.com/watch?v=kly45u9ml_A

<https://www.youtube.com/watch?v=h0L6u68tbI>

<https://www.youtube.com/watch?v=nCtKGrJQ7sw>

<https://www.youtube.com/watch?v=8i8CMPhsxT0>

Delivering PFA: Action Principles for PFA for Children

Prepare

- Learn about the crisis event/situation
- Learn about the available services and support
- Learn about the safety and security concerns

Look

- Check for the safety of the child
- Look for children with obvious urgent basic need
- Look for children, parents, care-givers with serious distress reactions

Listen

- Approach children and parents who may need support
- Ask about their needs (of children, parents and care-givers) and concerns
- Listen to them and help them to feel calm

Link

- Help children address basic needs and access to services
- Help children cope with problems
- Give correct and age-appropriate information
- connect children with loved ones and social support

Prepare

Crisis situations can be chaotic and often need urgent action. However, wherever possible before entering a crisis site, try to get accurate information about the situation. Consider the following questions before entering a crisis site:

The crisis event	<ul style="list-style-type: none"> ■ What happened? ■ When and where did it take place? ■ How many people are likely to be affected and who are they?
Available services and supports	<ul style="list-style-type: none"> ■ Who is providing for basic needs like emergency medical care, food, or counselling for children? ■ Where and how can people access those services? ■ Who else is helping? Are community members involved in responding?
Safety and security concerns	<ul style="list-style-type: none"> ■ Is the crisis event over or continuing, such as an aftershock from an abuse or conflict? ■ What dangers may be present in the environment? ■ Are there areas/site to avoid entering because they are not secure or safe (for example, obvious physical dangers) or because you are not allowed to be there?

Look

In crisis and disaster scenarios, in this stage the PFA user needs to determine which individuals are most in need of immediate care and assist them first. It could be possible that some children may be more impacted by the pandemic and require immediate assistance. For instance, a toddler might be showing more signs of stress than a third-grader, or vice versa. Look and prioritize the needs of such children. Ask the questions and deliver the important message.

Safety	<ul style="list-style-type: none"> ■ What dangers can you see in the house or in the community of the child, such as active conflict, abuse, or violence at home? ■ Can you be there without likely harm to yourself or others? 	<ul style="list-style-type: none"> ■ If you are not certain about the safety of the crisis site, then do not go. Try to get help for people in need. If possible, communicate with people in distress from a safe distance like on phone, if possible.
People with obvious urgent basic needs	<ul style="list-style-type: none"> ■ Does anyone appear to be critically injured and in need of emergency medical help? (In case of abuse or violence at home – domestic violence) ■ Does anyone seem to need rescuing, such as children who might imply sexual abuse at home? ■ Does anyone have obvious urgent basic needs, such as food, protection? ■ Which people may need help in terms of accessing basic services and special attention to be protected from discrimination and violence? ■ Who else is available around you to help? 	<ul style="list-style-type: none"> ■ Know your role and try to get help for people who need special assistance or who have obvious urgent basic needs. ■ Take the help of child protection agencies such as CHILDLINE -1098, CWCs, SJPU, DCPU and CWPOs.
People with serious distress reactions	<ul style="list-style-type: none"> ■ Are there people who appear extremely upset, not able to move on their own, not responding to others, or in shock? ■ Where and who are the most distressed people? 	<ul style="list-style-type: none"> ■ Consider who may benefit from PFA and how you can help best. ■ In case the distress is severe, it is best to refer to a professional counsellor or therapist or psychiatrist, if needed.

Listen

Listening actively to people/children you are helping is essential to understand their situation and needs, to help them to feel calm, and to be able to offer appropriate help. Learn to listen with your:

- Eyes: giving the child your undivided attention
- Ears: truly hearing their concerns
- Heart: with care and showing respect

Approach children and parents who may need support

- Approach people respectfully and according to their culture.
- Introduce yourself by name and organization
- Ask if you can provide help.
- If possible, find a safe and quiet place to talk.
- Help the person feel comfortable; for example, offer water if you can.
- Try to keep the person safe.
- Remove the person from immediate danger, if it is safe to do so.
- Try to protect the person from exposure to the media for their privacy and dignity.
- If the person is very distressed, try to make sure that they are not alone.

Ask children, parents and care-givers about their needs and concerns

- Although some needs may be obvious, such as food, but always ask what people need and what their concerns are.
- Find out what is most important to them at this moment, and help them work out what their priorities are.
- Since the module focus on the education of the children, PFA uses will also make an assessment of the reason for dropout or if there are chances of dropout from school and make a note of it.

Listen to them and help them to feel calm

- Stay connected to the person
- Do not pressure the person to talk.
- Listen in case if they want to talk about what happened to them.
- If they are very distressed, help them to make feel calm and try to make sure they are not alone.

Link

The next step in the process is to link children with resources.

Help children address basic needs and access to services	Help children cope with problems	Give information	Connect children with loved ones and social support
<ul style="list-style-type: none">■ Immediately after a crisis event, try to help the children in distress to meet the basic needs they request, such as food, water, medical support.■ Learn what specific needs children have - such as health care, clothing or material for reading or educational link or source for entertainment etc. and try to link them to the available help.■ Make sure vulnerable or marginalized people are not overlooked.■ Follow up with people, if you promise to do so.	<ul style="list-style-type: none">■ Help children identify supports for themselves, such as friends or family, who can help them in the current situation.■ Give practical suggestions for children to meet their own needs (for instance, explain how they can register for on-line classes or course during the pandemic).■ Ask the child to consider how they coped with difficult situations in the past, and affirm their ability to cope with the current situations.■ Ask the child what helps them to feel better. Encourage them to use positive coping strategies and avoid negative coping strategies.	<ul style="list-style-type: none">■ Children affected by a crisis event will want accurate information about: -<ul style="list-style-type: none">- the event;- loved ones or other who are impacted;- their safety;- their rights;- how to access the services and things they need.	<ul style="list-style-type: none">■ Help keep families together, and keep children with their parents and loved ones.■ Help children to contact friends and relatives so they can get support, for instance, provide a way for them to call their friends, teachers etc. for support.■ Help bring parents and child together to help each other.

D.3. Building Skills to Provide PFA

Mandatory Online In-person Facilitators

In this section, we would be learning about the skills required to effectively provide PFA to children. The following core skills are necessary to support children in times of crisis:

- Rapport Building
- Active Listening
- Reflection and Paraphrasing
- Communication

Carry out the activities given below and **use Facilitator Guide D.3** to explain all the skills one by one.

D.3.1. Activity: Building and Maintaining Rapport with Children

Mandatory Online In-person Facilitators

The purpose of this activity is to identify and explore the skills and strategies use to build and maintain rapport and a trusting relationship.

