

Strengthening Mental Health and Psychosocial Support for Pre- and in-Service Teachers in Africa

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S H O R T S U M M A R Y

Mental health and psychosocial well-being have gained increased recognition following the COVID-19 pandemic, yet persistent challenges continue to exist. There is indeed a growing body of evidence regarding the interconnectedness of education, health, and well-being. Nonetheless, the most common themes around health and education in national policies remain limited to school nutrition, sexuality education, school feeding, and physical education, providing limited data about socio-emotional learning and mental health education in schools. The role of education in promoting and safeguarding the mental health and psychosocial well-being of learners is undeniably significant, as the physical and social environments of schools exert immense influence on the overall learning atmosphere, consequently affecting the health and well-being of both learners and teachers.

A study titled “The Psychosocial Impact of COVID-19 on Teachers, Teacher Educators, and Learners and Mental Health and Psychosocial Support (MHPSS) Needs in Selected Sub-Saharan African Countries,” conducted by UNESCO IICBA in 2021 across 14 African countries, revealed significant psychological impacts of COVID-19. The most prevalent psychological impact was depression, affecting 31% of teachers and 33% of teacher educators. Additionally, anxiety affected 24.6% of teachers and 25.5% of teacher educators, while stress affected 20.8% of teachers and 19.9% of teacher educators. Furthermore, the study found that males were more affected by psychological impacts in terms of depression, anxiety, and stress, compared to females. These impacts were more pronounced among teachers and teacher educators in rural areas than their urban counterparts, and among secondary school teachers and teacher educators compared to primary school counterparts.

Despite the existence of global and continental commitments, declarations, and strategies to safeguard the well-being of teachers and educational leaders, such as the ILO/UNESCO Recommendations in 1997, Sustainable Development Goal 4 (SDG 4) Target 4.c, the Continental Education Strategy for Africa 2016-2025 (CESA 16-25), and the Safe Schools Declaration (2015), the absence of supportive systems and social mechanisms is reported to predict anxiety, burnout, and depression symptoms, thereby impacting the mental health and well-being of teachers. The alarming situation is underscored, for instance, by the Inter-agency Network for Education in Emergencies (INEE), which highlights the importance of ensuring secure and safe learning environments while promoting the protection and psychosocial well-being of learners, teachers, and other education personnel in one of its minimum standards for education (Standard 2: Protection and Well-being) (INEE, 2010).

This guide is developed to provide guidance, systemic responses, and integration of MHPSS in teacher education programmes and institutions. It comprises seven chapters designed to raise awareness, identify early signs of chronic stress and mental illnesses among teachers, and refer them to specialists, especially in cases of severe mental illnesses that require further care and management. Additionally, the guide contributes to restoring a sense of normality, dignity, and hope within the teaching profession by strengthening existing pathways for accessing targeted and specialized support for teachers facing challenging and extreme working conditions.

Keywords: MHPSS for teachers; Integrating MHPSS in Education; Models and Principles of MHPSS; Psychosocial Problems of Teachers; Coping and Management Techniques.

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Foreword

The outbreak of COVID-19 in 2020, negatively impacted teachers, teacher educators, and learners where the entire education system was clumped with fears of contracting the disease, which led to psychological problems such as depression, anxiety, frustration, and stress, yet learning had to continue by all means.¹ The closure of schools and universities affected more than 1.5 billion children and youth worldwide and changed the way we live and learn.² The preventive measures amidst the prolonged closure of schools led to sudden interruptions of learners' daily routines, relationships, and close ties within social groups and particularly affected girls and young women, many of whom assumed a greater burden of care and domestic chores in households with high rates of psycho-emotional duress and stress. Teachers were not spared either where the pandemic further escalated the precarious underlying conditions of service for teachers in Africa.

The UNESCO International Institute for Capacity Building in Africa (IICBA) assessed the psychosocial impacts of the COVID-19 pandemic on in-service teachers and learners, as well as capacity gaps, innovations, and various strategies that governments are employing to address these challenges. The study targeted a total of 2,545 respondents, which included 1,072 teachers, 141 teacher educators, 1,182 school leaders, and 150 inspectors/government officials. It revealed that depression was the most felt psychological impact affecting 31.0% of teachers and 33.0% of teacher educators followed by anxiety which affected 24.6% of teachers and 25.5% of teacher educators. The study further indicated that 20.8% of teachers and 19.9% of teacher educators were experiencing stress.

Against this backdrop, UNESCO IICBA has developed a contextualized sub-regional strategy to guide countries on specific interventions that will address mental health issues in the education sector, by institutionalizing strategies to strengthen psychosocial support for teachers and teacher educators and by ensuring risk mitigation using the global COVID-19 response framework. This training guide aims to strengthen the competencies of school leaders and teacher educators on resilience enhancement and psychosocial support (PSS) as well as the contextualization and utilization of the sub-regional MHPSS strategy for teachers within teacher support structures, such as teacher unions. The draft guide was piloted through face-to-face trainings in Eswatini and Ethiopia and virtual trainings in Kenya and Malawi in collaboration with the UNESCO Regional Office for Southern Africa, the National Commission for UNESCO, and the Ministries of Education in late 2022. Using the improved final version, a training of Master trainers was conducted for five countries mentioned above including Uganda targeting Senior Educators, Counselling Psychologists, and Heads of Teacher unions in the five countries. To date, countries are scaling up this guide for further contextualisation in their education systems at all levels.

As an institute whose mission is to empower teachers for all learners to thrive, we remain committed to strengthening teachers' mental health and psychosocial well-being on the African continent. Teachers are undoubtedly at the heart of the realization of quality education; therefore, their well-being is key to improved learning outcomes.

Quentin Wodon
Director, UNESCO IICBA

¹ Besser, A., Flett, G.L., Nepon, T., and Zeigler-Hill, V. 2020. Personality, Cognition, and Adaptability to the COVID-19 Pandemic: Associations with Loneliness, Distress, and Positive and Negative Mood States. *Int J Ment Health Addict.* 20(2):971-995. doi: 10.1007/s11469-020-00421-x.

² UNESCO. 2021. 'Education: from school closure to recovery'. UNESCO. Available at: <https://www.unesco.org/en/covid-19/education-response>.

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Acronyms and Abbreviations

ACP	African Confederation of Principals
CANGO	Coordinating Assembly for Non-Governmental Organization
CESA 16-25	Continental Education Strategy for Africa 2016 – 2025
CORE	Clinical Outcomes in Routine Evaluation
COVID	Corona Virus Disease
CSO	Civil Society Organization
CUSO	Canadian University Service Overseas
EiE	Education in Emergency
EPA	Eswatini Psychology Association
ESA	Eastern and Southern Africa
EWAGITA	Empowering Women and Adolescent Girls Tanzania
GBV	Gender-Based Violence
IASC	Inter-Agency Standing Committee
IICBA	International Institute for Capacity Building in Africa
ILO	International Labor Organization
INEE	Inter-Agency Network for Education in Emergencies
MCBT	Mindfulness Cognitive Behavioural Therapy
MHPSS	Mental Health and Psychosocial Support
MoES	Ministry of Education and Sports
MoEST	Ministry of Education, Science and Technology
MoET	Ministry of Education and Training
MoEVT	Ministry of Education and Vocational Training
PFA	Psychological First Aid
PSS	Psychosocial Support
SA	South Africa
SDGs	Sustainable Development Goals
SO	Strategic Objectives
SSA	Sub-Saharan Africa
REPSI	Regional Psychosocial Support Initiative
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZAPHA+	Zanzibar Association of People Living with HIV and AIDS

1. Background

1.1. Teachers' Well-being and Psychosocial Situations in Africa

Schools are the main avenues for the positive development of children and youths. They serve as crucial settings where young individuals interact with their peers and teachers and learn essential life and academic skills that equip them for the workforce. Consequently, it is imperative for schools to ensure physical and mental health, as well as the psychosocial well-being of learners and teachers, by providing a safe, stable, and supportive environment for many young people, including those facing emergency situations.

In many countries in Sub-Saharan Africa (SSA), there are poor investments in teacher professional development, governance, and accountability. These are characterized by low salaries, poor working conditions, and a lack of support systems, which have made the workplace environment complex. Consequently, teachers, teacher educators, educational leaders, and supervisors experience psychosocial problems, including stress reactions and adjustment problems due to emergencies. For example, in many parts of SSA, classrooms are overcrowded, teachers are inadequate in number, and they are overworked, demotivated, and unsupported. As a result, there is an unprecedented number of teachers leaving the profession and a significant drop in the number of people studying to become teachers.

Armed conflicts and natural disasters, including disease outbreaks, can cause significant psychological and social suffering to the affected school population including teachers. During emergencies, psychological and social impacts may be acute in the short term, but they can also undermine the affected population's long-term mental health and psychosocial well-being. These impacts may further threaten peace, human rights, and development (IASC, 2007).

Data also shows that teachers face fear of violence, lack of support, isolation, very little decision-making power, and are exposed to burnout expressed in the form of physical and emotional exhaustion (Beukes, 2017). Teachers' health and well-being are further impacted by the physical and psychological demands associated with the workload, which are related to high levels of stress and physical and psychological ill-health (Demerouti et al., 2001). Hence, it is postulated that the emotional exhaustion brought about by the challenges teachers face, such as conflict at work and a high number of students, harms their physical, psychological, and social well-being. If these issues are not addressed, the loss of a professional teaching corps could be a fatal blow to the realization of the Sustainable Development Goals (SDGs), particularly SDG 4 (ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all).

Research has almost exclusively shown that teachers are motivated and satisfied by intrinsic factors rather than extrinsic factors such as self-respect and responsibility, feelings of accomplishment, relationship with students, working with children, independence, and intellectual challenges. However, teachers can become demotivated due to insufficient compensation, high work overload, negative perception of teachers by society, lack of recognition, teacher accountability, limited career development opportunities, institutional environment, lack of voices being heard, and inadequate materials and facilities (Giertz, 2016).

With the onset of the COVID-19 pandemic, teachers have reported high levels of disengagement and lack of in-class concentration among learners, as well as an inability to complete specific tasks due to the disruptions caused by COVID-19 (Davids, 2021). This level of disconnection among learners results from the emotional

and psychological effects of the pandemic on children. Providing learners with the necessary mental health and psychosocial support (MHPSS) is no longer as easy as it was before. Because of social distancing measures, teachers have minimal physical contact with their learners, making it challenging for them to interact with learners on a personal level and support those who may be experiencing emotional distress. This has been especially difficult for teachers. The expectation that teachers just needed to adapt to these changes in a short space of time has also led to anxiety, sleep disturbances, and mental exhaustion.

A study conducted by UNESCO IICBA (2021) titled “The Psychosocial Impact of COVID-19 on Teachers, Teacher Educators, and Learners and MHPSS Needs in Selected Sub-Saharan African Countries” revealed significant psychological impacts of COVID-19. The most felt psychological impact was depression, affecting 31% of teachers and 33% of teacher educators. The study also confirmed that anxiety affected 24.6% of teachers and 25.5% of teacher educators, and stress affected 20.8% of teachers and 19.9% of teacher educators. Furthermore, the study found that more males than females were affected by psychological impacts in terms of depression, anxiety, and stress. These impacts were mainly faced by teachers and teacher educators working in rural areas compared to those working in urban areas, and by secondary school teachers and teacher educators more than primary school teachers and teacher educators. Concerning the social impact of COVID-19, teachers and teacher educators faced the impact on each category to varying degrees.

This must be asserted in the education system to ensure the well-being of the school community, including teachers, teacher educators, learners, and parents. The MHPSS and treatments that should be incorporated into the educational system can be determined by the severity of the psychosocial issues that teachers and teacher educators face because of emergencies.

Given the immense adversity and stress that teachers face in their work environment, this guide is timely as it provides a high degree of guidance and systemic responses and integration of MHPSS. This guide helps create awareness, detect early chronic stress levels among teachers and mental illnesses, and refer them to specialists, particularly in cases of extreme mental illnesses for further management. Additionally, the guide contributes to the restoration of a sense of normality, dignity, and hope in the teaching profession by strengthening existing pathways for accessing targeted, specialized supports for those teachers facing tough and extreme working conditions.

1.2. Resolutions and Commitments to Enhance Teachers’ MHPSS

The ILO/UNESCO Recommendations: Concerning the status and well-being of teachers in general, the ILO/UNESCO Recommendations adopted on 5 October 1966 at a special intergovernmental conference convened by UNESCO in Paris in cooperation with the ILO set forth the rights and responsibilities of teachers, and international standards for their initial preparation and further education, recruitment, employment, and teaching and learning conditions. It also contains many recommendations for teachers’ participation in educational decisions through consultation and negotiation with educational authorities. To further address the needs faced by higher education teaching personnel, the UNESCO General conference further adopted more recommendations at a General Conference in 1997 which set forth recommended practices covering all higher education teaching personnel. All these recommendations highlight the need to promote effective learning and enable teachers to concentrate on their professional

tasks. They also highlight the need for authorities to recognize that improvements in the social and economic status of teachers, their living and working conditions, their terms of employment, and their career prospects should be fundamental to attracting to and retaining a substantial number of fully qualified persons in the teaching profession, thereby overcoming any existing shortage of competent and experienced teachers.

The Sustainable Development Goal 4 (SDG 4): SDG 4 focuses on ensuring inclusive and equitable quality education and promotes lifelong learning opportunities for all. Target 4.c, it calls for a substantial increase in the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states by 2030. Furthermore, Target 4.c outlines clear indicative strategies which should be adopted by each country among which implore countries to put in place policy and legislative measures to make the teaching profession attractive to current and potential staff by improving working conditions, guaranteeing social security benefits, and ensuring that the salaries of teachers are improved. The other strategy is to develop and implement inclusive, equitable, and gender-sensitive teacher management policies that cover recruitment, training, deployment, remuneration, career development, and working conditions, and improve the status of teachers and educators and the quality of teaching.

The Continental Education Strategy for Africa 2016 – 2025 (CESA 16-25): The first strategic objective of CESA 16-25 emphasizes the need to revitalize the teaching profession to ensure quality and relevance at all levels. Among the strategies laid out, this strategic objective can be met by providing good working and living conditions to teachers to enhance their status and value in society.

The Safe Schools Declaration (2015): This declaration is also a political commitment to better protect students, teachers, and schools during armed conflict, support the continuation of education in times of war, and take concrete measures to deter the military use of schools (UNICEF, no date).

The African Confederation of Principals (ACP): ACP is an umbrella forum for African secondary school principals, providing them with a platform for professional growth, benchmarking, and the sharing of experiences for the development of globally competitive African schools. The ACP also promotes effective continental communication that fosters the exchange of ideas, projects, educational practices, and the sharing of professional expertise (ADEA, 2018). The forum meets annually with specific themes.

The World Teachers' Day: The African Union, during its World Teachers' Day celebration held in Addis Ababa in 2016, with the motto "Teachers' Support and Motivation Framework," emphasized that learning achievements in Africa will not significantly improve without substantial investments in teachers (ADEA, 2016). Therefore, it has been recommended that standards-setting and monitoring at global, regional, or sub-regional levels, within the framework of SDGs and CESA16-25 must be informed by existing teaching policies at the country level. In addition, regional perspectives and proposals for elevating the status of the teaching profession must be built on the intellectual capital, policy instruments, partnerships, and cooperation processes in the region, and the voices of African teachers must be heard.

Currently the World Teachers' Day is globally observed on October 5. While it is not a public holiday, more than 100 countries commemorate the day with their own celebrations. The first World Teachers' Day was held on 5 October 1994, on the occasion of the anniversary of the 1966 ILO/UNESCO Recommendation concerning the Status of Teachers. This Recommendation outlines the rights, responsibilities, standards, recruitment, and teaching and learning conditions of the teachers. The World Teachers' Day was established

by UNESCO to draw attention to the participation and development of teachers, as well as to highlight teachers' issues and priorities in education. The date of October 5 was selected because it commemorated the adoption of the 1966 ILO/UNESCO Recommendation, which recognized the importance of qualified, competent, and motivated teachers. UNESCO defines a trained teacher as someone who has the prescribed qualification and has received the minimum organized pedagogical training, required for teaching at the relevant level in a given country. The World Teachers' Day is an opportunity to promote and celebrate the teaching profession.

The 2022 World Teachers' Day coincided with the Transforming Education Summit, which was held during the 77th session of the UN General Assembly and asserted the important role of teachers in transforming education with the motto "The transformation of education begins with teachers." The world has committed to transforming education and addressing the major obstacles that prevent teachers from leading this transformation.

The Inter-Agency Network for Education in Emergencies (INEE) Guidance Note on Education in Emergency (EiE): This guidance note has been promoted since the early 1990s. Education is now included in the humanitarian response paradigm to facilitate structured learning opportunities for children and youth during or following crises. It is believed to provide physical, psychosocial, and cognitive support and protection, contributing to children's healthy development. Education is a basic need of children caught up in emergencies and a fundamental right. Education is increasingly viewed as the "fourth pillar," or a "central pillar," of humanitarian response, along with the pillars of nourishment, shelter, and health services (UNESCO IIEP, 2010).

To realize this, integrating psychosocial support (PSS) into education programming is important. The INEE guidance note states that schools, as part of their core curricula and/or in their approaches to classroom instruction, may embed school-based counseling, social and emotional learning, access to community engagement activities, and awareness-raising on topics related to MHPSS into school systems (INEE, 2018). The Network has also set minimum standards for EiE (INEE, 2012) where education is now included in the humanitarian response for structured learning, lifesaving, and life-sustaining. This includes catering to the basic needs of children in emergencies as their fundamental right, availing school-based counseling, social and emotional learning, having access to community engagement activities, and awareness-raising on topics related to MHPSS into school systems.