Step 1: Divide participants into three groups.

Step 2: Give each group one topic to brainstorm for 10 mins. Each topic is considered an important aspect of rapport building:

1. How to Look
2. How to Sound
3. How to Begin

They should brainstorm about specific ways to build rapport under each topic. Encourage specific responses. For example, if someone says, “look welcoming,” ask, “Exactly, what does that look like?”

Step 3: Ask each group to present their topic one-by-one.

Step 4: Share the details of each topic. Use information provided in Facilitator Guide D.3 – Section 1.

Facilitator Guide D.3 – Section 1

How do you look? (in-person and online – audio and/or video)

- Is your body relaxed?
- Do you smile easily?
- What mannerisms are you aware of that might distract? For example, hair twisting, leg bouncing, pen playing, etc.
- What does your face look like when you are concentrating?
- How would you describe your ‘professional’ appearance?
- How do you show that you are listening? For example, nodding, appropriate eye contact, etc.

How is your voice and voice tone? (in-person and online – audio and/or video)

- Are you speaking clearly? Slowly, so others can understand you.
- Are you speaking gently and softly (confidentially)?
- Do you avoid using slang? For example, “whatever...”.
- Do you explain any abbreviations you use?
- How do you show that you are listening? For example, restating what you heard from the client.

How do you begin your interaction? (in-person and online – audio and/or video)

- How do you introduce yourself?
- What words of welcome do you use? For example, “How can I help you today?”
- What questions do you ask?
- How do you ask these questions?
- How do you show respect?
- How do you build trust?

Rapport is the ability to relate to others in a way that creates a level of trust and understanding. It is important to build rapport with them at the time of any crisis to make them feel comfortable and relaxed. Building and maintaining good rapport with children will also help them to open-up about their experience of the crisis and be more willing to accept help.

D.3.2. Activity: Developing the Skill of Active Listening

Mandatory Online In-person Facilitators

Prerequisite: Select a picture which participants can draw easily within 1-2 min.

- Step 1:** Share the picture on the screen and ask participants to draw it as perfectly as possible. Give 2 mins. for this.
- Step 2:** In the background, play a song and instruct the participants to listen to the song and to try remember the lyrics of the song.
- Step 3:** Ask the participants if they can remember the lyrics of the song and ask them to sing the whole song.
- Step 4:** Ask the participants what they feel about the activity? Did they find it difficult to do two things at the same time?
- Step 5:** Share the concept of active listening. **Use Facilitator Guide D.3 – Section 2** for reference.

Facilitator Guide D.3 – Section 2

Active Listening is the key component of providing PFA. It is one of the most important things that one can do, which we often take for granted – to listen actively and carefully. Many times, people will tell what they need, they can even direct how to help them, but the key is, one is really willing to actively listen to them and respond accordingly.

Active listening requires that we must be present at that moment, not just physically but mentally also. We must be compassionate and patient enough to listen to the stories and experiences that someone is willing to share. In the absence of it, one might try to force the help that others may not even require. It becomes one size fits all. Therefore, it is important to develop the skill of active listening so that individual needs of the children can be identified, and effective support can be provided.

D.3.3. Activity: Mirroring Emotions

Mandatory

Online

In-person

Facilitators

The objective of the activity is to experience empathy and understand reflection and paraphrasing.

Step 1: Ask participants to find a partner and form a circle of pairs.

Step 2: Ask the pairs to face each other and designate each other as A and B.

Step 3: In Round 1 ask A to play the ‘person’ and B to play the ‘mirror’.

Step 4: Ask A to make a movement or express an emotion and ask B to mirror or copy it as accurately as possible. Ask all pairs to do this for 2-3 mins.

Note: Encourage the participants to make as many movements as possible for their mirror images to follow, beginning with facial expressions, then body movements.

Step 5: In Round 2 ask them to switch; ask B to play the ‘person’ and A to play the ‘mirror’.

Step 6: Ask B to make a movement or express an emotion and ask A to mirror or copy it as accurately as possible. Ask all pairs to do this for 2-3 mins.

Step 7: Discuss how they felt about it. Use the following questions during the discussion:

- What did you feel about the activity?
- When you were the mirror, how were you able to keep up with the movements of the person you were reflecting?
- How did you feel when you saw your own expressions and movement being mirrored?
- When, in our life, do we feel the need to reflect each other’s emotions and why?

Step 8: Explain the concept of reflection and paraphrasing. **Use Facilitator Guide D.3 – Section 3** for reference.

Facilitator Guide D.3 – Section 3

Reflection and paraphrasing

Accurate acknowledgement of a child's feelings is necessary and critical to support the child. Noting key feelings and helping the child understand, accept, or clarify the feelings is one of the important skills in providing support to the child. Reflection is like holding a mirror for the child to help him see the emotions that the child may be experiencing. When we use the skill of reflection, we are looking to match the tone, the feeling of the words, and the child's facial expression or body language as they spoke.

Paraphrasing is repeating back the understanding of the feelings and thoughts shared by the child using their own words. A paraphrase reflects the essence of what has been shared by the child. The skill of paraphrasing is important as it helps the child to feel both heard and understood.

If the skill of paraphrasing is done accurately and currently, it helps to communicate empathy to the child and help in building a better and stronger relationship.

Empathy is the ability to put oneself in someone else's shoes - to understand the other person's situation, perceptions, and feelings from their point of view - and to be able to communicate that understanding back to the person.

D.3.4. Activity: Role Play on Communication

Mandatory

Online

In-person

Facilitators

- Step 1:** Ask for 10 volunteers. Ask them to form 5 pairs.
- Step 2:** Explain that one person in each pair will play the role of someone who has just witnessed a car accident. The other person in each pair will play the role of the helper.
- Step 3:** Share (on five pieces of paper) the five different instructions given in Facilitator Guide D.3 – Section 4 - one to each helper – and ask them to not share with anyone including their partner.
- Step 4:** Give 3 minutes to each pair for their role play. Ask remaining participants to note down their observations.
- Step 5:** Hold a discussion by asking the distressed people in the role play what happened and how they felt during the conversation. Ask the helpers what they were trying to do. Then ask the participants to share their observations.

Note: *The purpose of this exercise is to show the importance of both verbal and non-verbal communication. A list of Do's and Don'ts of Effective Communication with Children while providing PFA is provided in Annexure IV.*

Facilitator Guide D.3 – Section 4

Situations for Role Play

On a slip of paper give any of the below mentioned instruction/situation to the participant playing the role of the helper. As the distressed person talks to the helper and tells their story, the helper act as instructed in the slip. The following instructions/ situation can be given:

Pair 1: Look around the room and appear distracted.