Besides, there are global and continental commitments, declarations, and strategies to safeguard the well-being of students, teachers, and educational leaders. The INEE has included it as one of the minimum standards for education (Standard 2: Protection and Well-being): Learning environments are secure and safe and promote the protection and the psychosocial well-being of learners, teachers, and other education personnel (INEE, 2010). This has happened as teachers are attuned to the social-emotional well-being of our students and trained to monitor for signs such as trauma, anxiety, bullying, or micro-aggressions, and yet we are still learning how to discuss a huge, lurking threat to teachers' mental health.

1.3. The Impact of Teachers' Wellness on the Learning Outcomes

The central principle of being a teacher is to add value to each learner. Thus, teaching should be able to focus on enabling students to learn more than they would on their own and improving the possibilities for each student to realize their potential, regardless of their situation in life. A teacher is a listener who is attentive

enough to hear what the learners say, aware of what is unsaid, and responds without judgments that stifle. These are feasible when the teacher feels well. According to Montoya and Summers (2021), teachers' wellness has an impact not only on educators as individuals but also on the overall well-being of the young minds they care for. Teachers' wellness has been related to consistency and steadiness in schools, teaching effectiveness, and students' achievement. Unhealthy teachers can lead to anxious and unhealthy school environments. In other words, teachers often transmit their state of mind in the classroom. This is why teachers' wellness is necessary and imperative for everyone. A stressed teacher is less tolerant, quick to judge, and, of course, feel fatigued and run down (Teacher Development Trust, 2013). Negative thoughts are likely to be rampant and the inner critic is usually at the helm. Their creativity will be stunted, and their ability to think clearly will take great effort, and their emotional landscape is potentially in tatters. Depression, anxiety, and burnout have become the teachers' diseases (Teacher Development Trust, 2013).

Teachers' presenteeism and the quality of the teacher-student relationship appear to be on the pathway of these relationships (Thornberg et al., 2022). The higher levels of teachers' depressive symptoms are associated with poorer student well-being and psychological distress (Harding et al., 2018). Therefore, the well-being of teachers is a key factor for the students' performance.

2. The Training Guide and Facilitation Methods

2.1. Rationale

The desk review confirmed that armed conflicts and natural disasters, including disease outbreaks, cause significant psychological and social suffering to affected school populations. The priorities in emergencies are to protect and improve learners' mental health and psychosocial well-being. This is particularly true for teachers and educational leaders, who play a critical role in supporting the affected school populations. However, they often experience stress reactions, adjustment problems, fear of violence, lack of support, and little decision-making power, which can lead to burnout and, in some cases, suicide. Despite these challenges, little attention is given to those teachers and educators with psychosocial crises.

In these cases, the education system is expected to ensure the well-being of the teachers and teacher educators and to provide evidence of the extent of these problems, which helps to determine the type of MHPSS and approaches to mainstream it within the education system. Thus, it has been found important to strengthen the capacity of primary and secondary school in-service teachers and teacher educators on resilience enhancement, psychosocial support, as well as the contextualization and utilization of the sub-regional MHPSS strategy for teachers within teacher support structures like teacher unions. It has also been found important to document good practices and facilitate experience sharing for all countries in Africa on effective strategies for enhancing resilience and strengthening MHPSS for teachers and teacher educators. These efforts have pushed UNESCO IICBA to develop this regional training guide to strengthen MHPSS for pre- and in-service teachers in Africa. The more responsive we can be to our educators' psychological needs today, the better we will be able to support them (Brackett and Cipriano, 2020).

2.2. Objectives of the Training Guide

The objectives of the training guide are:

- To provide teachers, teacher educators, and school leaders across Africa with relatively consistent, reliable, and evidence-based information on the psychosocial problems of teachers due to various emergencies, including COVID-19.
- To equip teachers, teacher educators, and school leaders with the knowledge base models to understand the psychosocial problems of teachers.
- To help teachers, teacher educators, and school leaders promote the mental health and psychosocial well-being of pre- and in-service teachers in Africa.
- To help teachers, teacher educators, and school leaders follow basic principles and apply practical prevention and coping mechanisms for the psychosocial needs and reactions of teachers.
- To enable teachers, teacher educators, and school leaders to identify and mobilize community resources, as well as social capital, for inclusive and gender responsive MHPSS.
- To support teacher educators and school leaders in integrating MHPSS in the education system.
- To guide teacher, teacher educators, and school leaders in assessing, monitoring, and reporting MHPSS services and strengthening referral mechanisms.

2.3. Target Groups

This guide has been principally developed for teacher educators, school leaders, educational managers, and teacher union leaders of the respective countries who are at the forefront of strengthening and

implementing interventions to address mental health and mainstream MHPSS services for teachers within the education system. However, recognizing the role that teachers have amongst their peers, the guide can also be utilized to train expert teachers who will play a role of supporting others as school-based counsellors or gender focal persons.

2.4. How the Guide is Developed

A desk review was conducted to understand the overall crisis/emergencies and psychosocial problems in Africa, and the impacts of these crises, in general, and the impact of COVID-19, in particular, on the well-being of teachers. The desk review identified common psychosocial problems faced by teachers and provided recommendations that have been used to develop the training guide. In addition, further input was collected from experts in the stakeholder meetings conducted virtually engaging Southern and Eastern African countries. A study conducted by UNESCO IICBA (2021) on the impact of COVID-19 on teachers was also a resource material for the preparation of this guide. The guide was piloted in four countries (Eswatini, Ethiopia, Kenya, and Malawi). After the pilot training, the guide was revised and used in the Regional Master Training provided for 35 teachers, school heads, and educators from Eswatini, Ethiopia, Kenya, Malawi, and Uganda. This guide is finalized after the final comment from the regional training. The guide is designed to be user-friendly for both face-to-face and virtual use. The training shall be delivered over five consecutive days for face-to-face training and ten half-days for virtual training. The guide is also translated into French.

2.5. Organization of the Guide

The regional training guide is structured into seven chapters. Each chapter has overview, objectives, key activities, subtopics, and time need for each subtopic. The chapters include:

Chapter 1: Introductory Session

This is a preliminary chapter where the purpose of the training, contents, and facilitation methods are introduced. This is the chapter where the facilitators and participants introduce themselves, set their ground rules, share their expectations and concerns, provide examples of activities, and establish a safe environment, a culture, and rituals appropriate for training.

Chapter 2: Psychosocial Support Models and Principles in the Provision of MHPSS

Chapter two highlights MHPSS models and principles that can be considered in the provision of MHPSS. It focuses on the theoretical basis, models, principals, and their applications in addressing psychosocial problems of teachers, teacher educators, and educational leaders. It briefly outlines selected MHPSS models and basic principles that need to be followed in the provision of MHPSS services.

Chapter 3: Psychosocial Problems of teachers and their Reactions

This chapter addresses the basic understandings of psychosocial well-being, especially the mental health and psychosocial needs of teachers, their emotional and social needs during and after emergency situations. It clarifies the psychological problems faced by teachers and their reactions to adverse experiences.

Chapter 4: Coping and Management Techniques

There are different coping and management techniques that can help teachers to manage the psychosocial reactions due to emergencies. This chapter therefore covers the basic qualities and skills

required to help teachers, as well as specific techniques for helping teachers cope and manage psychosocial reactions, such as psychological first aid (PFA), and cognitive and behavioural skills.

Chapter 5: Working with Special Populations

This chapter focuses on the psychosocial experiences of survivors of gender-based violence (GBV), persons with disabilities, loss, and grief. It provides specific skill that can be applied when working with these special populations, including the aspects of loss and grief.

Chapter 6: Mainstreaming MHPSS in the Education System

This chapter highlights the need for mainstreaming MHPSS in the education system, with the active participation and support of key stakeholders. The purpose of mainstreaming MHPSS activities into teaching and learning is to positively affect the policy environment and school community, enhance the protective environment, encourage linkages between actors, and consider the overall resilience of the education system in addressing the psychosocial needs of the school community.

Chapter 7: Assessment, Reporting, and Referral

Chapter seven emphasizes the importance of monitoring and evaluating MHPSS to assess the changes in the lives of teachers, teacher educators, and leaders who receive MHPSS. The system should be developed from the outset of MHPSS in conjunction with mainstreaming it with the planning of the education system. Establishing monitoring and evaluation mechanisms at the beginning helps to clarify the objectives of MHPSS and monitor its implementation adequately.

2.6. How to Use the Guide

This training guide is designed to assist trainers in preparing the materials, methods, and cases to be presented and discussed with the participants. Trainers who use this guide are expected to have a comprehensive understanding of the subject matter and be familiar with the current national, regional, and global policies concerning the teaching profession, in general, and the importance of implementing strategies to address mental health and strengthen MHPSS for teachers, in particular.

Trainers are encouraged to deliver accurate and up-to-date information to the participants and adjust the sessions to reflect evolving priorities in service delivery. With this guide, they should be able to facilitate participant-centred activities, such as role plays and case studies that provide opportunities for trainees to prepare for real-world counseling. Given several emerging issues in the teaching profession, facilitators are expected to take the initiative in updating themselves and the training materials provided.

For the delivery of this programme, at least two facilitators should work together to manage the training for approximately 20-30 trainees. The facilitators will identify and bring in expert resources as needed to ensure that learning is more contextualized in addressing the individual needs of the learners. The activities in this guide are trainee-centered and require facilitation rather than teaching. They provide opportunities for learning through active participation in discussion and group work, including role plays and case presentations. By using the procedures outlined in the guide, facilitators will: (i) explain the activities of each session to the participants and help them engage in the activity properly; (ii) facilitate group discussions; (iii) solicit participants' learning points and provide additional information as needed; (iv) give participants/

trainees the opportunity to express their concerns, views, and opinions; and (v) summarize the main points of each session, acknowledging the key points that participants have already noted.

Symbols used and their intended meaning:

Symbols	Intended Meaning
	Objectives of the activity
	Preparation
	Method
	List of materials needed
	Instructions for each activity
	Trainer’s note

Before using the guide, it is strongly recommended that teacher educators and school leaders review the three sections (background, facilitation methods, and models and principles). In particular, they must understand the facilitation tips, sessions, topics, and reference materials or trainer’s notes. It is also essential to use the resources to understand, administer, and interpret the assessment tools to complete the pre- and post-test assessments, which will help teachers see the changes after the MHPSS intervention. The sessions are designed to stand alone or to be taught in sequence so that teachers can progress.

2.7. Guidelines for Evaluating and Re-Planning

In order to consolidate the knowledge and skills acquired, it would be beneficial for the trainees to undergo a practicum with an experienced counsellor or psychosocial support organization and conduct at least 18 to 24 hours of counselling sessions using different counselling approaches or models presented in this guide.

Evaluation of training is essential for trainers and the institution hosting the course to understand the extent to which the course objectives are being achieved. The evaluation data should be collected during and after the courses. Data collected during the course can help to:

- Encourage the participants to perform well and stay motivated throughout the course;
- Reduce stress from one final post-test;
- Reduce overall time set aside for revising;
- Provide feedback during the course about the expected standards;
- Assist in identifying problems that need special attention before the end of the training;
- Recommend further training areas.

It is, however, important to analyse the data gathered during and use it to make decisions for the rest of the course. There are some unique daily monitoring tools that can be used to capture a variety of information, ranging from self-assessment on participation levels to relevance of modules for individuals and the perceived skills of the facilitator. Some of these evaluation techniques include:

- **Pre-course evaluation** (Pre-test): to re-examine participants’ expectations and level of awareness or knowledge on the subject matter before the course commences.
- **Daily evaluation:** to obtain general feedback on the daily progresses of the participants.
- **Session evaluation:** to evaluate a particular section/topic or session.

- **Action plan template:** for participants to create an action plan for implementing the knowledge and skills acquired.
- **End of course evaluation** (Post-test): to obtain feedback on the overall course proceedings and assess the progress on the level of awareness or knowledge among participants on the subject matter.

Other techniques for examining the progress of the training can include utilizing:

- The Daily Mood Meter
- The Parking Lot (for extra needs/wants/concerns that come up during the day)
- Graffiti Feedback (“I liked...” and “I didn’t like...” or other headings)
- Diaries for feelings and thoughts
- Peer feedback

2.8. Facilitation Methods and Techniques

a. Participatory Approach

The MHPSS training for pre- and in-service teachers is designed to enhance their psychosocial well-being. This participatory facilitation is an empowering approach that encourages teachers to realize their capacities and resources around them. It also promotes open and critical communication among participants, as well as trainers. This approach allows for participants to openly discuss and share their personal experiences and understanding of the issues explored. As a result, knowledge will be reinforced through personal and shared experiences.

The training should thus be flexible and geared towards the needs of pre- and in-service teachers. Trainers can adjust the training based on the understanding and experience of the participants, which is constantly assessed through their answers and responses to the topics. The participatory approach also means that each participant is involved in thinking about their own experience of life and giving feedback on all the issues as they relate to their thinking, problems, unique solutions, strengths, and weaknesses. Individual and group support activities are expected as a part of the therapeutic process, which involves self-reflection exercises. In doing this, participants become more aware of themselves, their problems, their resources, and their capacities. A participatory approach is proposed in this training giving more value on listening, sharing, and expressing thoughts and feelings without being judged by teachers or counselors trained when they work with their school community including students in their classrooms.

b. The Training Environment

Creating a fun, safe, and inclusive learning environment is essential for a participatory and therapeutic process. It is the foundation for developing trust and empathy between participants and provides the basis for psychosocial activities that promote well-being and resilience in pre- and in-service teachers. Helping and empowering teachers is not just about the specific activities within an MHPSS intervention but also about how these activities are facilitated. The trainer is a role model and is responsible for creating a stimulating learning space, a fun, safe, and inclusive atmosphere, and effective communication within the group.

<p>Fun</p>
<p>Laughter and fun have benefits that support learning and make it therapeutic. They ease anxiety and fear, relieve stress, and tension, and improve the mood of the pre- and in-service teachers. Laughter lowers stress hormones. It also has social benefits for the group, as it strengthens relationships, enhances teamwork, helps defuse conflict, and promotes group bonding.</p> <p>Mix the emotional, social, or cognitive challenges with fun. The more you encourage creativity and tap into the participants’ sense of fun, the easier it will be to introduce even greater challenges. Some people think of play and fun as the opposite of work, but adults learn best when they are having fun. A good trainer balances good humour, creativity, and seriousness at the same time.</p>
<p>Safe</p>
<p>The trainer should be aware of safety issues, including:</p> <ul style="list-style-type: none"> • Physical safety: This includes the safety of the training area, activities, and venues for the psychosocial services, including counselling, as well as the location and route that participants will have to take to get to the training. This ensures the privacy and comfort of the participants. • Moral safety: Ensure that all activities are appropriate to the norms and culture of the participants and that they are not involved in activities that may embarrass them and others. • Social/emotional safety: Set clear rules that prohibit stereotypes, mockery, or bullying, and apply them by responding if someone is excluded or treated disrespectfully. Behave in a well-balanced, kind, and respectful manner, and validate all opinions. Handle strong emotions within the group appropriately, avoid unexpected events, and keep participants well-informed about activities. For example, if it is not possible for everyone to share, inform them in advance. Maintain a clear structure, be well-prepared, and adhere to time schedules to enhance the participants’ sense of safety.
<p>Inclusiveness</p>
<p>The trainer should model inclusive learning and behaviour by ensuring that all opinions are respected, the needs of people with disabilities are addressed, and no one is intimidated. There are various methods to make sure that all participants have the chance to express themselves, not just those who are the most outspoken.</p> <ul style="list-style-type: none"> • Demonstrate exercises in front of the group so that everyone can understand. • Use energizers and different booster techniques to help engage and stimulate participants who may not have a long attention span. • Different methods benefit different participants, based on their learning styles. Use songs, films, art, and stories. • Use brainstorming and buzz groups for shy participants. • Check on participants during group work, encourage them to take turns in presenting, and assist each other in solving tasks. • Use a suggestion box. For example, a cardboard box in the room for ideas and feedback can be helpful.

c. Trainers

Being a trainer, in general, and specifically for the MHPSS intervention is enriching and quite complex. It requires excellent knowledge about psychosocial issues mainly in emergencies, strong interpersonal skills, the ability to empower and motivate teachers, and the capacity to use social power. It is based on mutual learning and exchange between the trainer and participants. The trainer must understand emergencies and crises and be able to identify teachers who need specialized services.

Teacher educators and educational leaders shall be the trainers. Each session should be facilitated by a minimum of two trainers (male and female, if possible), where one plays a principal role and the other an assistant. The number of participants should not be too small nor too big (this depends very much on the needs of the participants). An optimal number of participants for the MHPSS training shall be between 16 and 25.

d. Facilitation Techniques

Trainers should ensure that the sessions and issues raised therein are relevant to teachers during and after an emergency so that the teachers will be interested in participating. Methods that encourage the involvement of the teachers while seeking their ideas and viewpoints, without imposing the trainers' own ideas, should be utilized. When relevant, the participants' ideas and initiatives for new activities should be gathered to motivate their participation and make them feel their contributions are taken seriously.

Working with emotional and social issues can lead to unpredictable outcomes. Sometimes, activities can provoke unexpected reactions from some participants or fail to engage participants as expected. Trainers need to be attentive and responsive to the participants' reactions and should be flexible enough to adapt the training according to the participants' responses. This flexibility should be maintained during both the planning and implementation of the training to ensure that participants are neither rushed nor left with difficult emotions that are not attended to. It is better to do one activity well than many activities poorly. The following techniques are recommended to make the training session more engaging:

- i. **Presentation:** focus on topics, provide a brief explanation (information) about the subject, and create an understanding of the topic.
- ii. **Discussion:** create a discussion forum or help teachers to discuss among themselves and share their experiences related to their reactions and coping skills.
- iii. **Group work:** group activities will teach versatile and powerful techniques for structuring group conversations and finding consensus.
- iv. **Self-reflection:** encourage participants to look inside themselves and reflect on their feelings, thoughts, and experiences.
- v. **Role-play:** role-play requires the acting skill of the teachers to bring attitudinal change and raise motivation.
- vi. **Brain storming:** motivate and initiate the teachers to unlock their abilities and skills.
- vii. **Visualization or imagination:** help teachers envision each activity, particularly for mindfulness and psychological first aid (PFA).

- viii. **Mind map:** it is a critical thinking tool to review the existing systems, community resources, and experiences that would enhance the well-being of teachers and integrate MHPSS into the education system. Therefore, the trainer is expected to guide participants starting from the main ideas, sub-topics, thoughts, and contexts in a way that demonstrates the cause-and-effect relationship using their creativity.
- ix. **Think, Pair, and Share:** it is a collaborative learning strategy where participants are expected to think individually, in pairs, and in groups to solve a problem or answer a question about an assigned reading. This strategy requires participants to first think individually about a topic or answer a question, then share ideas with a partner in a dyad.

e. Dealing with Difficult Emotions

This training guide is designed to work with teachers whose psychosocial well-being is threatened because they live in difficult circumstances. These life experiences will result in intense and complex emotions. Therefore, the training sessions and activities are designed to be sensitive to the experiences and expression of these emotions. However, sensitivity does not mean that these emotions are ignored or discouraged. There is a high probability that emotions, such as fear, anger, grief, sadness, confusion, guilt, etc., will be experienced and expressed during the training.

The trainer needs to be prepared for expressions of emotion and be able to adapt the training sessions and activities to deal with this. Here are some guidelines for facilitating the training in this context:

- **Give choices:** Be sure everyone in the group knows ahead of time what will be discussed, and that some people may choose to share personal stories. Let participants decide for themselves if they want to speak during the activities. Explain that if anyone becomes upset when talking about or hearing about people's experiences, they may ask permission to leave the group for a few minutes and be alone. However, stress that you would prefer that participants stay together as much as possible, as they can support each other.
- **Do not probe:** Due to the sensitive nature of trauma and crisis experiences, if any participants share stories of their personal experiences do not ask probing questions and do not ask for details in front of a big group of participants. Instead, follow up with a private conversation with the participant at an appropriate time. Also, remember and respect that in some cultures, it is inappropriate to encourage the display of painful emotions in public. Use your judgment if you feel a participant is sharing something in the heat of the moment, which they may regret later. Consider whether to intervene in these circumstances or whether referral is to be made.
- **Acknowledge other participants' feelings:** Some will feel sad when they hear other participants' stories. Remember, it is normal to feel sad or even cry when you hear these stories. Reflect these feelings in a way that does not make the person feel ashamed. For example, "Hearing that story has touched you very deeply; I'm sure there are others in the room who are feeling the same way."
- **Change the mood:** After talking about difficult experiences, it is a good idea to do an activity that facilitates a change of mood in the group. After each workout on a sensitive issue, there are suggestions for energizers and activities to get the participants moving and laughing. Taking a break or playing music or songs that those participants can move to may also facilitate a process where they release strong feelings.

Chapter One: Introductory Session

Overview

This chapter provides an example of how the introductory session is conducted, including things to consider at the beginning of the training. To ensure that the training activities are appropriate and well-received, this initial session needs to be culturally sensitive and consider the local expectations and rituals.

Objectives

At the end of this session, participants will be able to:

- Get to know each other, share their experiences, and foster trust;
- Recap and get feedback on each session; and
- Familiarize with the basic contents, objectives of the training, activities, facilitation, and evaluation methods.

Activities and Time

Activities	Time
Activity 1: Ice-breaking Animal Game	20 minutes
Activity 2: Expectations, Fears and House Keeping	20 minutes
Activity 3: Pre-test (assessment of the baseline understanding of MHPSS)	20 minutes
Activity 4: Clarifying Daily Evaluation	10 minutes
Total Time	1:10 hours

Activity 1: Ice-Breaking Animal Game

Objective

- To increase interaction and emotional awareness among participants

Materials

- Pen/pencil and A4 size papers

Method

- Game

Preparation

- Keep track of the time for the game
- Prepare questions related to emotions



Instructions

- Ask the participants to take a piece of paper from their notebook or to have an A4 size paper.
- Ask them to think of an animal that they like the most.
- Tell them to draw the animal (making a good drawing is not the objective here).
- Let them think the strengths or good sides of the animal and write them on the top right corner of the paper or drawing.
- Let them also think the weaknesses or less strong sides of the animal and write them on the bottom left side of the paper or drawing.
- Ask them to list their own qualities and weaknesses and try to relate them to the animal they have chosen.
- Let them share their drawing with the group, write their name in bold on their drawing, and post it in the corner of the training room.
- Referring to the Trainer's Note, summarize the activity before proceeding to the next one.



Trainer's Note

This activity goes beyond the participants' self-introduction. It is intended to create trust, team spirit, collaboration, and self-awareness among the participants. Thus, trainers are expected to encourage participants to share their strengths and limitations in line with the metaphorical animal behaviour.

Activity 2: Expectations and fears



Objective

- To identify participants' expectations and concerns in the three days training



Materials

- Cards and markers



Method

- Card collection



Preparation

- Prepare cards in different colours and shapes



Instructions

- Ask participants to pair up.
- Instruct them to think about their expectations and fears/concerns related to the training.
- Tell them to write only one expectation in one card and one concern on another card.
- Remind them to post their cards on the board or wall.

- Have participants share their responses in the large group and the trainer should make a list of responses to keep on the wall during the training.
- Lead them to write the training norms and assign volunteers who can serve as timekeepers, energizers, and recap the activities.



Trainer's Note

The trainer clarifies any issues that arise, such as fears or concerns about training facilitations, and any logistical issues like accommodations.

Activity 3: Pre-test (assessment of the baseline understanding of MHPSS)



Objective

- To gather the participants' baseline understanding of MHPSS



Materials

- Pre and post-test assessment tool (see Annex 4)



Method

- Assessment



Preparation

- Prepare a copy of the pre and post-test assessment tool



Instructions

- Ask participants to work individually.
- Give them 10 minutes to complete the pre-test.
- Advise them to write their name and code for identification.
- Tell them to see their result posted in a common place with their code.

Activity 4: Daily Wrap-up and Evaluation



Objective

- To introduce how to summarize the daily activities, clarify any remaining questions from the participants, and evaluate the usefulness of the training activities on a daily basis



Materials

- Pen/pencil and A4 size papers or mood meter



Method

- Round table daily reflection



Preparation

- Prepare a copy of smiling face as shown in the Trainer’s Note
- Prepare and post the daily mood meter in the training room



Instructions

- Ask the group to sit down in a circle. Explain to the participants that you have now reached the end of today’s training sessions, and together you will briefly summarize what you have done in this training.
- Ask the person to the left of you to start and mention a keyword or a maximum of one sentence about what you did together in today’s training. Tell the participants not to worry if they cannot remember as you will all help each other. If some major topics or points from the day’s session are missing in the end, add a keyword or sentence as a trainer so that all the activities have been mentioned.
- Explain to the participants that you are now going to evaluate the daily training. Encourage them to be as honest as they can, as their feedback will help create the training that meets their specific needs in particular and improve the PSS intervention in general.
- Show the participants the smiley faces that you have drawn on the flipchart or draw them on the board. Go through each of the smiley face expressions and make sure each participant understands what the smiley represents. If they understand it very well, let them put a ‘✓’ mark.



Trainer’s Note

When they have finished, thank them for their feedback and participation. Make sure to take time to wish each participant goodbye. This helps them feel recognized and appreciated. It is crucial that the trainer understands how the participants feel about the training so that decisions can be made about changes either to the content of the session or to the facilitation methods.

It is also recommended to consider the daily mood meter to get daily feedback about each session using the following chart.

	1. (Very happy smiley face): I found this training very useful.
	2. (Happy smiley face): I found this training useful.
	3. (In-between): I did not find the training useful nor was it useless.
	4. (Unhappy smiley face): I did not find this training useful.
	5. (Very unhappy smiley face): I did not find this training useful at all.

Chapter Two: Models and Principles

Overview

This chapter provides highlights on the concepts, models, and basic principles of MHPSS. It is essential to recognize the theoretical basis and models for MHPSS in emergency situations to frame the intervention and measure its outcomes. There are basic theoretical approaches shared in this guide, to guide the implementation of MHPSS services in the education system.

Objectives

The objectives of this session are to:

- Identify the theoretical basis and models that guide MHPSS in the education system; and
- Familiarize the guiding principles on the provision of MHPSS during and post-emergency for teachers.

Activities and Time

Activities	Time
Activity 1: Socio- Ecological Model	15 minutes
Activity 2: Mindfulness and Cognitive Behavioural Therapy MCBT	20 minutes
Activity 3: Positive and Cross-Cultural Therapy	15 minutes
Activity 4: Inter-Agency Standing Committee Pyramid	25 minutes
Activity 5: Principles in Mental Health and Psychosocial Support	15 minutes
Total Time	1:30 hours

2.1. Mental Health and Psychosocial Support Models

Activity 1: The Socio-Ecological Model



Objective

- To increase understanding of the socio-ecological model for MHPSS in emergencies



Method

- Presentation



Preparation

- Prepare your note following the structure of the model as indicated in Figure 1 on the socio-ecological model



Instructions

- Begin your presentation on each model and principle by asking the participants about their understanding of the socio-ecological model.
- Encourage them to reflect on the model.



Trainer's Note

According to the socio-ecological model, a person is not an isolated individual but one who belongs and interacts in a given time and space with the community in which they find themselves, whether the original or an adopted community. This is why we can act on various levels to foster a teacher's well-being: individual, family, community, national, or international. In light of this, Urie Bronfenbrenner's Socio-Ecological Model (1979) places an individual at the centre, making it a suitable framework for implementing MHPSS during emergencies in educational settings.

The model emphasizes that human behaviour is the product of individual and contextual factors at different level of environments. According to the model, individual responses are moderated by contextual interventions such as the individual's relationships with family members, friends, social networks, community, organizational, and institutional setups. Even in the absence of the individual, the interaction between the contextual factors themselves can impact the individual. In this model, the culture in which the person lives has a set of values, norms, beliefs, and traditions that significantly influence an individual's behaviour. This model has been modified to fit with the framework for implementing MHPSS, as described below in brief.

1. **The individual teacher:** The teachers are defined here as the individual target(s) receiving MHPSS to enhance their well-being and motivation during and after crisis situations. Some factors that can be considered in supporting teachers include age, sex, income, academic level, substance use, and history of abuse, neglect, or traumatic experiences. It is also essential to understand the individual teachers' beliefs, attitudes, behaviour, and emotional state to enact appropriate emergency MHPSS strategies. MHPSS strategies at this level aim to promote individual teachers' well-being, motivation, and resilience by introducing different coping techniques and skills.
2. **The interpersonal and community:** The interpersonal dimension is redefined as the interaction between the teacher and other community members in and outside the school, including families, friends, and other social networks. The guide demonstrates teachers' interactions with school and other community members, and the impact on their well-being, motivation, and resilience. MHPSS for teachers must help teachers have multicultural competencies such as recognizing cognitive resistance (in the form of denial), emotional resistance (which protects one's prejudice and biases, such as feeling guilty, angry, defensive, turned off, and helpless), and behavioural resistance (inaction of desired responses). In addition, it is vital to consider social capital and community resources to face adversity by:
 - a) supporting teachers in the search for meaning;
 - b) assisting teachers in the quest for emotional comfort or anxiety reduction;

- c) promoting a sense of social interconnectedness; and
- d) providing comfort and communion with others.

3. Organizational dimension: From the literature review, stakeholders' meetings, and practices, the school environment is one factor that contributes to teachers' distress, demotivation, and severe mental health disorders. Therefore, MHPSS intervention must address issues stemming from the school environment and system, and help teachers prevent, cope with, and fix problems by increasing their problem-solving and management skills.

4. Policy and enabling environment: The literature review again pointed out different policies, strategies, and commitments supporting MHPSS for teachers in the education system. However, implementation in Africa is still weak and fragmented. Therefore, this training guide focuses on awareness creation and advocacy steps in realizing MHPSS for teachers during and after emergency situations.

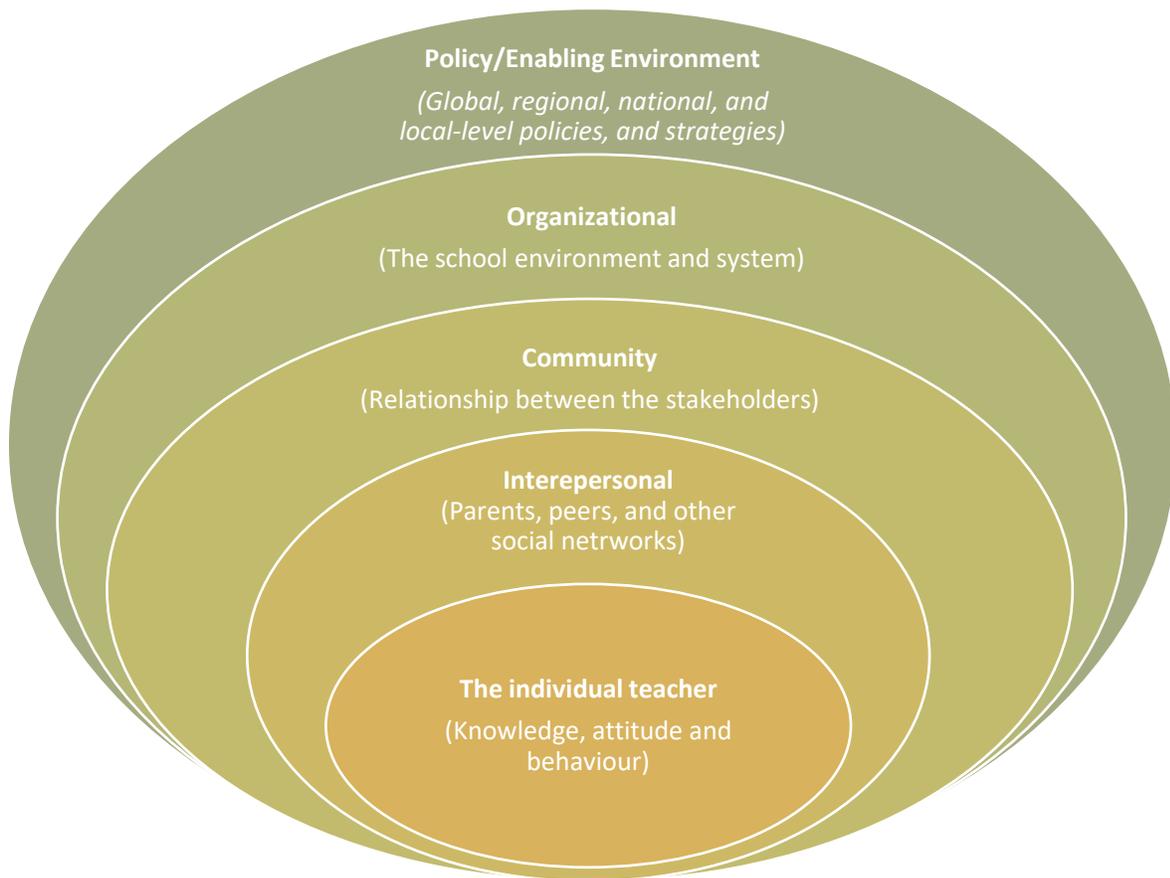


Figure 1: The Socio-Ecological Model (Adopted from Bronfenbrenner, 1979)

Activity 2: Mindfulness Cognitive Behavioural Therapy (MCBT)

Objective

- To increase understanding of Mindfulness Cognitive Behavioural Therapy (MCBT) as a model for MHPSS in emergencies

Method

- Presentation

Preparation

- Prepare your own note following the structure of the model as indicated in Figure 2 on the MCBT.

Instructions

- Begin your presentation on each model and principles by asking the participants about their understanding of MCBT.
- Ask their understanding and reflection about the model.

Trainer's Note

The Mindfulness Cognitive Behavioural Therapy (MCBT) believes that coping with the adversities requires an understanding of the interplay between thoughts, feelings, and behaviours. This is because MHPSS interventions for teachers in emergency settings require an understanding of these interplays to help teachers manage reactions such as anxiety, depression, acute distress, and some maladaptive behaviours. For this reason, some protocols from MCBT are presented in the guide in a more simplified and practical form in a non-clinical context. It is a modified form of cognitive-behavioural therapy that incorporates mindfulness practices such as present moment awareness, which is also called Psychological First Aid (PFA), to help teachers who suffer from repeated distress, anxiety, depression, and other psychological distresses. The model is used to help teachers mainly with anxiety and depression as well as dealing loss and grief-related reactions.

The specific strategies for supporting teachers using these techniques indicated in the guide are PFA such as slow breathing exercises, progressive relaxation, guided imagery techniques, and more. Besides, psycho-education, behavioural activation techniques, thought coping and restructuring, fear or worry exposure, brief trauma recovery techniques, and problem-solving strategies are included.