Pair 2: Interrupt and prevent the distressed person from telling their story.

Pair 3: Change the subject frequently.

Pair 4: Talk to or text someone else when the distressed person is talking.

Pair 5: Pressure the distressed person to tell his/her story in a particular sequence or in a manner which more comfortable with the helper.

Stay in your role throughout the interaction, even though it may not be how you would normally act!

Communication Skills (verbal and non-verbal)

Communication is a vital key to build a trusting and helping relationship. Especially, at the time of crisis or distress, a reassuring word, communicating empathy through words or gestures is essential. Communication helps to explore, express, and clarify the thoughts, feelings, and attitudes of an individual, which become the basis for a supportive, helping, and long-term healthy relationship.

D.3.5. Activity: Paper Cut

Mandatory

Online

In-person

Facilitators

The activity highlights the importance of perception and asking questions in the communication process. It illustrates the importance of clarification in communication and helps us check our own perception of a situation and how it can differ from others.

Step 1: Distribute one sheet of A4 size paper to each participant.

Step 2: Explain that they will be given a set of instructions and they must follow the instructions precisely and quietly, without asking any questions from the facilitator or even from each other. They must not look at someone else's work either.

Note: For better results, you can ask participants to close their eyes just before starting the instructions.

Step 3: Call out the following instructions to the participants slowly, one by one:

1. Hold up the papers please.
2. Fold the paper in half.
3. Cut (or neatly tear) off the top right corner of the folded paper.
4. Fold in half again.
5. Cut off the top left corner of the paper.
6. Fold in half again.
7. Cut off the bottom right corner of the paper.

8. Fold in half again.
9. Cut off the bottom left corner of the paper.
10. Unfold the paper.

Step 4: Ask participants to open their eyes and show their papers to each other and examine similarities or differences.

Step 5: Discuss about the activity with the following questions:

- Did you all end up with similar patterns or there were different patterns? Why is that?
- Were the instructions clear enough?
- What was missing from the instructions?
- Why is clarification critical in communication?
- What happens if we do not clarify the instruction or doubts in the conversation?

Part E. **Supporting
Children to
Continue
School/
Education**

Objectives	Expected Outputs
<ul style="list-style-type: none"> ■ To explore the factors responsible for potential or existing dropouts from school ■ To assess the need for interventions in supporting children to continue school/education 	<ul style="list-style-type: none"> ■ Participants will explore and understand the potential or existing factors for dropouts from school ■ Participants will learn to assess the need and plan interventions to support children to continue school/education
Methodology	Material Required
<ul style="list-style-type: none"> ■ Presentation ■ Discussion ■ Activity 	<p>In-person (F): A4 size sheets, pens/pencils, flip chart, markers, a small bowl or box, projector and screen or LCD screen, laptop or desktop, audio speakers, thumb pins, stapler and pins, double-sided tape, cello tape</p> <p>In-person (P): Notebook and pen</p> <p>Online (F): Laptop or desktop, online platform such as Zoom (or similar) with a professional subscription (including polls, breakout rooms, recording, etc.).</p> <p>Online (P): Good internet connection and a smartphone with a large screen or a laptop/desktop with Zoom (or similar) APP installed.</p>
Prerequisites	
<p>In-person (F): The training room must be able to accommodate 20-25 participants in a circular seating setup.</p> <p>Online (P): Participants must be comfortable with Zoom (or similar) APP and be seated in a private space without external noise and distractions.</p>	

Note: This section is for community workers and caregivers only.

Coupled with many socio-economic deprivations for economically weaker families such as loss of livelihood opportunities, greater risk of virus spread etc., COVID-19 has amplified an already dismal situation of children's education. COVID-19 has resulted in reverse migration from cities to native villages or towns. It is assumed that these will certainly increase dropout rates of school children, especially in a rural setup. The effect on girls is going to be even more serious given the predominant patriarchal social and family structures. Such deprivations can have serious impacts on the overall mental health of children and their access to equal opportunities and education, especially for girls.

Therefore, in this section, an attempt has been made to understand the factors, which may be responsible for increase in dropout rates of children from school and measures that can be taken-up by community workers/field workers in supporting children to continue their education.

E.1. Exploring Factors Responsible for Dropouts from School

Mandatory Online In-person Facilitators

E.1.1. Activity: Factors Affecting Dropout Rates

Mandatory In-person Facilitators

Step 1: Divide the participants into four equal groups.

Step 2: Ask group members to sit together.

Step 3: Give each group a chart paper with one of the following topics on it.

- Chart 1: Individual/personal factors
- Chart 2: Factors within the family
- Chart 3: Social factors
- Chart 4: Economic factors

Step 4: Ask the participants to brainstorm and list down all the factors, which may affect dropout rates of children on the given topic.

Step 5: Once the groups have finished listing the factors ask each group to present their list one-by-one.

Step 6: Discuss on the basis of the list given in Facilitators Guide E.1.

If this activity is to be done online, use breakout rooms.

Chart 1: Individual/personal factors

- Poor health
- Ongoing psychiatric illness
- Living or staying alone
- Disability
- Children with certain personality traits – extrovert
- Perception of pandemic



Chart 2: Factors within the family

- Witnessing violence at home
- Experiencing abuse and violence at home
- Poor relationships with parents and other family members
- Ill health of any parent or family members
- Poor relationships at home amongst the family members
- Witnessing death at home
- Socio-economic condition of the family
- Increase in home chores especially for girl child



Chart 3: Social/ Environmental factors

- Closure of schools
- Disruption of regular studies
- Social distancing and isolation
- Digitalization of education
- Moving to new place – due to migration
- Fake news/too much of news about pandemic

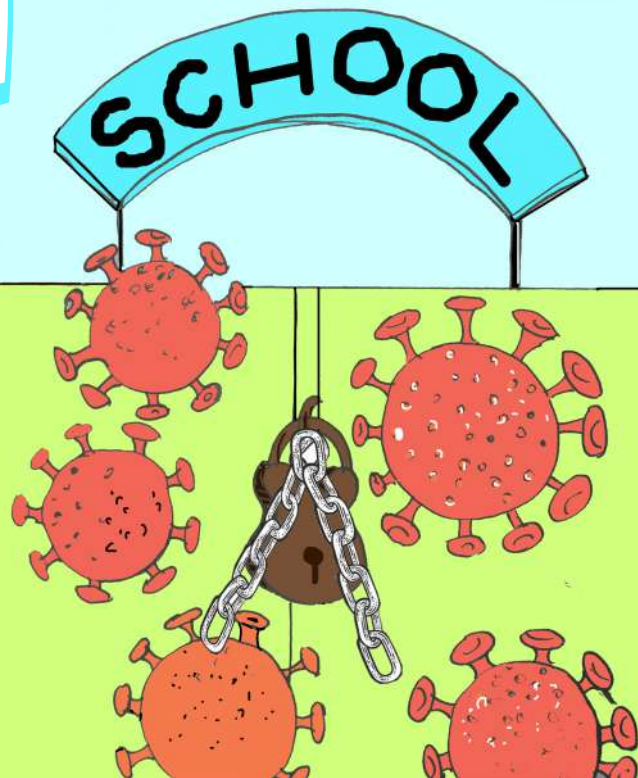


Chart 4: Economic factors

- Access to food and shelter
- Loss of parent's job
- Non-availability of the resources to continue education such as android phone, internet connection etc.
- Reverse migration – leaving of school/ education