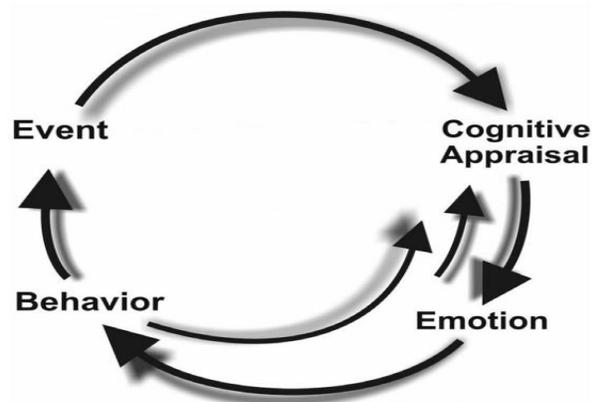


Figure 2: MCBT Model

Activity 3: Positive and Cross-Cultural Model



Objective

- To increase understanding of positive and cross-cultural therapy as a model for MHPSS in emergencies



Method

- Presentation



Preparation

- Prepare your own note following the structure of the model as indicated in Figure 3 on the positive and cross-cultural therapy



Instructions

- Begin your presentation on each model and principles by asking the participants about their understanding of the model.
- Ask for their reflections about the model.



Trainer's Note

Work-life balance is another important aspect included in the training guide to help teachers balance their lives and preserve the momentum for their well-being and motivation. A positive and cross-cultural therapy technique is used to demonstrate the practical activities. The model is a novel approach in MHPSS as it considers cross-cultural issues with the below key principles:

- ▶ **The principle of hope:** The model comprehends people as a positive conception of being. Hence, any mental health problems and psychosocial problems are not necessarily disorders; rather they are capabilities inherent in every human being who can contribute to resilience. Therefore, while working with teachers during and after an emergency, helping them explore and utilize their capabilities, as well as resources, is important.
- ▶ **The principle of balance:** The model considers body (health and well-being), achievement or work, social interaction with others, and spirituality, including meaning for life, as key pillars of life that must be considered not only to maintain life-work balance but also to cope with adversities.

Overall, capabilities are the basis for the concept of the Positive and Cross-cultural model, and every person, independent of their present stage of development, age, sex, race, class, or physical, sensory, intellectual, or mental health condition, possesses capabilities. These capabilities develop before any cultural influence and also help to cope with adversities.

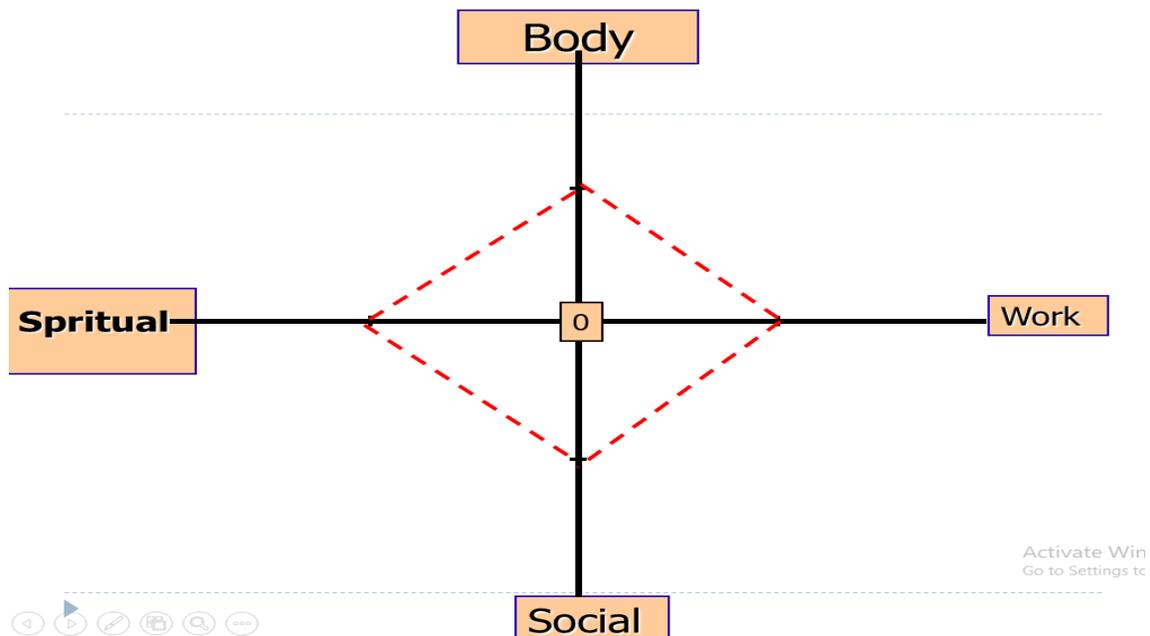


Figure 3: The Four Dimensions of Life (Balance Model) in Positive and Cross-cultural Therapy

Activity 4: Inter-Agency Standing Committee (IASC) Pyramid Model

Objective

- To familiarize participants with the IASC pyramid model for MHPSS intervention in emergencies

Method

- Presentation

Preparation

- Use the PowerPoint presentation in the training guide or prepare your own based on the Trainer’s Note on the IASC model

Instructions

- Begin your presentation on each model and principles by asking the participants about their understanding of the IASC model.
- Encourage their reflection and understanding about the model.

Trainer’s Note

The Inter-Agency Standing Committee (IASC) has developed a MHPSS intervention pyramid, which is a helpful tool used to link MHPSS to the education system. This model discusses approaches to mainstreaming MHPSS in the education system and the types of services at each layer.

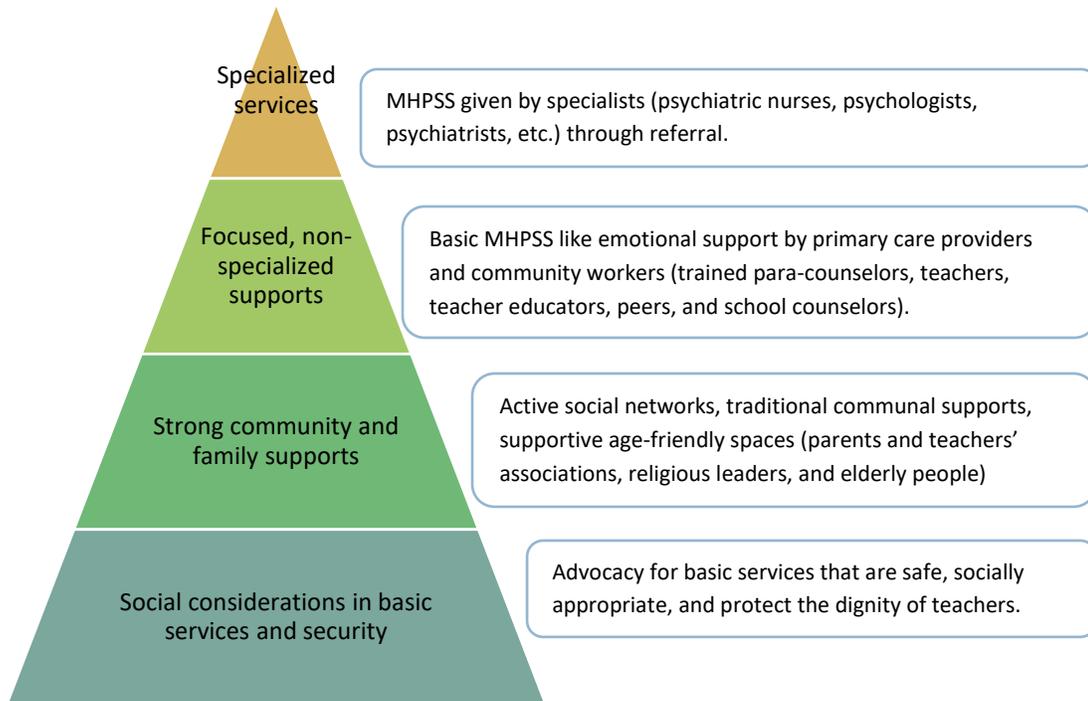


Figure 4: MHPSS Intervention Framework (INEE, 2018)

2.2. Principles in Mental Health and Psychosocial Support

Activity 5: Principles in Mental Health and Psychosocial Support

Objective

- To adhere to key principles in the provision of MHPSS during and after emergencies

Method

- Presentation

Preparation

- Prepare your own note following the Trainer’s Note on MHPSS principles

Instructions

- Begin your presentation on principles by asking the participants about MHPSS principles.
- Ask them to share their understanding and reflections about the principles.



Trainer's Note

The guiding principles for providing MHPSS during and post-emergencies for teachers are incorporated in the guide. These principles are drawn from evolving evidence based on the process of psychosocial recovery and international practices. The overarching principles, which are ethical consideration of the guide, are highlighted hereunder:

- **Do no harm:** No action, intervention, or other service response should cause harm. Instead, MHPSS providers should promote safety, self and community efficacy, empowerment, connectedness, calmness, and hope wherever possible. By ensuring that people do not go beyond their capacity as psychosocial support persons, harming people could be avoided. In addition, professional services should be socio culturally, gender, and age-appropriate based on recent evidence. Therefore, the provision of psychosocial support for teachers must be aligned with this principle.
- **Human rights and health equity:** Establish, maintain, and develop PSS interventions that best meet the rights and needs of teachers and their surrounding communities during and after an emergency, even when resources are limited. The psychosocial service provisions and all actions for teachers must not create or increase inequalities. Therefore, this guide stresses addressing the more vulnerable and hard-to-reach groups of teachers by making the psychosocial service inclusive.
- **Participation (community and stakeholder engagement):** All the models discussed above appreciate stakeholders and community involvement to gain maximum benefit from the MHPSS. This includes engaging teachers in and out of school communities and empowers them on their rights to make their own decision on getting support. Section 4 of the guide focuses on the education workforce and working with a community in the education setting.
- **Promote self-help:** In all actions, it is important to encourage teachers and the education workforce to care for themselves and others and to seek further help. These actions should also help restore teachers' perceptions of themselves and their profession. The self-care practice of the guide exhibits techniques in helping teachers promote their self-help effort and seek support from others.
- **Continuous improvement:** This is realized through ongoing monitoring and evaluation of the PSS, and associated support. Monitoring tools and performance indicators are placed in the guide to assess continuous improvement of the psychosocial intervention in the education system.
- **Building on available resources and capacities:** Different practices in African schools can support the implementation of PSS for teachers. Social capital and community resources of African origin can also be tapped and used to enhance teachers' well-being and motivation. Therefore, the guide assists those users in unlocking many local supports and available resources, encouraging teachers to help themselves, and finding ways to cope with adversities using community resources.

In a nutshell, for effective and efficient delivery of psychosocial support services, the guide tried to consider and adapt Hobfoll et al. (2007) key principles, as displayed in the diagram below and elaborated in the consecutive section.

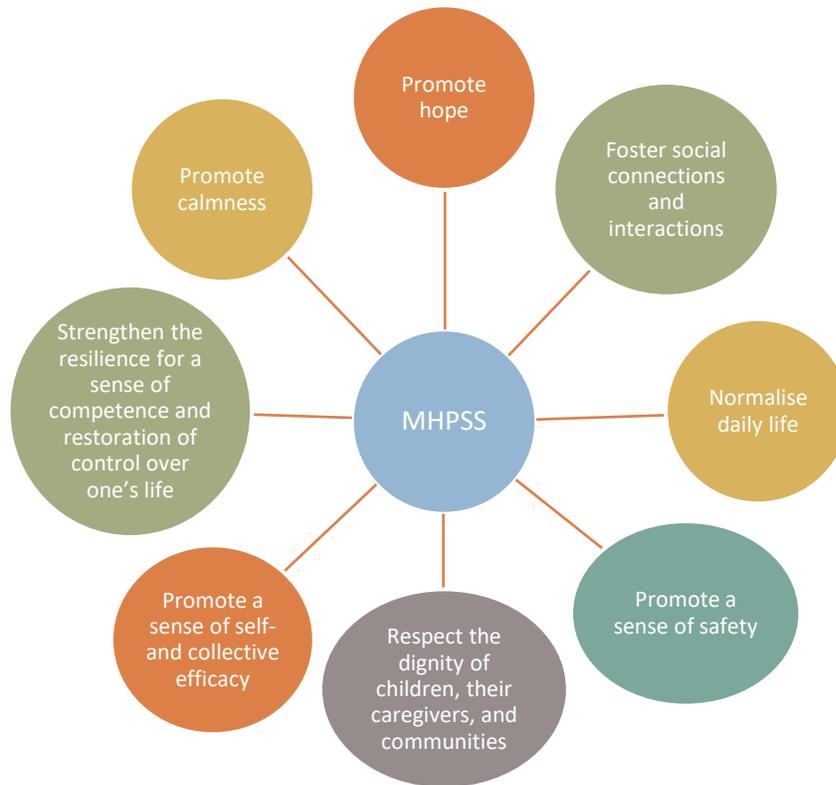


Figure 5: MHPSS Key Principles

- 1) **A sense of safety** – The target beneficiaries of MHPSS need to be protected and ensured of their safety, which is one of the priority actions. Any threatening environment should be avoided and minimized as much as possible to protect the target groups from dangers and threats and ensure their safety.
- 2) **Calming** – In emergency settings, individuals are likely to feel overwhelmed by existential or imaginary threats. MHPSS should focus on soothing, relaxing, pacifying, and calming individuals.
- 3) **Connectedness** – Ensuring that the social connections of the target groups remain intact or are reconnected virtually or in person when separations are the reality is essential.
- 4) **A sense of self and community efficacy** – The belief and skills to enable “I/we can do it” are essential. Group and/or individual counseling is required to enhance the beliefs of individuals and community members that they can control their actions.
- 5) **Hope/Optimism** – MHPSS, including various forms of counseling, enhances life adjustments and leads to a better future.

Chapter Three: Psychosocial Well-Being, Problems and Reactions

Overview

In this chapter, a conceptual understanding of psychosocial well-being is presented in order to increase awareness of the mental health and psychosocial needs of teachers, specifically their emotional and social needs during and after an emergency situation. The psychosocial problems of teachers and their reactions to adverse experience shall also be clarified. To do this, we will start by recapping the previous session and reflecting on the activities covered.

Objectives

At the end of this chapter participants will be able to:

- Identify emotional and social needs and their relationship;
- Deepen their understanding of psychosocial well-being; and
- Pay attention to the importance of their psychosocial well-being.

3.1. Understanding Psychosocial Well-being

Activities and Time

Activities	Time
Activity 1: I m a Game	15 minutes
Activity 2: Psychosocial Needs	35 minutes
Activity 3: Rotating Plenary- Defining Psychosocial Well-being	45 minutes
Activity 4: Why Psychosocial Well-being for Teachers	35 minutes
Conclusion and Wrap-Up	5 minutes
Total Time	2:15 hours

Activity 1: I Am a Game

Objective

- To increase interaction and emotional awareness among participants

Method

- Game

Preparation

- Keep track of time for the game
- Prepare questions related to emotions



Instructions

- Be in pair and face each other, at a distance of one meter.
- For five minutes, one person takes the role of interviewer and the other takes the role of interviewee. Then, switch roles after five minutes.
- The questions can be emotions and social topics, such as “Are you happy?” If you are comfortable telling the truth, you may answer “I am a game” (which means “I am”), and if you are not comfortable, you can answer by saying “I am not a game” (which means “I will not”).
 - Example: A = Are you sociable?
B = I am a game.
 - Start with questions that are easy to answer and move on to more sensitive ones, such as “Are you impulsive?”
 - After five minutes, switch roles and continue playing the game.
 - Wrap up the activity by answering the following questions:
 - *What did you learn from the activity?*
 - *What does it feel like to be an interviewer and an interviewee?*
 - *What does it feel like to be asked about your feelings and social characteristics?*
 - *Were you honest in your answers? If not, why?*



Trainer’s Note

Although reflecting on the feeling and social behaviour may seem easy, it is difficult and sensitive in practical terms, especially when it comes to sharing the negative feelings and social behaviour. Hence, during the activity, try to encourage participants to express themselves in whatever way they feel comfortable. Remind them not to be judgmental as these feelings are normal and common among all human beings.

Activity 2: Psychosocial Need



Objective

- To understand the psychosocial needs of teachers



Materials

- Flip chart/board
- Marker/chalk
- Two types of colours (green for emotional needs and yellow for social needs) for each participant

Tips

The two terms have different meanings. ‘Psycho’ refers to an individual’s inner thoughts, feelings, emotions, behaviours, memories, perceptions, understandings, and attitudes. ‘Social’ refers to the external relationships of an individual with their environment, including traditions, culture, values, family, community, and the impact of these factors on their status and social networks.



Method

- Card collection



Preparation

- Prepare a flip chart and divided it into two columns
- Give each participant two types of colours



Instructions

- Ask the participants to work in pairs and write down as many psychosocial needs of teachers as possible.
- Give each pair two cards in different colours. Ask them to do the following:
 - On one card (green), indicate one psychological or emotional need of teachers (e.g., feeling of security)
 - On the other card (yellow), indicate one social need of teachers (e.g., somebody who cares about them)
 - Divide the flip chart or board into two categories:

Psychological/Emotional Needs	Social Needs

- Ask participants to come to the board or flip chart and place the cards in the correct category.
- The participants should be challenged to define the term “Psychosocial Needs”.
- Ask the participants to summarize the most important things they have learnt and conclude the activity.
 - *If you are in a school where these needs are not met, how do you feel? What will be your reaction?*
 - *If you are in a school where these needs are met, how do you feel? What will be your reaction?*
 - *Do you see any relationship between the psychological and social needs of teachers in emergency situations? Do you think one affects the other? How?*
 - *Did you learn anything new from the activity?*
- From the Trainer’s Note below, define the psychosocial needs of teachers and explain in more detail how they relate to emergency situations. Then, conclude the session.



Trainer’s Note

Understanding and identifying the psychological and social needs of teachers, as well as their function in emergency situations, is key to enhancing their well-being. The term psycho (internal) and social (external) are interconnected and influence each other. Teachers have both psycho and social needs, and the term psychosocial refers to the close and dynamic connection between the psychological and social spheres of human experience. Psychosocial needs are, therefore, the psychological and social aspects of teachers,

recognizing and understanding complexities of mental, emotional, social, and spiritual needs and developing through them. It includes the need for attachment, control, pleasure, or avoidance of pain, safety and security, and enhancement of self-esteem expressed in daily life. Both psychological and social needs are interdependent and can positively and negatively affect each other. By addressing teachers' psychological needs, we can improve their social relationships and effectiveness. Similarly, by addressing their social needs such as cooperation, communication, and interaction with others, or finding their roles in the family and community, we can support their mental health and improve their overall well-being.

Activity 3: Rotating Plenary - Defining Psychosocial Well-Being



Objective

- To understand the concept of psychosocial well-being



Materials

- Flip chart and markers

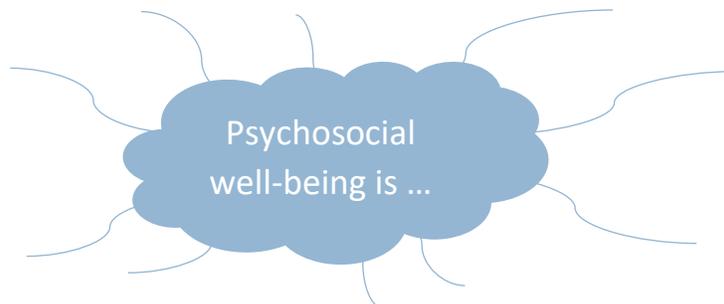


Method

- Mind Mapping

Tips

Psychosocial well-being refers to the social and emotional well-being of an individual and the ability to fulfil their potential as human beings. It also includes the presence of psychological and social skills and abilities that contribute to optimal functioning and quality of life.



Preparation

- Prepare a flip chart with the term psychosocial well-being at the centre as shown above
- Prepare four tables and place one flip chart on each table
- If possible, play some local music during the activity



Instructions

- Provide each group with a flip chart. Have them stand in a circle around the table.
- Instruct the groups to discuss and define psychosocial well-being (PWB) on their own.
- Once they agree on a definition, let them write it on the flip chart in two lines (one idea or definition per line), using the phrase “PSW is.....” They have two minutes to do this.
- When time is up, clap or play music to signal the groups to rotate clockwise. They should leave the flip chart/paper on the table, move to the next table, and repeat the exercise.

- Let all groups to work on each table to fill all the lines, then return to their original table.
- Ask each group representative to read what have been written on the flip chart.
- Finally, work together to agree on a definition and present the correct definition provided the Trainer’s Note below.



Trainer’s Note

Psychosocial well-being has two important facets. The first is the extent to which people experience positive emotions and feelings of happiness and subjective well-being. The second includes self-acceptance, environmental mastery, positive relationship, personal growth, purpose in life, and autonomy. Psychosocial well-being is holistic and reflects the mutual interaction between mental, emotional, spiritual, and physical dimensions, all of which are influenced by culture and social and political contexts.

Activity 4: Why Psychosocial Well-Being for Teachers



Objectives

- To identify the most prominent reasons for psychosocial well-being among teachers
- To take positive steps towards develop psychosocial well-being during adversities



Materials

- Pens and paper



Method

- Imagination and group work



Preparation

- Prepare the participants to relax and contemplate for individual expression and discussion



Instructions

- Ask each participant to sit quietly, take a deep breath with their eyes closed, and think and ponder about what we say. Speak in a quiet voice and ask following questions, giving enough time for every idea through the sign “...”.
 - *What happens when you have positive emotions and feelings of happiness?*
 - *What do you feel in your body ... mind, thoughts, and heart...?*
 - *Imagine your school environment, feel that it is safe and secure. How does that make you feel?*
 - *Now think that you are surrounded by important people, friends, colleagues, and family... with full support and care.... you are also fully accepted by these important people and feel that you are well-valued.*

Tips

Psychosocial well-being can increase emotional intelligence, empathy, assertiveness, compassion, etc., which can contribute to socio-emotional learning, a positive classroom environment, and improved relationships between colleagues, students, and educational leaders.

- *Try to imagine that you have full control and mastery over your environment, you have reached personal fulfilment, and give meaning to your work and life.*
 - *What changes do you see because of this in your life, how you relate with others, and for your achievement, body well-being, and spiritual life?*
 - *How about your performance at work, meaning in life, and your perception towards your body? I wonder: what has changed in your overall well-being? I wonder: how does life look for you?*
 - Ask every participant to open eyes and write down as points or notes what changes occurred or would be occurring in their life in four areas: body, social, work/achievement, or spiritual life.
 - Inform them that this step of the exercise is a personal reflection, and no details will be shared with the group. There will only be a general discussion.
 - Divide the participants into three or four groups, choose a presenter, and discuss the following questions:
 - *What are the benefits of psychosocial well-being for a teacher's body?*
 - *What are the benefits of psychosocial well-being for a teacher's social life/relationship?*
 - *What are the benefits of psychosocial well-being for the teaching-learning process and a teacher's achievement?*
 - *What are the benefits of psychosocial well-being for a teacher's future and the ability to be hopeful and find meaning in life?*
 - *How can psychosocial well-being contribute to coping with crises and emergency situations? How can you be more resilient by enhancing your psychosocial well-being?*
 - Let each group present their work, and have the other participants reflect.
- Conclude the activity by giving more input to the participants from the Trainer's Note.



Trainer's Note

It is important to demonstrate teachers the importance of psychosocial well-being for full functioning in life, as well as the ability to be resilient during adversities. By working on the well-being of teachers in these dimensions, it helps them re-define who they are and find a sense of meaning and purpose. They can also reflect on their own traits and abilities, as well as enhancement of their self-confidence. Additionally, show them how to develop a positive perception of their psychosocial qualities and their ability to understand and express their emotions in a healthy way during difficult times. This can lead to satisfaction, acceptance, and positive relationships with others, ultimately enhancing their ability to protect themselves. Make sure the following messages are well covered before you wind it up:

- Psychosocial well-being improves teachers' interpersonal interaction and the effective use of their social capital.
- It also enhances motivation and life-work balance, and thereby improving teaching and learning.
- It contributes to the character strengths of teachers, such as gratitude, creativity, love of learning, and fostering teacher autonomy and decision-making.
- It helps teachers manage stress, prevent burnout, and reduce teacher dropouts.

3.2. Consequences of Emergency on the Psychosocial Well-being of Teachers

Overview

In the previous topic, the psychosocial needs of teachers were clarified and the rationale for working on their psychosocial well-being was discussed. In this topic, the psychosocial consequences of emergencies on teachers' well-being shall be discussed using different activities and games.

Objectives

At the end of this topic participants will be able to:

- Describe the consequences of emergency on the psychological and social well-being of teachers;
- Illustrate the psychological and social consequences of emergencies on the well-being of teachers; and
- Describe the psychosocial reaction of teachers to emergencies.

Activities and Time

Activities	Time
Activity 1: Emergency Experiences	25 minutes
Activity 2: Consequences of Emergency / 4D of Life	60 minutes
Activity 3: Reactions to Emergency	45 minutes
Wrap up and Evaluation	5 minutes
Total Time	2:15 hours

Activity 1: Emergency Experiences

Objective

- To desensitize the participants for emergency experiences

Materials

- Video footage/slides/photos/overhead or any other visual material depicting the consequences of emergency (both natural and man-made) on teachers.

Method

- Use of visual aids, pair work, buzzing, and discussion

Preparation

- Prepare the materials in advance

Instructions

- Show the video footage/slides or pictures for 2-3 minutes and ask participants to imagine other incidents or actions that teachers might be exposed to, in addition to those depicted.
- Encourage participants to imagine the consequences.

- Let them be in pairs and share their feelings with each other.
- Ask participants to identify and describe:
 - The situations and actions in the film/slides.
 - The feelings they are experiencing when observing the video or pictures.
 - The actions or behaviours they would exhibit if they were in those situations.
 - *Which action/behaviour or feeling is stronger, and which is lesser?*
- Lead the discussion in plenary and write down key points. Summarize the findings and pose the below follow-up questions:
 - *If you encounter teachers displaying these behaviours or feelings, what can you do?*
 - *Do you think all teachers would react similarly during and after an emergency? Why or why not?*
 - *Which type of emergency situations might lead to these behaviours or feelings? Why?*
 - *What are the consequences on the body, social relationships, work, and future life?*



Trainer's Note

Many participants may have experienced situations similar to those in the video, slides, etc. and may show strong emotions. Such emergency situations can negatively affect the emotional, behavioural, and physiological state of teachers, as well as their social relationships and work performances. The trainer must be aware of the emotional impact of the film/slides and give these participants time to recover. The trainer can also extend the discussion to the other impacts beyond psychosocial well-being. Participants may, for example, wish to leave the room in order to talk to a trainer or friend outside. Allow them to do so and make sure you are available to provide support and further discussion if they like and feel comfortable doing so.

Activity 2: 4D (Four Dimensions of Life)



Objective

- To understand the consequences of emergencies on the four key areas of teachers' well-being (physical, social, work/achievement, and spiritual life)



Materials

- Flip chart and markers



Method

- Group work

Tips

The four dimensions of life are the key pillars of a person's well-being, which include the body, achievement or work, social, and spiritual aspects. These dimensions are interrelated and interconnected; meaning that well-ness in one dimension contributes to the well-being of the others. Similarly, a disturbance in one aspect affects the other three, putting the person's life in an imbalance. Emergency situation disrupts these dimensions of well-being and balance.



Instructions

- Divide the participants into four groups.
- Give each group a flip chart and markers.
- Let them think of the consequence of emergencies on teachers' well-being.
- Have them list all the possible consequences.
- Ask them to group their lists of consequences into four categories (consequences on body, social life, work/achievement, and spiritual life).
- Ask the participants to present their findings in plenary.
- Lead a discussion in plenary, write down the key points identified, and summarize the findings.

Follow up with these questions:

- *How do emergency situations affect the physical well-being of teachers?*
- *How do emergency situations affect the social well-being of teachers?*
- *How do emergency situations affect the spiritual well-being of teachers?*
- *How do emergency situations affect the work/achievement of teachers?*



Trainer's Note

Emergency situations can affect the well-being and motivation of teachers, particularly on the four key pillars of their life, which are body, social, work, and spiritual. For example, due to emergency teachers may experience fatigue, pain, illnesses (minor or major), lack of sleep, disturbed sleeping patterns, or/and low appetite. Furthermore, the social well-being of teachers can be affected by emergency situations, which can result in social withdrawal, conflicts, or loneliness. Emergency situations also negatively impact the work performance and motivation of teachers, leading to a decline in the quality of education they provide. Additionally, as to the consequences of emergency on their spirituality or future life, they may lose hope and develop meaninglessness and loss of perspective in life, ultimately affecting their work performance. As a result, teachers may lose their balance, motivation, and energy.

Activity 3: Reactions to Emergency



Objective

- To describe the psychosocial reactions of teachers in emergency situations



Material

- Case scenario



Method

- Case study



Preparation

- Read the case scenario ahead of time or prepare similar case scenario



Instructions

- Let participants read the case scenarios presented below.

Case scenario A

Paul is a teacher in one of the primary schools in Ethiopia. Paul contracted COVID-19 and had to stay in the hospital for one month. He returned to work with full recovery and his COVID-19 test result is negative. It was hard for him to reunite with his family and resume his work due to the fear of infecting his family and students. Following the school re-opening and resumption of work, a war broke out in his locality unfortunately and the school was fully destroyed. Now he is teaching in a shade with very limited school materials and support. Paul feels sad, depressed, frustrated, and demotivated.

- Ask them to imagine themselves in the position of Paul.
- Guide a discussion in plenary based on the following questions:
 - What would Paul's behaviour and feelings be like for himself and with his students?*
 - What would Paul's behaviour and feelings be like with his colleagues and school administrators?*
 - Why do you think Paul behaved that way?*
- Present the common psychosocial reactions experienced by teachers during emergency situations, including COVID-19, from the Trainer's Note below.



Trainer's Note

Some common reactions among teachers are:

- Depression** – Depression is a common reaction that can present with symptoms such as depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Once depression sets in, it quickly becomes difficult to make rational decisions.
- Hyperactivity** – In the face of danger, teachers may become easily agitated. When this happens, they can become easily distracted and can take actions instinctually rather than rationally.
- Anger** – Anger is a common response to an emergency situation. Anger can cloud judgment and force teachers to make irrational decisions.
- Guilt** – Guilt is a common emotional response among teachers who have survived an emergency. They may feel guilty for surviving as their mind dwells on what they could have done for others, or they may blame themselves for the situation.
- Anxiety** – Anxiety is a feeling of worry, nervousness, or unease about an emergency situation with an uncertain outcome.

Activity 4: Wrap up and Evaluation

Summarize all the issues covered under this session and encourage participants to reflect what they can take for their life and work. Let them summarize the key messages from the topic and activities. Evaluate the topic or the day using the smiley face or daily mood meter.

Chapter Four: Coping and Management Techniques

Overview

In this chapter, different coping and management techniques that will help teachers to manage the psychosocial reactions due to emergency situations are discussed. First, the basic qualities and skills required to help teachers are presented. Following this, specific techniques to help teachers cope and manage psychosocial reactions due to emergencies are discussed, such as psychological first aid (PFA), and cognitive and behavioural skills. To do these, we will start by recapping the previous chapter and reflecting on the activities covered.

Personal and professional qualities and skills are very important in facilitating psychosocial support among teachers. A psychosocial service provider must be well equipped to assist teachers in making adjustments and living a happy and harmonious life. The adjustment can be regarding the school and outside the school. Likewise, skills are the capabilities required to facilitate psychosocial support to effectively deal with the demands and challenges of everyday life after life's disruption due to adverse life circumstances.

Objectives

At the end of this chapter, participants will be able to:

- Identify qualities needed to effectively help teachers who are experiencing adverse life circumstances; and
- Practice basic psychosocial skills.

4.1. Qualities and Skills

Activities and Time

Activities	Time
Activity 1: Qualities of MHPSS Providers- Topsy-Turvy and Case Study	25 minutes
Activity 2: Practice Self-Awareness	35 minutes
Activity 3: Practicing Attending and Active Listening Skills	60 minutes
Activity 4: Practicing Questioning and Probing Skills	45 minutes
Activity 5: Practicing Paraphrasing Skills	40 minutes
Activity 6: Practicing Reflection of Feeling Skills	40 minutes
Wrap up and Evaluation	5 minutes
Total Time	4:15 hours

Activity 1: Topsy-Turvy

Objective

- To help participants identify qualities required in providing psychosocial support



Materials

- Flip chart and markers



Method

- Brainstorming and case study



Preparation

- Prepare flip chart, cards, and markers ahead of the activity
- Understand the case study and the qualities to be communicated
- Read the note and prepare yourself for presentation at the end



Instructions

- Ask participants to work in pairs for the activity.
- Ask them to come up with lists answering the question “How can you create disturbance in others?”
- Let them discuss and write their ideas on cards (an idea on a card).
- Collect the cards and display them on a board or wall.
- Work in plenary to find the opposite for each negative word to turn into a positive word.

Optional Activity

- Refer to the case and discuss it in plenary based on the following questions:
 - *What qualities do you see in Margarita?*
 - *Is she imposing her beliefs and values or just respecting the teachers? Please explain.*
 - *Is there any quality she is trying to follow?*
- Summarize the activity by presenting qualities of a psychosocial service from the note.

Case study

Mrs. Margarita is a training teacher who provides psychosocial support for her colleagues. She is supporting teachers who are affected by COVID-19 and other crisis situations. She is handling several personal and social-related cases, some of which are sensitive and intense. Whenever she meets teachers for help, she always greets them warmly and with full respect, accepts them without any judgment or conditions, lends her hand unconditionally, allows them to present and solve their problem, acknowledges, and appreciates their great achievements, and shows them ways to cope with any challenges in their lives. Margarita is doing all this consciously because she learned from her training that forming good relationships with empathy means empowering teachers, which, in turn, brings positive changes in their behaviour, feelings, and thoughts.



Trainer’s Note – Essential Qualities of MHPSS provider

- **Unconditional positive regard:** respect and acceptance towards helping teachers without any judgment and imposing own values.
- **Empathetic understanding:** the ability to feel what the teachers feel by putting oneself in their shoes.
- **Congruence:** genuineness and honesty with the client.

- **Perseverance:** being steadfast, maintaining a course of action over time, sometimes in spite of difficulties. This entails having the self-discipline to conceptualize your ideas, formulate them, and share them with others.
- **Patience:** the ability to remain calm and self-possessed when confronted with delay or resistance. It is the realization that change takes time, as whether that change is in individuals or in organizations. In the helping profession, it is a willingness to “trust the process” rather than trying to move more quickly than the client is willing and able to move.
- **Resilience:** the ability to recover quickly from difficult situations. In the helping profession, it is a vital quality to be developed because we know that difficult situations and disappointments are part of professional life.