E.2. Supporting Children to Continue their School/Education

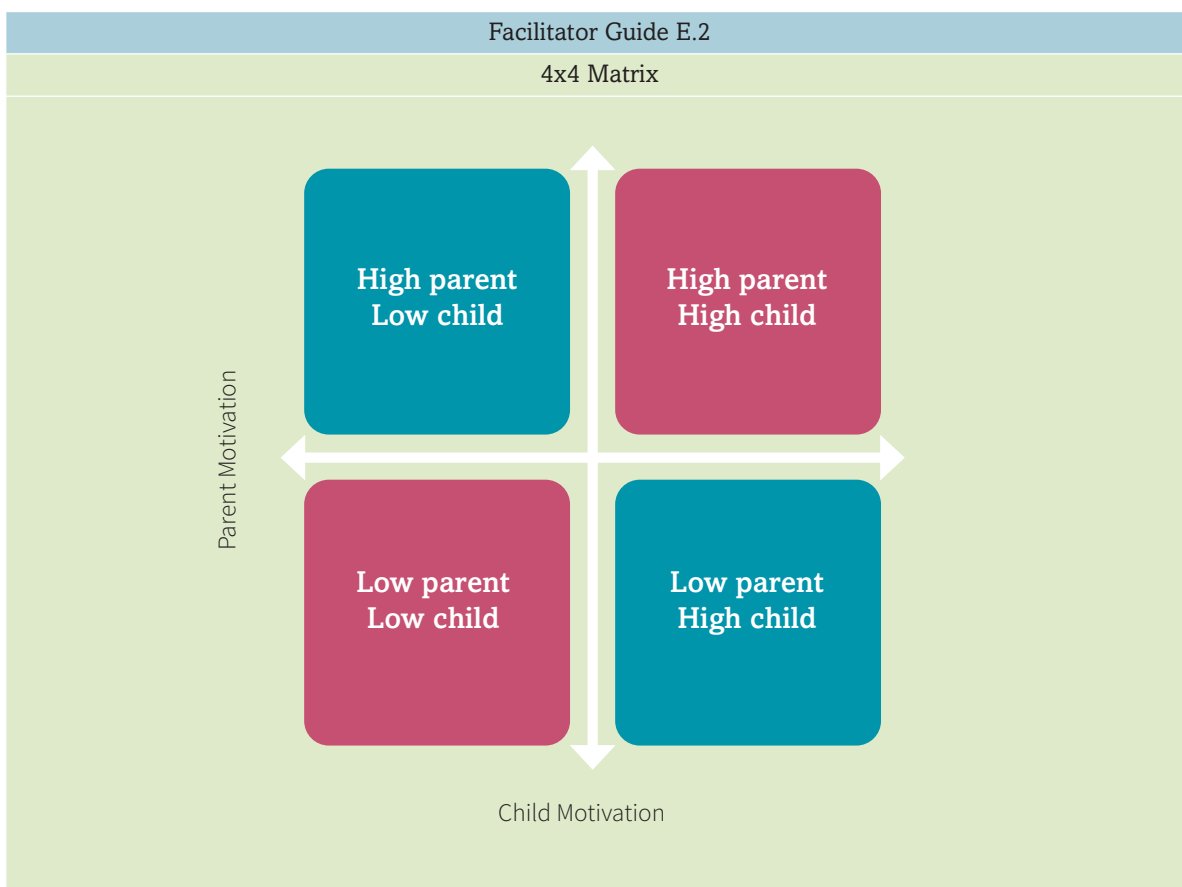
Mandatory Online In-person Facilitators

Before attempting any interventions, it is important to ascertain what kind of help is needed to enable the child to continue their education.

E.2.1. Activity: 4x4 Objective Bucketing

Mandatory Online In-person Facilitators

- Step 1:** Based on the factors explored and discussed in the previous activity, ask the participants to think and identify children who would require support for continuing their school or education.
- Step 2:** Share the 4x4 matrix with the participants. **Use Facilitator Guide E.2.**
- Step 3:** Ask participants to bucket the factors in the four quadrants of the 4x4 matrix.
- Step 4:** Explain what factors can be bucketed in each quadrant with the help of an example. Let the participants do the rest of the factors. Give 5-7 mins for this.
- Step 5:** Hold a discussion with the participants and explore the interventions that can be provided to their identified children to continue their school/education.



High Parent/Low Child: It is a situation where the parent is motivated or willing to send the child to school, but the child is refusing to go to school. The typical interventions for this situation could be:

- Talking to the child and delivering PFA, if needed
- Counselling the child on the importance of education
- Carrying out further assessment to identify any possible physical or mental health issues
- Carrying out preliminary assessment to rule any disability – Intellectual disability, learning disability etc.
- Referring or linking the child to a professional

High Parent/High Child: It is a situation where both parent and child are willing to continue the studies but due to logistical or other issues are unable to do so. The typical interventions for this situation could be:

- Providing logistical support such as helping (or linking) in preparation of documents
- Helping in securing admission to a school
- Explaining the admission process
- Helping in resource mobilization (ration, books, etc.) for education

Low Parent/Low Child: It is a situation where both child and parents are not willing to continue the studies due to multiple factors. The typical interventions for this situation could be:

- Talking to the child and delivering PFA, if needed
- Counselling the child on the importance of education
- Carrying out further assessment to identify any possible physical or mental health issues
- Referring or linking the child to a professional
- Counselling the parents and assessing the overall family situation
- Providing appropriate assistance after ascertaining the family situation