Activity 2: Practicing Self-Awareness



Objective

- To understand the relationship between awareness of self and its influence on the behaviour of teachers as MHPSS providers



Material

- Self-awareness sheet (see below)



Method

- Brainstorming and discussion



Preparation

- Prepare a self-awareness sheet for each participant



Instructions

- Refer to the self-awareness exercise sheet.
- List down your awareness of emotions, thoughts or perception about yourself and others, and your own values.
- Try to assess yourself, including your personal strengths and weaknesses based on these three elements of awareness.
- List the influence of these on the behaviour of a helper (to be good or bad) service provider.
- Share this with the group.
- Conclude the activity by discussing the following:
 - *How does awareness of emotions guide your behaviour as a psychosocial service provider?*
 - *How does awareness of your thoughts and perceptions guide your behaviour as a psychosocial service provider?*
 - *How does awareness of your values affect your behaviour in supporting teachers for psychosocial services?*

Self-awareness practicing sheet

Awareness of your:	The influence on your behaviour
Emotions <i>Example: Angry</i>	<i>Example: Abusive</i>
Thoughts/ perception or beliefs <i>Example: Hard to accept</i>	<i>Example: Defensive</i>
Values <i>Example: Trustworthy</i>	<i>Example: Dependable</i>



Trainer’s Note

Self-awareness enables one to be honest with yourself and in helping teachers. It assists in avoiding the unethical use of one’s own power while helping others for their self-satisfaction. Developing self-awareness is an ongoing process. An effective psychosocial service provider would continue the process of self-awareness through their helping relationship. Knowing oneself is the foundation for all the other psychosocial skills we need to develop in helping others and is essential for managing adverse life circumstances. Attitudes and values consist of feelings, beliefs, and emotions regarding a fact, thing, or behaviour of a person. Attitudes can seriously affect a helper’s behaviour towards teachers, especially when teachers are in different and challenging situations. It is important for helpers to be aware of their own attitudes and values so that they can put them aside during the helping relationship. In other words, a helper’s own emotions, values, and attitudes should not have an impact on the way they interact with teachers.

Activity 3: Practicing Listening Skills



Objective

- To practice attending active listening skills with a set of steps and guidelines



Method

- Role play

Tips

Counselling skills are interpersonal and technical traits that a PSS provider or a counselor uses to better understand and listen to their clients. Using these skills, a counselor helps client overcome obstacles that are preventing them from leading a happy life. These skills help to build rapport, establish trust, and ensure that clients feel heard and understood. Counseling skills are tools to help individuals seek and find their own solutions to the dilemmas they face. They are tools that help both the counselor and the client unstuck or skills that helps the counseling relationship move smoothly.



Preparation

- Prepare two chairs for rehearsal



Instructions

- Be in pairs to practice active listening skills.
- Person 'A' talks about interesting issues for five minutes while person 'B' listens.
- While person 'B' is listening, never use a word but try to encourage your partner to continue using different gestures.
- After five minutes, change your role. Person 'A' becomes a listener and person 'B' becomes a speaker.
- Use the active listening guide from the Trainer's Note and handout to enhance your listening skills.
- Summarize the activity based on the below points:
 - *How far can you make your partner talk?*
 - *What can you do to make them continue talking if you are allowed to do more?*
 - *How can you apply this while working with teachers who are reluctant to express their feelings and thoughts due to adverse effects of emergency?*



Trainer's Note

Listening skills make the speaker feel worthy, appreciated, and respected. When we give someone all our attention, the speaker responds positively by interacting on a deeper level, perhaps by disclosing personal information or becoming more relaxed. When helpers pay particular attention to what a teacher is saying, it encourages them to continue talking, as well as ensure communication remains open and positive. School teachers are used to reading, writing, and speaking, but less focus on the skill of listening. Rather, listening is an active experience that requires attentive engagement with the speaker. Listening skills enable you to demonstrate your understanding of the perspective of others. This omission is a risk as listening skills are the most important foundation for any relationship, including working with teachers in supporting each other. Listening is often misunderstood as a passive activity.

Handout: Attending and Active Listening

- While helping or working with teachers who needs help, make sure you are attending fully by applying the below tips with the acronym **SOLER** to mean:

S – Face clients squarely
O – Open posture
L – Lean forward
E – Eye contact
R – Relaxed

- While helping teacher who needs help, assess their body language messages on each of the following dimensions:

- Facial expressions
- Gaze
- Eye contact
- Gestures
- Posture
- Physical closeness
- Clothes
- Grooming
- Others (please specify)

- Give small rewards and ask open-ended questions.
Small rewards are brief verbal and non-verbal expressions of interest designed to encourage teachers to continue speaking. The message they convey is “I’m with you. Please go on.” If used incorrectly, small rewards can encourage teachers seeking help to respond to the helper’s agendas rather than their own. For instance, a helper may say “Tell me more” whenever a teacher talks about topics of interest to them. Many small rewards are body language rather than verbal messages, such as facial expressions, nods, and good eye contact.

Examples of small rewards

<i>Uh-hmm</i>	<i>Sure</i>
<i>Please continue</i>	<i>Indeed</i>
<i>Tell me more</i>	<i>And ...</i>
<i>Go on</i>	<i>So ...</i>
<i>I see</i>	<i>Really</i>
<i>Oh?</i>	<i>Right</i>
<i>Then ...</i>	<i>Yes</i>
<i>I hear you</i>	<i>You’re not kidding</i>

- Listening to and understanding the client’s verbal message that is mix of experiences, behaviours, and feelings requires listening attentively to and interpreting the client’s non-verbal messages, as well as voice related behaviours (tone, pitch, voice level, intensity, inflection, spacing of words, emphases, silences, and fluency). The below tip with the Acronym ‘**VAPER**’ helps to attentively and actively listen to the speaker’s voice related messages:

DIMENSION	DESCRIPTION
V olume	Refers to loudness or softness, a firm and confident voice is a good starting point, and you can then go more gently or more loudly as appropriate
A rticulation	Clarity of speech, making it easier to understand.

P itch	Height or depth of your voice, natural, unstrained, not too high or too low.
E mphasis	Make sure you use emphasis at the right places and in the right amounts, too much may seem melodramatic while too little can seem wooden.
R ate	Measured by number of words per minute, how fast you speak as well as frequency and duration of pauses.

Activity 4: Practice Questioning and Probing Skills



Objective

- To practice questioning and probing skills with a set of micro skills



Method

- Role play



Preparation

- Prepare two chairs for rehearsal



Instructions

- Be in pairs to practice questioning and probing skills.
- Person 'A' asks and probes about any psychosocial issues for five minutes and person 'B' responds.
- While person 'B' is responding, try to probe by using open-ended questions to get more information about the issue being discussed.
- Refer to the Trainer's Note and the handout on questioning and probing skills and the example given.
- After five minutes, change your role, person 'A' becomes a responder while person 'B' is asking or probing.
- Use the questioning and probing guide from the Trainer's Note to enhance your questioning and probing skills.
- Summarize the activity based on the below points:
 - *What is the difference between questioning and probing?*
 - *Have you used questioning or probing? Why?*
 - *In the practice, have you used open or close-ended questions? Which one was more helpful to get detailed information? Why?*
 - *How can you apply this in helping teachers to cope and manage their psychosocial problems?*



Trainer's Note

Asking questions is a very important part of the helping profession. However, as a helper, you must be careful about what kinds of questions you ask and how you ask them. Questioning and probing skills are counseling or communication skills used to get more information from the person who is sharing their stories or problems. Questioning skills can be open or closed, both of which have their benefits in a helping relationship. Questions that invite others to talk lead to a conversation or a dialogue.

Handout: Questioning and probing skills

Open questions – Open questions encourage longer, more explanatory answers.

Example: *“It sounds like this has happened before. Can you tell me about that?”*

Open questions invite others to talk; they lead to a conversation or a dialogue. Open questions encourage longer, more explanatory answers that cannot be answered in one word.

Closed Questions – Questions that can be answered with one word. Sometimes they are called yes/no questions.

Example: *“When were you first tested for COVID-19?”*

“How old are you?”

“What is your name?”

Closed questions hinder the development of the relationship. When are closed questions useful?

- To move the teacher's focus from others to self.
- To move the teacher's focused from vague to concrete, from general to specific.
- To move the teacher's focus from scattered to focused.
- To move the teacher's focus from content to feeling.
- When the teacher is making decisions and taking action.

Probes – Probes are micro skills used in the helping relationship to get more focused information from a person who is sharing their story or problem. Probes helps the move the client's focus from:

- Others to self.
- Vague to concrete, from general to specific.
- Scattered to focused.
- Content to feeling.
- Indecisiveness to making decisions and taking action.

Activity 5: Practice Paraphrasing Skills



Objective

- To practice paraphrasing skills with a set of micro skills



Method

- Role play



Preparation

- Prepare two chairs for rehearsal



Instructions

Be in pairs to practice paraphrasing skills.

- Person 'A' speaks about any psychosocial issues for five minutes and person 'B' responds by paraphrasing the main issues communicated.
- Refer to the Trainer's Note and handout on paraphrasing skills and the examples given.
- After five minutes, switch roles so that person 'A' does the paraphrasing while person 'B' is speaking.
- Use the example phrases from the handout to enhance your paraphrasing skills.

For example:

- *"If I understand you correctly..."*
- *"So you're saying that..."*
- *"So you think that..."*
- *"Sounds like you're saying that..."*
- Summarize the activity based on the below points:
 - *What is the focus of your paraphrasing?*
 - *During the practice, how have you used paraphrasing in understanding your partner? Was it helpful in connecting with your partner? How?*
 - *How can you apply paraphrasing in helping teachers to cope and manage their psychosocial problems?*



Trainer's Note

One of the goals of helping teachers in crisis is to help them become more in touch with their inner valuing process rather than developing specific skills. One of the skills in understanding teachers and developing empathy is paraphrasing. It also helps to encourage those who want to share their painful experiences to pay attention to their inner listening experiences, which enhances their emotional awareness at the same time. Hence, paraphrasing is the ability to understand what others experience and communicate it with a phrase or statement that is responsive to the content expressed by the speaker. This attitude helps to assess other's concerns and understand them better.

Handout: Paraphrasing skill

A good paraphrase can provide mirror comments that may be even clearer than the original statements. A simple tip for paraphrasing is to start responses with the personal pronoun **'you'** to indicate that the intention is to mirror the speaker's internal frame of reference. Another tip is to slow down your speech rate, which can provide more time to think.

Based on the above explanation and examples, paraphrase the content of each of the following client statement into clear and simple language. Use 'you' or 'your' where the speaker uses 'I', 'me' or 'my'. There is no single correct answer, so if you wish, you can give more than one answer.

Example:

Teacher: *And so here I am, after losing my wife due to COVID-19. I couldn't imagine all these things happening to me Life is so boring and challenging while you lead life alone and all the responsibility is on your shoulders. Oh! Jesus, I do not know what to do. I think I am dreaming, but it is real that I am losing control of myself.*

Helper: *You think that is impossible to believe.*

Teacher: *I am stupid for getting myself into this mess.*

Helper: *You are angry with yourself because of the mess you are now in.*

Activity 6: Practice Reflection of Feeling Skills



Objective

- To practice reflection of feeling skills with a set of micro skills



Method

- Role play



Preparation

- Prepare two chairs for rehearsal



Instructions

- Be in pairs to practice reflection of feeling skills.
- Person 'A' speaks about any psychosocial issues for five minutes, and person 'B' reflects by picking a feeling word from the explanation.
- Refer to the Trainer's Note and handout on reflection of feeling skills and the examples given.
- After five minutes, switch the roles. Person 'A' reflects while person 'B' is speaking.
- Use the reflection from the note or handout, and try to enhance your reflection skills using the examples:
 - "You're obviously happy about this....."
 - "Sounds like you are angry....."
 - "It seems to me that you feel annoyed....."
- Summarize the activity based on the below points:
 - What is the focus of your reflection?
 - During the practice, how have you used reflection skills to understand the feeling of your partner? Was it helpful in connecting with your partner? How?
 - How can you apply this to help teachers to cope with and manage their psychosocial problems?



Trainer’s Note

Reflecting feelings is similar to and different from paraphrasing. Both involve mirroring, and reflecting feelings usually involve paraphrasing. However, the language of feelings is not words. Feelings are bodily sensations to which word labels can be attached. For example, clients may send voice and body messages that qualify or negate verbal messages. Reflecting feelings means responding to clients’ music and not just their words. To do this, the helper’s responses need to incorporate appropriate vocal and body messages. It means telling the other person what you think they are feeling.

Handout: Reflection of feeling

Reflection of feeling is:

- Reproducing or mirroring of feelings.
- A technique for determining whether the helper’s understanding of the teacher’s inner world is correct.
- A skill that answers whether the helper is seeing what the person he/she is supporting is experiencing at the moment.

Reflecting feelings involves empathizing with flow of emotions and experiencing and communicating this back. Inadequately distinguishing between thoughts and feelings can be another problem for both the helper and the person who needs help. For example, “I feel that equality between the sexes is essential” describes a thought rather than a feeling. On the other hand, “I feel angry when I see sex discrimination” labels a feeling.

What are the purposes of reflection of feelings?

- It helps teachers gain self-awareness to get unstuck.
- It helps teachers to develop the ability to express emotions in healthy, satisfying ways.
- It helps teachers understand the relationship between thoughts and the emotions and behaviours that results from them.
- To show teachers that their feelings of whatever nature are understood and accepted and are worthy of attention.
- It gives teachers a greater sense of security and the courage to express their feelings with greater ease, even if they find those feelings hard to accept.
- It helps when the helper is not sure of what the teacher is feeling.

Method of reflection of feelings

<p>Steps to be in the client’s shoe</p> <ul style="list-style-type: none"> ○ Sense the client’s reality ○ Ask yourself silently ○ Experience it ○ Pick the feeling ○ Verbally reflect <p>Use a synonym</p> <ul style="list-style-type: none"> ○ Understand Client’s reality ○ Use a synonym 	<p>Emotional recall</p> <ul style="list-style-type: none"> ○ Recall similar experience ○ Remember the feeling ○ Pick the feeling ○ Reflect verbally
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- Pick feeling words
- Pay attention to rejected feelings
- Reflect using similar feeling words

4.2. Psychological First Aid (PFA) Techniques

Overview

This section will demonstrate psychological first aid (PFA), which involves providing caring, supportive, and practical tips to help teachers who are suffering from crisis events. PFA provides a framework for supporting teachers in ways that respect their dignity, culture, and abilities. PFA techniques range from practicing mindfulness activities to more advancing techniques, such as using cognitive and behavioural techniques to help teachers cope and manage reactions due to emergency situations. The trainer should review this part before the actual day of training on PFA to modify it according to possible changes depending on the nature of the context, needs, and culture of the participants.

Objectives

At the end of this session, participants will be able to:

- Understand the concept of PFA, its importance during and after crisis events;
- Know guiding principles for delivering PFA in psychosocial support in the school context; and
- Provide PFA at different levels of the pyramid of care.

Activities and Time

Activities	Time
Activity 1: Understanding PFA	25 minutes
Activity 2: Deep Breathing Exercise	10 minutes
Activity 3: Safe Place Exercises	15 minutes
Activity 4: Progressive Muscle Relaxation	15 minutes
Wrap up and Evaluation	5 minutes
Total Time	1:10 hours

Activity 1: Understanding PFA



Objective

- To help participants understand PFA and the basic principles in providing it for teachers during and after crises.



Method

- Presentation



Preparation

- Prepare PowerPoint presentation based on the below Trainer's Note and handout



Instructions

- Prepare a PowerPoint presentation or write key points on a flip chart based on the Trainer's Note.
- Define PFA and discuss what it is and what it is not.
- Clarify for whom PFA is intended, when and where it can be given.



Trainer's Note

A psychological first aid (PFA) is a humane, supportive response to a fellow human being who is suffering and who may need support. It involves the following themes:

- Providing practical care and support
- Assessing or understanding needs and concerns
- Helping people to address basic needs (e.g., 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

Handout: What PFA is not?

- It is not something that only professionals can do.
- It is not professional counselling.
- It is not “psychological debriefing” in that PFA does not necessarily involve a detailed discussion of the event that caused the distress.
- It is not asking someone to analyse what happened to them or to put time and events in order.
- Although PFA involves being available to listen to people's stories, it is not about pressuring people to tell you their feelings and reactions to an event.

PFA is an alternative to “psychological debriefing” which has been found to be ineffective. In contrast, PFA involves factors that seem to be most helpful to people's long-term recovery. These include:

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

Who is PFA for? – PFA is for distressed people who have recently been exposed to a serious crisis event. However, not everyone who experiences a crisis event will need or want PFA. Do not force help on people who do not want it but make yourself easily available to those who may want support. There may be situations when someone needs much more advanced support than PFA alone. Know your limits and seek help from others, such as school counselors, psychologist, psychiatry nurses, psychiatrists (if available), colleagues, local authorities, community and religious leaders, or other people in the area. Below, you will find people who need more immediate advanced support and who also need support and care based on the pyramid of care discussed in the introduction section of the training guide.

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

When is PFA provided? – Although people may need access to help and support for a long time after an event, PFA is aimed at helping people who have been very recently affected by a crisis event. You can provide PFA when you first have contact with very distressed people. This is usually during or immediately after an event. However, it may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.

Where is PFA provided? – You can offer PFA wherever it is safe enough for you to do so. This is often in school or community settings, such as in a counseling room, at the scene of an accident, or places where distressed people are served, such as health centres, shelters, or camps, and distribution sites for food or other types of help. Ideally, try to provide PFA where you can have some privacy to talk with the teacher when appropriate. For teachers who have been exposed to certain types of crisis events, such as abuse, violence, privacy is essential for confidentiality and to respect the person’s dignity.

Activity 2: Deep Breathing Exercise



Objective

- To help participants practice deep breathing exercise



Method

- Self-exercise through imagination



Preparation

- Create a safe and comfortable environment



Instructions

- Explain the rationale for deep breathing: We are going to practice a relaxing way of breathing for a few minutes. We will breathe in and out slowly and deeply. This can reduce feelings of worry and stress. Rapid and shallow breaths can actually make us more stressed.
- Sit in a comfortable position with arms by their side.
- You can close your eyes or focus on a specific spot on the wall or floor so that you are not distracted by looking at things in the room or the trainer and that you can focus only on breathing.
- Put your hand on your stomach to see it rises and falls when breathing this way. First, take slow deep breaths in through your nose. It is helpful if you count 1...2...3...4 and watch your stomach, not your shoulders, rise. Then breathe out 8...7...6...5...4...3...2...1...through your mouth. When you breathe in, the air blows up your stomach, but does not raise your shoulders or chest.
- You may choose to pair the breathing with a saying in your head, like “Relax” or “Calm.”

- Keep the air in your lungs for four seconds and breathes out slowly, squeezing your stomach.
- Practice it for five minutes. Breathe slowly through your nose and out slowly through pursed lips.
- Summarize the activity using the following questions:
 - *How did you feel doing it?*
 - *How do you feel afterwards?*
 - *How do you think you could use this skill during the week (at home, at school) to feel more relaxed and calmer.*



Trainer's Note

It is important to be honest if it is not helpful because there are more possibilities. Remember that for the exercise to be helpful, you may need more practice.

Activity 3: Safe Place Exercise



Objective

- To help participants practice the Safe Place exercise



Method

- Self-exercise through imagination



Preparation

- Create a safe and comfortable environment



Instructions

- Think of a place where you feel safe, calm, and relaxed. If you cannot think of a safe place, try going back to your childhood.
- If you still cannot think of a safe place, you can think of a person, natural or spiritual place that can make you more comfortable, such as a holy place or a beautiful place.
- Begin by getting into a comfortable position and then start with some deep breathing.
- Close your eyes or focus on a fixed spot, like in the breathing exercise, and begin to describe the scene (what can you see, hear, smell, touch, and taste).
- Like the breathing exercise you can practice this activity for five minutes.
- Finish by slowly returning to reality. Feel where you are now, feel the chair you are sitting on, move your fingers and toes, and slowly open your eyes and stretch.
- Reflect on the activity by asking the below questions:
 - *What did you think about the exercise?*
 - *How did you feel while doing it? How do you feel afterwards?*
 - *How do you think you could use this skill during the week (at home, at school) to feel more relaxed and calmer?*
 - *How do you think you could use this skill when you get stressed or remember difficult experiences?*

Tips

Finding a safe place might be difficult for some people due to several reasons. Encourage them to go back to their childhood to recall a safe place attached to a natural place, scene, or spiritual area. If they still cannot find one, they can sit quietly and listen to their breath (breathing in and breathing out).



Trainer's Note

Some people who have experienced deep psychological trauma might have difficulty finding a safe place and slipping into relaxation mode. If an individual has unresolved issues, images of the trauma may arise during the exercise. If they report experiencing any problems during imagery practice, contact and refer them to a professional for assistance.

Activity 4: Progressive Muscle Relaxation



Objective

- To help participants practice progressive muscle relaxation



Method

- Self-exercise through imagination



Preparation

- Create a safe and comfortable environment



Instructions

- Prepare yourself and set aside everything for 10 minutes to complete this exercise.
- Find a place where you can complete this exercise without being disturbed.
- Close your eyes or focus on a wall and let your body go loose.
- Take about five slow, deep breaths before you begin.
- Focus on the target muscle group, for example, your toes, head...etc.
- Allow your awareness to go down to your feet. Tighten your feet as much as you can and feel the tension. Notice what it feels like when your feet are tense. Then allow your feet to completely relax. Imagine the tension flowing out of your toes and just be aware of what it feels like when your feet are completely relaxed.
- Do a similar tightening and relaxing of your lower legs.
- Do a similar tightening and relaxing of your upper legs.
- Do a similar tightening and relaxing of your hips and buttocks.
- Do a similar tightening and relaxing of your stomach.
- Do a similar tightening and relaxing of your chest and your upper back.
- Do a similar tightening and relaxing of your tight fists and notice what they feel like.
- Do a similar tightening and relaxing by bending your arms at the elbow and tightening up your upper arms.
- Do a similar tightening and relaxing of your neck and your shoulders as much as you can.
- Do a similar tightening and relaxing of your face as much as you can. Tighten up your forehead, your eyes, your cheeks, and your jaw and then relax.

- Do a similar tightening and relaxing of your whole body and feel how wonderful it feels when it is completely relaxed. If any tension has snuck back into your body, allow that part to relax even more.
- Remain in this relaxed state for about 15 seconds, and then move on to the next muscle group. Now, when you are ready, take a deep breath and begin to slowly stretch out your body.
- After completing all of the muscle groups, take some time to enjoy the deep state of relaxation.
- Slowly become more aware of the room you are in and gently open your eyes.
- If you like, repeat the tension-relaxation steps from face to toes.
- Practice this muscle relaxation often at home, whether you are feeling stressed or not.



Trainer's Note

Muscle relaxation teaches you how to relax your muscles through a process of tensing and relaxing separate muscle groups. By intentionally tensing all the muscles and then relaxing all the muscles, you can release the tension that you were feeling. Be careful! Take care not to hurt yourself while tensing your muscles. You should never feel intense or shooting pain while completing this exercise. Don't do this if you have problems with your muscles, bones, heart, or any medical issues that would hinder physical activity.

4.3. Techniques in Helping Teachers with Anxiety and Depression

Overview

According to the assessment and desk review, anxiety and depression are common reaction due to emergency in general and COVID-19 in particular. This section focuses on helping teachers cope with their anxiety and depression by using specific cognitive and behavioural techniques. The cognitive techniques are procedures used to alter unhealthy and distorted beliefs. Behavioural techniques are approaches used to change maladaptive behaviour into adaptive behaviour to cope with and manage psychosocial problems. The trainer needs to review this part before the actual day of training on these specific techniques.

Objectives

At the end of this session, participants will be able to:

- Practice thought coping techniques to cope with anxiety and manage depression;
- Apply behavioural techniques to manage anxiety and depression; and
- Follow steps to reframe fixed thoughts because of an emergency experience.

Activities and Time

Activities	Time
Activity 1: Thought Coping	60 minutes
Activity 2: Making Change on Behaviour	45 minutes
Activity 3: Reframing Thought	60 minutes
Activity 4: Fear/Worry Ladder	60 minutes
Wrap up and Evaluation	5 minutes
Total Time	3:50 hours

Activity 1: Thought Coping



Objective

- To practice thought coping techniques to change negative emotional and behavioural reactions



Materials

- T-F-B (Thought-Feeling-Behaviour) triangle and ABCD (Activating event, Belief, Consequence, and Disputing belief) worksheet



Method

- Individual exercise



Preparation

- Print the worksheet for practice.



Instructions

- Create a scenario or identify a situation or an event from the emergency or crisis you experienced.
- Draw a T-F-B triangle.
- Distinguish thoughts, feelings, and behaviour.
- Rate the intensity of the feeling.
- Connect thoughts, feelings, and behaviour.
- Recognize how thought affects feeling and behaviour.
- Form another triangle (with the same situation and a more positive one).
- In the second triangle, change the unhelpful thought into a more helpful and realistic one.
- Get the feeling for this new triangle and rate the intensity of the feeling due to the new thought.
- Get behaviour/actions for the new thought.
- Connect thoughts, feelings, and behaviour for the new thought.
- Point out the difference in the two triangles and explain WHY they are different (refer to the Trainer's Note).
- Do the two-triangle (T-F-B) exercise for at least two to three situations or use the ABCD worksheet for changing unhealthy thoughts to transform the anxiety and depression feelings and associated behaviours.



Trainer's Note

This technique can focus on non-traumatic events. Participants can start by understanding the difference between, a situation, thought, feeling, and behaviour to benefit more from the exercise. Guide the participants by using the example below and remind them to practice it using the triangle or the ABCD worksheet.

Tips

T-F-B (Thought-Feeling-Behaviour) triangle is an easy way to demonstrate the relationship between thought, feeling, and behaviour. ABCD (Activating event, Belief, Consequence, and Disputing Belief) worksheet can also serve as a replacement for the T-F-B triangle to practice thought coping.

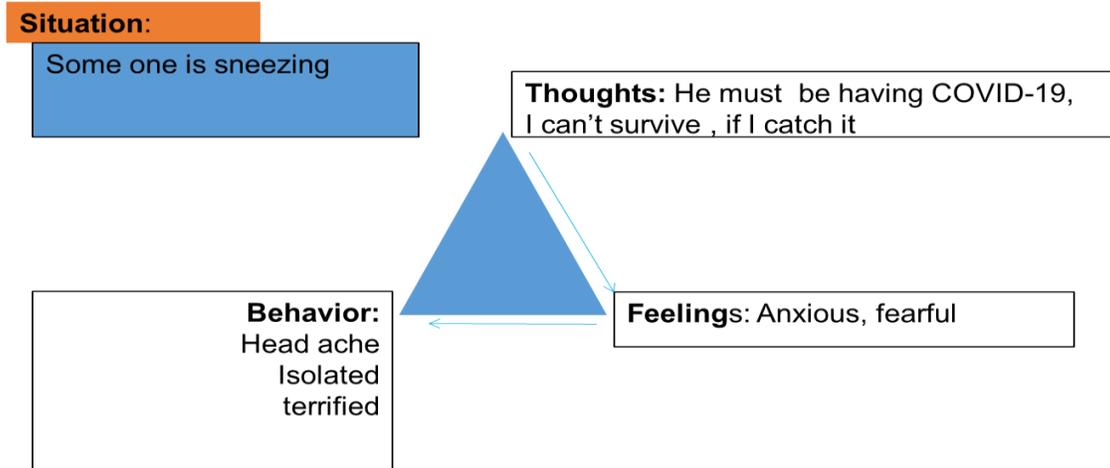


Figure 6: T-B-F Triangle 1

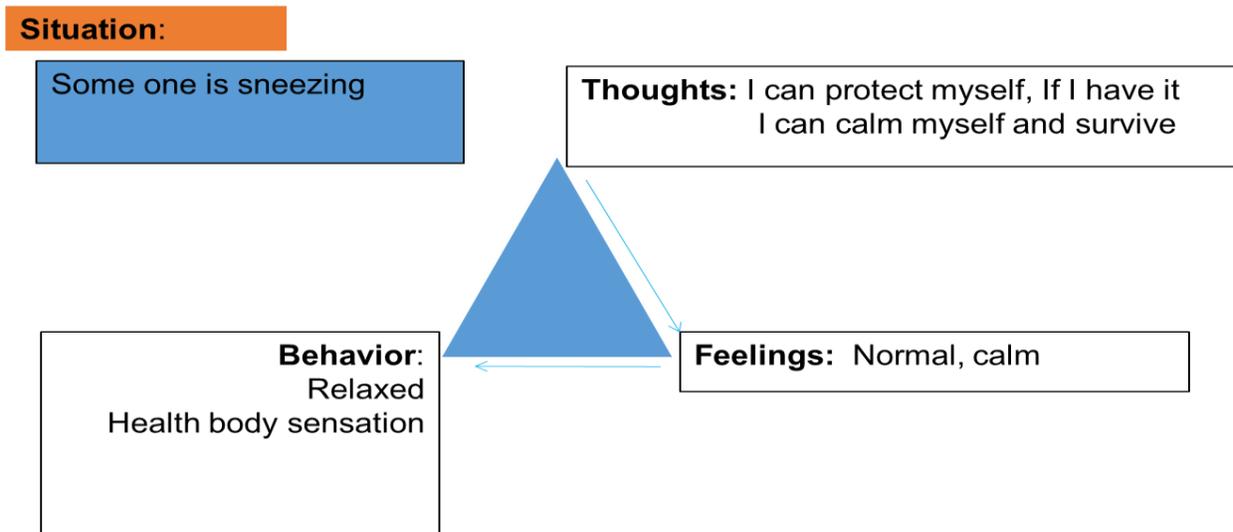


Figure 7: T-B-F Triangle 2

Worksheet: A-B-C-D Worksheet

A	B	C	D
Activating Event (What happened)	Belief About What Happened (What did you tell yourself about what happened that influence your reaction)	Consequence (How did you react)	Disputing the Belief (Alternative thought that would help you in a healthier manner)
Ex. COVID-19 pandemic	If I get infected, I will never survive	Anxious, Sad, Suffocated Headache Withdrawing	I can protect, calm myself and survive.

Activity 2: Making Change in Behaviour



Objective

- To apply behaviour techniques in managing anxiety and depression



Material

- Activity dairy worksheet



Method

- Individual exercise



Preparation

- Print the worksheet for practice



Instructions

- Think of an interesting and enjoyable activity you can do in the next few weeks daily.
- Describe feeling: Name the type of feeling experienced as a result of this activity or behaviour.
- Rate the intensity of feeling: show the intensity of feeling on a scale of 0-100% on the worksheet.
- Rate achievement for the activity: measure sense of achievement on a scale of 0-100% on the worksheet.
- Sense of closeness: assess how the teacher is attracted and relates to others on a scale of 0-100% on the worksheet.
- Sense of enjoyment: measure the level of enjoyment as a result of the positive action and behaviour on a scale of 0-100% on the worksheet.
- Write a remark at the end, lesson you could take for the future.
- Practice using the activity dairy worksheet.



Trainer's Note

Behavioural activation technique helps to understand how behaviours influence emotions, just like cognitive work helps in understanding the connection between thoughts and feelings or emotions. The notion behind this is that it is possible to change the feelings by changing the behaviour or taking actions to help teachers cope with and manage their anxiety and depression due to a crisis.

Worksheet: Activity Diary

Day	Action/ Activity	Feeling	Intensity of feeling	Sense of achievement	Sense of closeness	Sense of enjoyment	Remark
Monday	Ex. Playing volleyball	Relaxed	70%	50%	70%	50%	I can do similar activities to get rid of my depression feeling
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Activity 3: Reframing Thoughts



Objective

- To practice reconstructing negative beliefs into positive ones



Material

- Reframing Thought worksheet



Method

- Individual exercise



Preparation

- Print the worksheet for practice



Instructions

- Be aware of the different beliefs framed negatively in your mind because of a triggering situation.
- Identify recurring stressful thinking trends due to different life experiences.
- Recognize what situations trigger these beliefs.
- Rationally analyse the belief.
- Create a more realistic, helpful belief.
- Replace the negative belief with a more positive and helpful one.
- Practice the reframing thoughts using the worksheet.



Trainer's Note

The way you think about what is happening affects the way you feel and behave. Reframing thoughts is when you actively notice unhelpful thoughts in your mind and reframe them into more useful thoughts. There are some common patterns in people's thoughts that can lead to practical and emotional problems in everyday life. These are sometimes known as 'thought distortions.' For example, you might have a rule that "I am not good enough", which can lead to a self-defeated mindset, putting you in low-confidence level and feel sad or fearful. It can be helpful to learn about common unhelpful thought patterns and how to reframe them. By learning to recognize unhelpful thought patterns and reframe them over time into helpful ones, you will begin to feel better and make decisions that support your overall sense of well-being.

Tips

In order to reframe a negative or distorted thought, consider the following points:

- Identify the HOT thought or negative core belief.
- Look for evidence to support the correctness of the thoughts or beliefs.
- Rephrase the original thought or belief in a way that includes the evidence and in a more helpful way.

Worksheet: Reframing Thoughts

Category of distorted thoughts	Negatively framed thoughts	Positively reframed thoughts
Self-worth/ Self-concept which creates shame	<i>Example: I am not good enough</i>	<i>Example: I am good enough, I do matter</i>
Safety/Vulnerability which creates insecurity	<i>Example: I am a risk</i>	<i>Example: I can protect myself</i>
Perfection/controlling which creates fear and anxiety	<i>Example: I can't handle it</i>	<i>Example: I can handle it</i>
Connection/Belongingness which creates loneliness and social withdrawal	<i>Example: I don't belong/I am not worthy</i>	<i>Example: I do belong/ I am worthy of belonging</i>

Activity 4: Fear/Worry Ladder



Objective

- To face fear or worry by re-experiencing it



Material

- Fear/worry ladder worksheet



Method

- Individual exercise; visualization



Preparation

- Print the worksheet for practice



Instructions

- Identify a fearful and threatening situation.
- Try to break the fearful situation into pieces.
- Rate the intensity of fear/worry (how disturbing it is) where 0 is low disturbance and 100% is high disturbance.
- Put the piece of fear in the ladder from low to high as shown below in the worksheet.
- Draw your ladder and try to take a step to move up.
- Close your eyes, visualize the situation, and face the situation until your fear or worry reduces by at least 50%.
- Repeat the process two to five times until you make sure that it is stabilized.
- Expose yourself without using distraction, relaxation, or breathing exercises.
- Repeat the steps.



Trainer's Note

Teachers who are in an emergency situation may experience the fight versus flight response when feeling worried and threatened by the emergency. Flight refers to avoiding or escaping the situation that causes more fear and worry. Avoiding or escaping the situation may make them feel better in the short term, but in the long term this avoidance reinforces their fear or worry. Exposing them to the fearful situation helps them to cope more and develop resilience as it helps them to manage the fight and flight reaction. This practice involves staying in situations that cause some worry or distress and gradually working their way up a fear ladder until they eventually stay in the situation that causes the most distress or fear.

Tips

For graded exposure to be effective, it needs to be:

- **Graded** – overcoming a fear is best achieved by gradually confronting the fear.
- **Prolonged** – exposure must be for a long enough time to allow the levels of worry to reduce.
- **Repeated** – an exposure task needs to be repeated around 4 or 5 times a week.
- **Without distraction** – when doing exposure, it is important to do it in a quiet and safe place without any distraction.