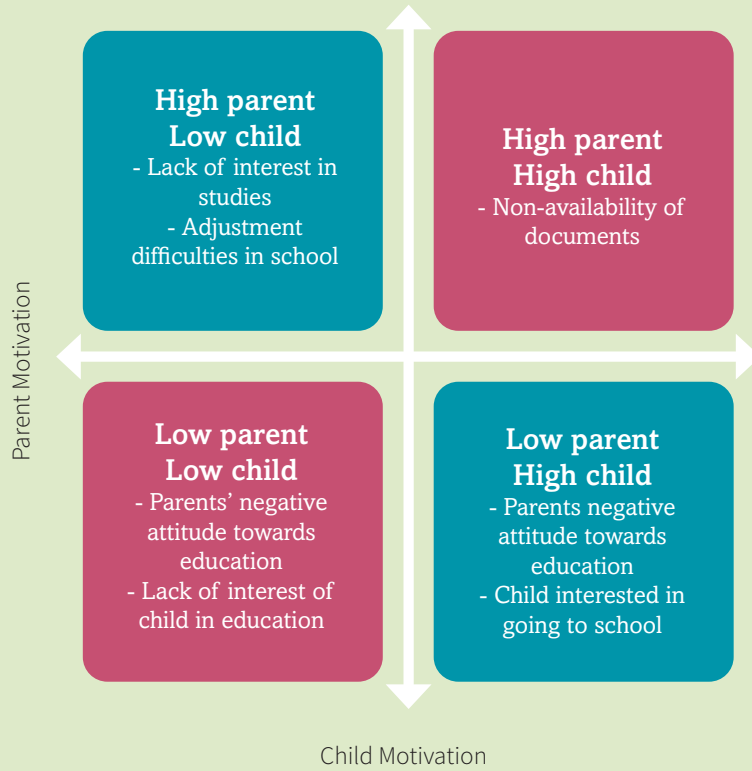
Low Parent/High Child: It is a situation where child is motivated to continue the school, but parents are not willing to send the child to school for some reasons.

- Counselling of the parents on the importance of education
- Identifying if the child is at risk of early marriage
- Assessing if there is any history of abuse
- Providing possible financial help

For the above assessment, community workers will hold discussion with the child and his/her parents either individually or collectively at a place comfortable and safe for all.

Once the discussion is done, the community worker will assess as per the 4x4 matrix that which quadrant best describes the situation and accordingly the community worker will plan the intervention strategies.

Example of Filled-in Quadrants with Factors



Annexure I

Annexure I: Ice-Breaking Activities

Two Truths and a Lie

Suitable for: small group

Task: Give each participant three post-it notes. In two post-it notes ask them to write something true about themselves and in one post-it note ask them to write something false about them or a lie about them. Once everyone finish writing then ask each participant to share what they have written on the post-it note, and others will guess, out of the three statements which statement is false about the person.

Get to Know You

Suitable for: Small familiar group

Task: Have each participant write five facts about themselves on a post-it note and then put the notes on a board. The facilitator writes one too. Once everyone is done writing, the facilitator will read each post-it note one-by-one and participants will try to guess who wrote it. Continue until all the notes are done.

Birthday Line

Suitable for: Larger unfamiliar group

Task: The facilitator can ask participants to either line up in alphabetic order or according to the date or month of their birthday.

Lost in Space

Suitable for: Large unfamiliar group

Task: Ask participants to imagine that they are living in a space station. Suddenly, the space station malfunctions, and they must evacuate. They are only allowed to take five items with them. Which items would they choose? Ask participants to share their answers in the chat box, explaining why they chose those five items.

Annexure II: Warning Signs and Symptoms of Mental Illness and Mental Health Issues

1) Depression

- Persistent sad mood
- Decrease/slow physical activity
- Problems in studies
- Disturbed sleep - either sleeping too much or unable to sleep
- Change in eating pattern - either eating too much or too less
- Gain or lost significant weight
- Withdrawn or prefer to live alone
- Losing interest in leisure activities - like play
- Decrease participation in social activities
- Complaint of body pain - stomach pain, headaches
- Crying easily
- Thinks about death and dying - talks about life being worthless
- At times appears to be lost or confused

2) Anxiety

- Excessive worrying about everyday things
- Irritable and angry mood
- Persistent fear of unknown
- Problems in concentrating on the task at hand
- Inattentiveness
- Avoid going to social events
- Awkward behaviour at social gatherings
- Difficulty in initiating or maintaining communication
- Being tongue tied or difficult to find the words to say
- Require constant reassurance
- Frequently take bathroom breaks
- Increase in heartbeat, sweating or shortness of breath when asked to perform a new task or go to a new place
- Difficulty in sleeping
- Procrastinating behaviour
- Mood swings
- Refuse to go to school or other anxiety provoking places.
- Fear of certain places or going out
- Difficulty in performing in school - in academics or in extracurricular activities

3) Post-Traumatic Stress Disorder (PTSD)

- Flashbacks
- Nightmares
- Have problems in sleeping
- Feel sad
- Feel nervous, alert, and watchful
- Lose interest in things

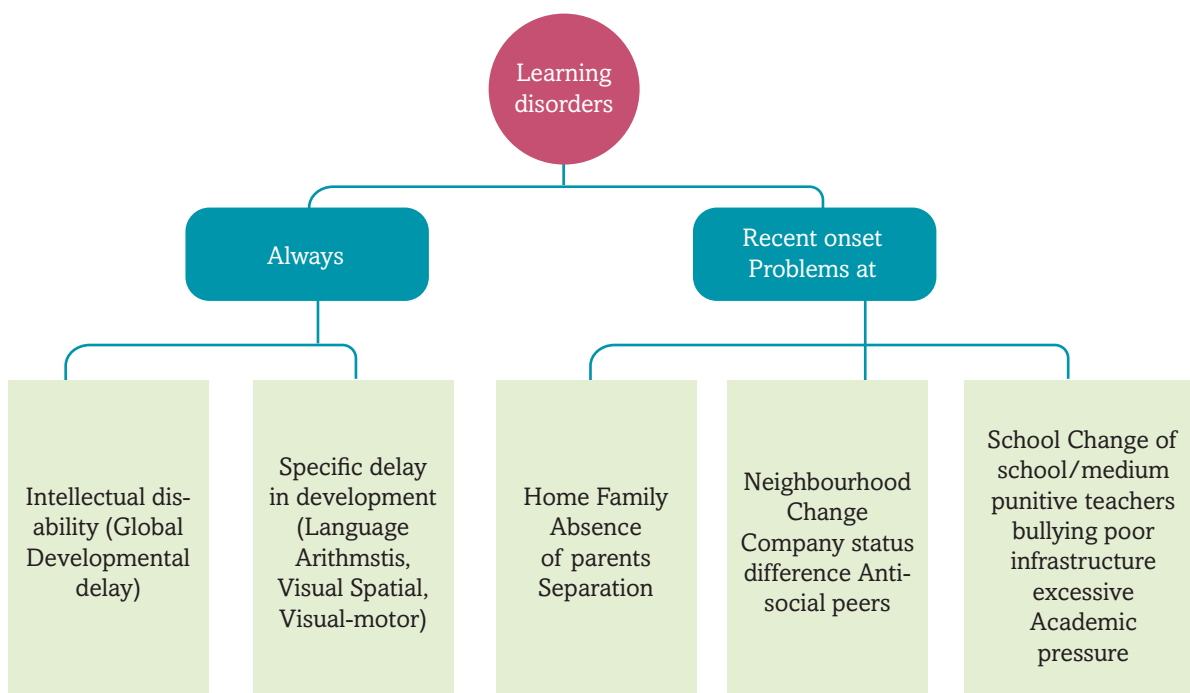
- Constantly remember traumatic event
- Trouble feeling affectionate
- Be more aggressive than before, even violent
- Stay away from certain places or situations that bring back memories
- Have problems in school or in studies
- Decrease academic performance
- Trouble focusing and concentrating
- Have physical symptoms such as headaches or stomach aches
- Emotional numbness

4) Panic Attacks

- Dizziness
- Fainting or being unconscious
- Nausea
- Racing or pounding of heart
- Shortness of breath
- Fear of dying
- Fear of losing control
- Trembling or shaking
- Complaint of chest pain
- Hyperventilating

5) Learning Difficulties and Disorders

It has also been observed that when a child is having any learning difficulties or disability then too, they display emotional or psychological difficulties. Learning difficulties or disability or any other school or academic related issues too can have an impact on the mental health of the children. Hence, it is important to identify if the child is experiencing mental health issues due to learning difficulties or disorders. The causes of learning disorders can be broadly categorized as follows:



- Consistent poor academic performance either as a whole or in a particular subject
- Difficulty in reading, writing, spelling, or arithmetic individually or together
- Memory problems - difficulty in remembering
- Difficulty in comprehensions
- Lack of fine motor skills which may lead to poor and slow handwriting
- Inattentiveness
- Difficulty in concentration
- Trouble following directions and instructions
- Poor organization skills
- Mirror image of certain alphabets
- Difficulty in differentiating between similar looking or sounding letters and words

6) Inattention and Hyperactivity Disorder

- Easily distracted
- Forgetful in daily activities
- Lacks organization skills
- Fidgets with hands or feet or squirms in seat
- Talks too much
- Difficulty in waiting for chance
- Deliberately annoys people
- Gets angry easily
- Trouble keeping track of the tasks and activities
- Trouble following instructions
- Avoids tasks which require mental efforts
- Often leaves work unfinished
- Shows interest in multiple things but rarely finishes any task
- Inappropriate anger outburst
- Interrupting others

7) Low Self-esteem and Self-confidence

- Make negative statements about self and others
- Seems discourage
- Avoid school and social gatherings
- Not interested in making friends
- Is either very helpful or not helping others at all
- Withdrawn from social activities and friends
- Bully others
- Does not accept feedback from others
- Difficulty in accepting compliments too
- Self-doubts
- Avoid tasks without even trying - show fear of failure
- Makes self-critical statements life – *“nobody likes me, I never do anything right and so on”*
- Quit soon after taking a task or playing a game
- Make excuses or try to put blame on others

8) Grief

- Not able to talk or hear about the deceased
- Anger accompanied by destruction

- Persisting anxieties/phobic behaviours
- Develop accident proneness
- Exaggerated attachment to surviving parent
- Stealing or illegal behaviour
- Use of alcohol or drug or smoke
- Blame self for the loss
- Preoccupation with death - talk about joining the deceased
- Disturb eating and sleeping pattern
- Drastic decline in academic performance
- Shows serious social withdrawal (When used to be social)

9) Child Abuse

Abused children experience significant psychological and emotional distress as they are traumatized during the most critical period of their lives - when assumptions about self, others and the world are being formed, when their relations to their own internal states are being established. And, when coping and relationship skills are first acquired. Given below are some of the signs and symptoms or indicators which children may manifest, if they have faced abuse or have been facing abuse -

- Withdrawal from friends or usual activities
- Changes in behaviour — such as aggression, anger, hostility, or hyperactivity — or changes in school performance
- Depression, anxiety or unusual fears, or a sudden loss of self-confidence
- An apparent lack of supervision
- Frequent absences from school
- Reluctance to leave school activities, as if he or she doesn't want to go home
- Attempts at running away
- Rebellious or defiant behaviour
- Self-harm or attempts at suicide

Physical abuse - signs and symptoms

- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation

Sexual abuse - signs and symptoms

- Sexual behaviour or knowledge that's inappropriate for the child's age
- Pregnancy or a sexually transmitted infection
- Blood in the child's underwear
- Statements that he or she was sexually abused
- Inappropriate sexual contact with other children

Emotional abuse - signs and symptoms

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Depression
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills

Neglect - signs and symptoms

- Poor growth or weight gain or being overweight
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental, or psychological problems or lack of necessary follow-up care

10) Parental Behaviour

Sometimes a parent's demeanour or behaviour sends red flags about child abuse. Warning signs include a parent who:

- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Blames the child for the problems
- Consistently belittles or berates the child, and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide him or her with attention and care and seems jealous of other family members getting attention from the child
- Uses harsh physical discipline
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all.

As far as possible avoid any clinical diagnosis. Most acute reactions are understandable and expectable given what people exposed to the crisis situation. Do not label reactions as "symptoms," or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders" or make any diagnosis if the child/student show one or two symptoms mentioned above on a certain occasion or in a particular situation.

Note: In difficult circumstances, the emotional reactions are common and normal phenomena, but if you are concerned that one of your students may be struggling with a mental health problem or if you have observed above mentioned signs and symptoms in your student, then before reaching to any conclusion, consider the following also -

- **Frequency:** How often does the student exhibit the behaviours of concern? Whether the behaviour is observed once only or it has become a regular thing?
- **Duration:** How long do they last?
- **Intensity:** To what extent do the behaviours interfere with the child's activities?

Annexure III: Age-specific Reactions to Trauma

Age	Common reaction to any difficult situation
0-3 years	<ul style="list-style-type: none"> Cling more to parents Regression to younger behaviour Changes in sleep and eating patterns Crying and irritability Afraid of things that did not frighten them before Hyperactivity and poor concentration Changes in play activity: Less or no interest in playing or only for short periods, repetitive play. Plays aggressively and in a violent way More opposing and demanding than before Very sensitive to how others react
4-6 years	<ul style="list-style-type: none"> Clinging to parents or other adults Regress to younger behaviour, for example, thumb-sucking Stop talking Inactive or hyperactive Do not play or play repetitive games Anxious and worry that bad things are going to happen Sleep disturbances, including nightmares Changes in eating patterns Become easily confused Are unable to concentrate well Take on adult roles Irritability
7-12	<ul style="list-style-type: none"> Level of physical activity changes Feel and behave confused Withdraw from social contact Talk about the event in a repetitive manner Are reluctant to go to school Feel and express fear Negative impact on memory, concentration, and attention Sleep and appetite disturbances Aggression, irritability, restlessness Somatic complaints (physical symptoms related to emotional stress) Concerned about other affected people Self-blame and guilt feelings
13+	<ul style="list-style-type: none"> Feel intense grief Feel self-conscious or guilt and shame that they were unable to help those who were hurt Show excessive concern about other affected persons May become self-absorbed and feel self-pity Changes in interpersonal relationships Increase in risk-taking behaviour, self-destructive behaviour, avoidant behaviour, aggression Experience major shifts in their view of the world A sense of hopelessness about the present and the future Become defiant of authorities and parents Start to rely more on peers for socializing

Annexure IV: Delivery of Psychological First Aid

Tips for better Delivering Psychological First Aid (PFA)

- Professional Behaviour
 - Operate only within the framework of an authorized disaster response system.
 - Model healthy responses. Be calm, courteous, organized, and helpful.
 - Be visible and available.
 - Maintain confidentiality as appropriate.
 - Remain within the scope of your expertise and your designated role.
 - Make appropriate referrals when additional expertise is needed or requested by the survivor.
 - Be knowledgeable and sensitive to issues of culture and diversity.
 - Pay attention to your own emotional and physical reactions, and practice self-care.
-

Guidelines for Delivering Psychological First Aid (PFA)

- Politely observe first. Don't intrude. Then ask simple respectful questions to determine how you may help.
 - Often, the best way to make contact is to provide practical assistance (food, water, blankets).
 - Initiate contact only after you have observed the situation and the person or family and have determined that contact is not likely to be intrusive or disruptive.
 - Be prepared that survivors will either avoid you or flood you with contact.
 - Speak calmly. Be patient, responsive, and sensitive.
 - Speak slowly, in simple concrete terms. don't use acronyms or jargon.
 - If survivors want to talk, be prepared to listen. When you listen, focus on hearing what they want to tell you, and how you can be of help.
 - Acknowledge the positive features of what the survivor has done to keep themselves safe.
 - Give information that directly addresses the survivor's immediate goals and clarify answers repeatedly as needed.
 - Give information that is accurate and age-appropriate for your audience.
 - When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.
 - Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.
-

Some Behaviours to Avoid

- Do not make assumptions about what survivors are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have experienced. Do not label reactions as "symptoms," or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders."
- Do not talk down to or patronize the survivor, or focus on his/her helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.

- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people feel safer and able to cope.
- Do not “debrief” by asking for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a survivor’s question, do your best to learn the facts.

Working with Children and Adolescents

- For young children, sit or crouch at the child’s eye level.
- Help school-age children verbalize their feelings, concerns, and questions. Provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Do not use extreme words like “terrified” or “horrified” because this may increase their distress.
- Listen carefully and check in with the child to make sure you understand him/her.
- Be aware that children may show developmental regression in their behaviour and use of language.
- Match your language to the child’s developmental level. Younger children typically have less understanding of abstract concepts like “death.” Use direct and simple language as much as possible.
- Talk to adolescents “adult-to-adult,” so you give the message that you respect their feelings, concerns, and questions.
- Reinforce these techniques with the child’s parents/caregivers to help them provide appropriate emotional support to their child.

Working with Older Adults

- Older adults have strengths as well as vulnerabilities. Many older adults have acquired effective coping skills over a lifetime of dealing with adversities.
- For those who may have a hearing difficulty, speak clearly and in a low pitch.
- Don’t make assumptions based only on physical appearance or age, for example, that a confused elder has irreversible problems with memory, reasoning, or judgment. Reasons for apparent confusion may include disaster-related disorientation, change in surroundings, poor vision or hearing, poor nutrition or dehydration, sleep deprivation, a medical condition or problems with medications, social isolation, and/or feeling helpless or vulnerable.
- An older adult with a mental health disability may be more upset or confused in unfamiliar surroundings. If you identify such an individual, help to make arrangements for a mental health consultation or referral.

Working with Survivors with Disabilities

- When needed, try to provide assistance in an area with little noise or other stimulation.
- Address the person directly, rather than the caretaker, unless direct communication is difficult.
- If communication (hearing, memory, speech) seems impaired, speak simply and slowly.
- Take the word of a person who claims to have a disability—even if the disability is not obvious or familiar to you.
- When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.
- When possible, enable the person to be self-sufficient.
- Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.

- If needed, offer to write down information and make arrangements for the person to receive written announcements.
- Keep essential aids (such as medications, oxygen tank, respiratory equipment, and wheelchair) with the person.

Helping People Feel Calm

Some children who experience a crisis may be very anxious or upset. They may feel confused or overwhelmed and may have some physical reactions such as shaking or trembling, difficulty breathing or feeling their heart pounding.

The following are some techniques to help very distressed children to feel calm in their mind and body:

- Keep your tone of voice calm and soft.
- If culturally appropriate, try to maintain some eye contact with the person as you talk with them.
- Remind the person that you are there to help them. Remind them that they are safe, if it is true.
- If someone feels unreal or disconnected from their surroundings, it may help them to make contact with their current environment and themselves. You can do this by asking them to:
 - Place and feel their feet on the floor.
 - Tap their fingers or hands on their lap.
 - Notice some non-distressing things in their environment, such as things they can see, hear, or feel. Have them tell you what they see and hear?
 - Encourage the person to focus on their breathing, and to breathe slowly.
 - **Encourage them to try the 5-4-3-2-1 method** - Working backward from 5, use your senses to list things you notice around you. For example, you might start by listing five things you hear, then four things you see, then three things you can touch from where you're sitting, two things you can smell, and one thing you can taste. For instance - Try to notice the little things you might not always pay attention to, such as the colour of the flecks in the carpet or the hum of your computer.
 - **Imagine leaving the painful feelings behind - Picture yourself:**
 - gathering the emotions
 - balling them up, and
 - putting them into a box walking, swimming, biking, or jogging away from painful feelings
 - imagining your thoughts as a song or TV show you dislike, changing the channel or turning down the volume — they're still there, but you don't have to listen to them.

Coping

Everyone has natural ways of coping. Encourage children to use their own positive coping strategies, while avoiding negative strategies. This will help them feel stronger and regain a sense of control. You will need to adapt the following suggestions to take account of the child's culture and what is possible in the crisis.

- Encourage positive coping strategies
 - Get enough rest.
 - Eat as regularly as possible and drink water.
 - Follow the COVID-19 protocols
 - Talk and spend time with family and friends.
 - Discuss problems with someone you trust.
 - Do activities that help you relax (walk, sing, pray, play with friends online or with siblings).

- Do physical exercise.
- Find safe ways to help others in the crisis and get involved in community activities.
- Discourage negative coping strategies
 - Don't take drugs, smoke, or drink alcohol.
 - Don't sleep all day.
 - Don't work all the time without any rest or relaxation.
 - Don't isolate yourself from friends and loved ones.
 - Don't neglect basic personal hygiene.
 - Don't be violent.

Activities to keep Children Engaged

Keeping children engaged in different activities will help them to divert their attention from the pandemic and calm them down. In the below link various activities have been compiled to keep children engaged. The teacher or parent can supervise the activities. If doing reading, try and read the book along with children.

- haqcrc.org/blog/young-busy-bees/
- <https://interagencystandingcommittee.org/system/files/2020-04/My%20Hero%20is%20You%2C%20Storybook%20for%20Children%20on%20COVID-19.pdf> - "MY HERO IS YOU" (English)
- <https://interagencystandingcommittee.org/system/files/2020-07/My%20Hero%20is%20You%2C%20Storybook%20for%20Children%20on%20COVID-19%20%28Assamese%29.pdf> - "MY HERO IS YOU" (Assamese)
- <https://interagencystandingcommittee.org/system/files/2020-05/My%20Hero%20is%20You%2C%20Storybook%20for%20Children%20on%20COVID-19%20%28Hindi%29.pdf> - "MY HERO IS YOU" (Hindi)

Do's and Don'ts when Offering PFA

Do's	Don'ts
Listen more than you speak to identify concerns	Pressure others to speak if they do not want to speak
Ask probing questions gently	Ask why this or that
Use open-ended questions: when, where, what, who	Be judgmental
Acknowledge feelings and understanding of events	Use technical terminology
Normalize emotions and reactions	Talk about yourself or personal issues or troubles
Recognize internal resources and capacity to cope	Give false promises or false assurances
Provide correct and age appropriate information about COVID 19.	Share someone else's story or experiences.
Be honest of what you don't know. This is a new virus that we are all learning about.	Exploit the trust and confidentiality shared
Be patient and calm	
Allow processing and ventilation of emotions	
Listen to individual's options and help them make the choices	
Ensure confidentiality unless issues mentioned affect the safety of the individual or others	
Ensure the – "do no harm principle" is upheld	

Do's and Don'ts of PFA Communication

List of Do's and Don'ts for effective communication with children while providing Psychological First Aid

Do's	Don'ts
Be honest and trustworthy	Don't exploit your relationship as a helper
Be aware of and set aside your own biases and prejudices	Don't ask the person for any money or favour for helping them
Make it clear to people that even if they refuse help now, they can still access help in the future.	Don't make false promises or give false information. Don't exaggerate your skills
Behave appropriately by considering the person's culture, age, and gender.	Don't force help on people, and don't be intrusive or pushy.
Find a quiet place to talk, and minimize outside distraction	Don't pressure someone to tell their story

Do's	Don'ts
Respect people's right to make their own decisions.	Don't interrupt or rush someone's story (for example, don't look at your watch or speak too rapidly)
Respect privacy and keep the person's story confidential, if this is appropriate	Don't touch the person if you're not sure it is appropriate to do so.
Stay near the person but keep an appropriate distance depending on their age, gender & culture	Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way" or "You should feel lucky you survived".
Let them know you are listening for example, nod your head or say 'hmm...'	Don't make up things you don't know
Be patient and calm	Don't use terms that are too technical
Provide factual information, if you have it. Be honest about what you know and don't know. "I don't know, but I will try to find out about that for you".	Don't tell them someone else's story
Give information in a way the person can understand – keep it simple.	Don't talk about your own troubles
Acknowledge how they are feeling and any losses or important events they tell you about, such as loss of their home or death of a loved one. "I'm so sorry. I can imagine this is very sad for you"	Don't think and act as if you must solve all the person's problems for them.
Acknowledge the person's strengths and how they have helped themselves.	Don't take away the person's strength and sense of being able to care for themselves
Allow for silence	Don't talk about people in negative terms (for example, don't call them 'crazy' or 'mad')

Annexure V: Useful Reading Material

- 1) Psychosocial Support for Children during COVID-19: A Manual for Parents and Care-givers – By UNICEF and Childline
- 2) Self-Esteem – Key to your child’s Future – By Tony Humphreys
- 3) Adolescents Mental Health Promotion – A series of Trainer’s Module – By WHO
 - a. Trainers’ Guide on Strengthening Interpersonal Relationships.
 - b. Trainers’ Guide on conflict Resolution - <https://apps.who.int/iris/bitstream/handle/10665/204755/B4897.pdf?sequence=1&isAllowed=y>
 - c. Trainers’ Guide on coping with stress.
 - d. Trainers’ Guide on dealing with Emotions.
 - e. Trainers’ Guide on Enhancement of Self-Confidence.
 - f. Trainers’ Guide on Alcohol use and abuse - <https://apps.who.int/iris/bitstream/handle/10665/204754/B4896.pdf?sequence=1&isAllowed=y>
 - g. Trainers’ Guide on Handling peer pressure.
 - h. Trainers’ Guide on Promotion of Mental Health of Adolescents - <https://apps.who.int/iris/bitstream/handle/10665/206026/B0752.pdf?sequence=1&isAllowed=y>
- 4) An E-book for young children on COVID-19 – By Public Health Foundation of India - <https://phfi.org/wp-content/uploads/2020/04/E-book-for-young-children-on-COVID-19.pdf>
- 5) Doing What Matters in times of Stress - An Illustrated Guide – By WHO - <https://apps.who.int/iris/bitstream/handle/10665/331901/9789240003910-eng.pdf>
- 6) Psychological First Aid (Hindi) – By WHO

References

National Child Traumatic Stress Network and National Centre for PTSD, Psychological First Aid: Field Operations Guide, 2nd Edition. July 2006. Available on: www.nctsn.org and www.ncptsd.va.gov.

Psychosocial Support for Children during COVID-19: A Manual for Parents and Care-givers – By UNICEF and Childline

https://www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf

https://www.who.int/mental_health/world-mental-health-day/ppt.pdf

https://relief.unboundmedicine.com/relief/view/PTSD-National-Center-for-PTSD/1230010/all/Introduction_and_Overview

[file:///D:/MY%20DATA/Downloads/9789241548618_eng%20\(1\).pdf](file:///D:/MY%20DATA/Downloads/9789241548618_eng%20(1).pdf)

Teacher's Manual on Life Skills: Classes IX-X by CBSE

Kapur, M (2011). *Counselling Children with Psychological Problems*. Pearson: Delhi.