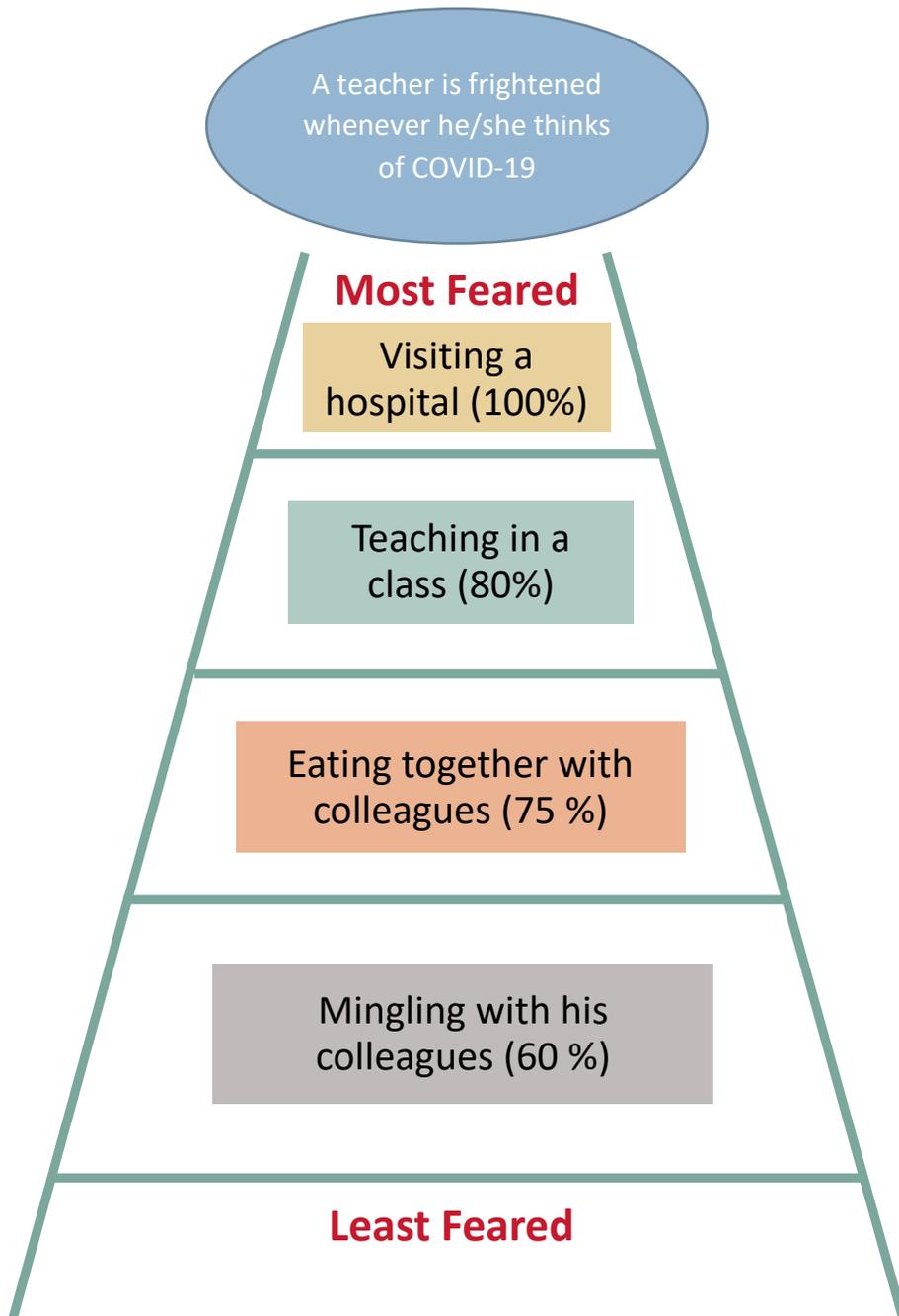


Figure 8: Fear/worry ladder

4.4. Using Social Capital and Community Resources

Overview

Social capital is defined as the capital or resources that we gain from the existing environment within a social network. It is the ability to leverage social connections in order to cope with adversities, solve problems, improve well-being, pursue shared objectives, and take collective action. Social capital takes the form of networks of contacts and social associations; whereas community resources cover a wide range of things that potentially help the community, providing assistance or services to the members of the local area.

Objectives

At the end of this session, participants will be able to:

- Identify what social capital and community resources are;
- Distinguish between social capital and community resources;
- Demonstrates skills in identifying social capital and community resources; and
- Demonstrate skills in how to tap into resources in times of need.

Activities and Time

Activities	Time
Introduction	5 minutes
Activity 1: Define Social Capital and Community Resources	45 minutes
Activity 2: Skills to Identify Social Capital and Community Resources	45 minutes
Activity 3: Establish Relations and Tap into Resources	60 minutes
Wrap up	5 minutes
Total Time	2:40 hours

Activity 1: Define Social Capital and Community Resources



Objective

- To practice reconstructing negative beliefs into positive ones



Materials

- Flip chart and markers
- PowerPoint presentation



Method

- Brainstorming and presentation



Preparation

- Prepare PowerPoint slides before the training based on the Trainer's Note.



Instructions

- Form two groups and give one topic for each to define social capital and community resources.
- Let them support their definitions with examples in the context of emergency situations.
- Let them present in plenary and then enrich definitions.
- Present the definitions from the Trainer’s Note below.
- Compare the definitions with the following and ensure the concepts are addressed.
- Discuss with the participants using the below points:
 - *Imagine two teachers in your school, one is full of social capital and using his/her resources and the other is poor in social and relationship skills, what is the difference of these two teachers?*
 - *How can teachers use social capital and community resources during an emergency to strengthen psychosocial support?*
 - *What is the contribution of social capital and community resources for the well-being and motivation of teachers?*



Trainer’s Note

Social capital is the network of relationships among people who live and work in a community. These social networks enable societies and businesses to function effectively. Social capital is a means of support or assistance available to a person from family, friends, neighbours, community organizations, such as churches, civic groups, or senior centres, or other agencies providing services to residents of the community. Community resources include people, places, activities, and things that the community can draw upon. Community resources could be businesses, organizations, public service institutions, or individuals in the community.

Activity 2: Identify Social Capital and Community Resources



Objective

- To demonstrate skills in identifying social capital and community resources.



Material

- Flip chart papers and PowerPoint presentation



Method

- Brainstorming and presentation



Preparation

- Prepare PowerPoint presentation before the training based on the Trainer’s Note.



Instructions

- Divide the trainees into three groups and distribute three pieces of flip chart paper.
- Let them pick three different areas they live in and identify resources.
 1. Professional and business people who can be accessed in times of emergency for psychosocial needs.

2. Organizations that provide health, educational, entertainment, religious, financial, children’s, youth, public, NGO services, and different businesses related to food catering, and others.
3. Associations and charitable groups that serve as networks and cater specialized services to their members and beyond.
4. Prepare different icons that represent the resources and draw maps to locate the different resources in the community.
 - Post the three maps and let one volunteer describe each map.
 - Let all participants provide feedback on the exercise and how the community’s assets can help to mobilize resources in times of emergency.



Trainer’s Note

The Asset Mapping Tool is a systematic process of cataloguing key services, benefits, and resources within the community, such as individuals' skill sets, organizational resources, physical space, institutions, associations, and elements of the local economy. Supporting teachers to identify the social capital and community resources both within and outside the school is vital and has many benefits. It allows for the exchange of resources, creates a bond and a sense of belonging, feelings of safety and trust, and a sharing of values, norms, and outlook in life, which are key for the psychosocial well-being of teachers during and after emergencies.

Activity 3: Establish and Tap into Community Resources



Objective

- To demonstrate skills in tapping into resources in times of crisis



Method

- Brainstorming and presentation



Instructions

- Brainstorm on how to establish formal relationships with the identified entities.
- Prepare a list of all services.
- Prepare a generic formal letter introducing your entity and outlining what you need from different organizations.
- Simulate visiting different organizations and creating networks.



Trainer’s Note

Building social capital requires being pro-social by being helpful and giving, getting to know people, strengthening existing relationships, and trusting and being trustworthy. Increasing social capital is essentially about generating goodwill. Educators and educational administrators need to establish or increase their social capital by engaging in social networks. Community resources include physical and mental health services, youth services, substance abuse services, religious services, local administrations,

associations, or groups that people can be referred to in order to get special services. Build a network of those who are ready and willing to contribute to a life together by continuously inviting new people to participate. Creating a broader network of relationships makes community success more likely to sustainably cope with adversity before they reach out to others.

4.5. Self-Care for Helpers

Overview

Adverse situations may potentially create stress, causing people to feel troubled or threatened by life. Every person reacts differently to stress. Educators and educational administrators need to know how to provide self-care in the context of emergency to sustainably cope with adversity before reaching out to others.

Objectives

At the end of this session, participants will be able to:

- Identify personal sources of stressors.
- Distinguish between healthy and unhealthy physical, emotional, social, and behavioural reactions to stress;
- Demonstrates skills in identifying their own stress coping mechanisms and developing healthy behaviours; and
- Identify actions for promoting healthy physical and psychosocial well-being.

Activities and Time

Activities	Time
Introduction	5 minutes
Activity 1: Identifying One's Sources of Stress	30 minutes
Activity 2: Healthy and Unhealthy Physical, Emotional, Behavioural Reactions to Stress	40 minutes
Activity 3: Practical Ways of Looking after Oneself	60 minutes
Conclusion	5 minutes
Total Time	2:20 hours

Activity 1: Identifying One's Sources of Stress



Objective

- To identify personal sources of stressors



Materials

- Flip chart and A4 size papers



Method

- Brainstorming and presentation



Preparation

- Prepare a PowerPoint presentation before the training, based on the Trainer's Note



Instructions

- Take an A4 size paper and write your stressors in three columns.
- Write "Personal/Individual" in the first column, "School Environment" in the second column, and "Interpersonal/Community" in the third column.
- Form into three groups and brainstorm their different sources of stress.
- Try to relate your sources of stress with those listed in the Trainer's Note below.



Trainer's Note

Stress is generally known as a pattern of disruptive physiological and psychological reaction to events that threaten the ability to cope. Any circumstances that threaten or are perceived to threaten one's well-being and thereby cost one's coping abilities are seen as causes of stress. One's resiliency to stress depends on many factors, such as personal, organizational, and environmental. Increasing the personal capacity of educators and educational administrators to handle setbacks and overwhelming challenges is essential before they provide MHPSS to teachers. Causes of stress can be broadly categorized into three:

- 1) **Personal factors** – How someone reacts to stress depends on many factors, including:
 - the nature and severity of the adverse life event(s) they experience;
 - their experience with previous distressing events;
 - the support they have in their life from others;
 - their physical health;
 - their personal and family history of mental health problems;
 - their cultural background and traditions;
 - their age (for example, children of different age groups react differently).
 - their attitude and mindset towards the emergency situation and problem.
- 2) **Work and organizational factors** – Factors related to the nature of work and the workplace or the work environment that increase the mental or emotional strain of teachers.
 - stressful task/work
 - lack of support
 - bad leadership practices in handling emergencies
 - unhealthy physical work environment
 - poor relationships with supervisors/colleagues
 - poor change and emergency management
 - poor communication, transparency, systems to deal with emergency situations
 - lack of clarity of role and high demands to deliver results.

3) **Wider Environmental factors** include:

- global crises
- global pandemics
- war and conflict
- weather/climate conditions

Activity 2: Identifying Stress Coping Mechanisms



Objective

- To demonstrate skills in identifying one's stress coping mechanisms and working on developing healthy behaviours



Materials

- Notebook and pen/pencils



Method

- Brainstorming



Preparation

- Prepare a list of healthy and unhealthy coping mechanisms



Instructions

- Identify your personal stress reactions based on the following questions:
 - *What thoughts come to mind when you are stressed?*
 - *Where in your body do you feel the stress?*
 - *What actions do you take when you are stressed?*
 - *What feelings do you experience when you are stressed?*
- Identify your personal stress coping mechanisms:
 - *What personal coping mechanisms do you have related to your body?*
 - *What personal coping mechanisms do you have related to your social life?*
 - *What personal coping mechanisms do you have related to your work?*
 - *What personal coping mechanisms do you have related to your spiritual life?*
- Classify your coping mechanisms as “Positive” and “Negative”:
 - Positive coping mechanisms may include – emotional awareness, the quality of your relationships and support network, physical activity, diet, one's sense of control, stress-hardy attitude, knowledge, and preparation for the situation.
 - Negative coping mechanisms may include – substance abuse, lashing out at others, withdrawing from social connections, lack of self-care, complaining, lack of self-control, poor diet, and self-harm or harming others.
- Share your positive/negative coping mechanisms or experiences with the group.



Trainer's Note

Cognitive reaction

- Poor concentration
- Hypersensitivity to criticism
- Indecisiveness
- Anxiety-generating patterns of thinking or emotional reasoning
- Depression generating patterns of thinking: "I am defective," "I am unlovable," "I am not good," "I will never be successful," or "The world is doomed to disaster."
- Lowered intellectual functioning

Physical reactions

- Muscle tension
- Pain in the shoulders, neck, or chest
- Stomach or abdominal pain
- Skin irritations
- 'Racing' heart or palpitations
- Sweaty palms
- Shortness of breath
- Sleep habit change
- Inability to move
- Diarrhea

Behavioural reactions

- Social withdrawal
- Overworking
- Emotional outbursts on others
- Compulsive checking of information
- Excessive caffeine use
- Alcohol abuse, smoking weed or cigarette
- Non-prescription drug abuse
- Prescription drug misuse
- Over/Under-eating
- Procrastinating
- Withdrawing from friends, family, or activities
- Neglecting basic personal hygiene
- Avoiding doing activities
- Becoming violent

Emotional reactions

- Fear
- Sadness
- Anger
- Anxiety
- Depression
- Lack of motivation

Activity 3: Practical Ways of Looking after Oneself.



Objective

- To list actions for a healthy physical and psychosocial life.



Materials

- Notebook and pen/pencils



Method

- Brainstorming



Preparation

- Prepare a list of healthy and unhealthy coping mechanisms



Instructions

- Divide the participants into five groups.
- Assign each group one topic from the following to brainstorm practical ways they can look after their cognitive, emotional, social, and behavioural health.
 - Distinguish personal healthy and unhealthy physical, emotional, social, and behavioural reactions to stress.
 - Demonstrates skills of identifying one's stress coping mechanisms and working on developing healthy behaviours.
 - List actions for healthy physical, and psychosocial life.
- Let them pick three things from each list they can regularly do to support their well-being.
- Instruct participants to share their experiences in a group of three.
- Summarize the activity using the Trainer's Note.



Trainer's Note

Cognitive health may include:

- Staying up to date with accurate information about emergency conditions.
- Making a short list (in your head or on paper) of ways you were able to help others or things you are grateful for at the end of each day, such as:
 - *"I helped by being kind to someone who was upset" or*
 - *"I'm grateful for the support I got from my friend"*
- Identifying your sphere of control and take responsibility only for what you can control.
- Doing meditation to focus on the present.
- Making time for doing things you enjoy.

Physical health may include:

- Eating well.
- Getting enough sleep.
- Exercising physically every day.
- Trying an activity to relax – slow breathing, stretching, dancing, praying, or doing yoga.
- Keeping up with personal hygiene.
- Allocating time for working and time for resting.

Behavioural health may include:

- Doing an activity, you enjoy or find meaningful every day (e.g., art, reading, prayers, talking to a friend, etc.).
- Establishing daily routines and stick to them depending on your schedule.
- Minimizing or cutting down your use of alcohol, drugs, caffeine, or nicotine (These might seem to help in the short term, but they can lead to lower mood, anxiety, difficulty sleeping, and even aggression as the effects wear off).

Emotional health may include:

- Noticing one's emotional reactions.
- Identifying the body part of the sensations.
- Understanding why you feel the way you feel.
- Validating yourself when needed and reasoning out the emotions.
- Doing relaxation techniques, deep breathing, guided imagery to relax and let go.

Social health may include:

- Taking five minutes out of your day to talk to a friend, family member, or other trusted person about how you are feeling.
- Talking to your colleagues or mental health support unit about your well-being at work.

4.6. Ethical Consideration in Providing Psychosocial Support

Overview

The code of conduct for psychosocial service providers includes preserving dignity, guaranteeing confidentiality, preventing illness, restoring health, alleviating suffering, and doing no harm. Teacher educators and educational leaders are not health professionals but volunteers who are willing to provide psychosocial support in emergency situations. However, they are expected to abide by ethical considerations, especially to minimize harm and meet the needs of affected teachers.

Objectives

At the end of this session, participants will be able to:

- Identify ethical codes for psychosocial support providers; and
- Distinguish the Do's and Don'ts in the psychosocial support service provisions.

Activities and Time

Activities	Time
Introduction	5 minutes
Activity 1: Ethical Codes for MHPSS Providers	20 minutes
Activity 2: Do's and Don'ts of Providing MHPSS	20 minutes
Conclusion	5 minutes
Total Time	50 minutes

Activity 1: Identifying Ethical Codes of MHPSS



Objective

- To identify ethical codes for psychosocial support providers



Materials

- Flip chart and markers



Method

- Discussion



Instructions

- Identify the major ethical codes:
 - Preserving dignity
 - Guaranteeing confidentiality
 - Preventing illness
 - Restoring health
 - Alleviating suffering
 - Doing no harm
- Discuss each ethical code providing examples.



Trainer’s Note: Fundamental principles of ‘Do No Harm’

- **Safety** – Avoid putting people at further risk because of your actions. Make sure to the best of your ability that the people you help are safe and protect them from physical or psychological harm.
- **Dignity** – Treat people with respect and in accordance with their cultural and social norms.
- **Rights** – Make sure people can access help fairly and without discrimination. Help people to claim their rights and access available support. Act only in the best interest of any person you encounter.

Activity 2: Do’s and Don’ts in Providing MHPSS



Objective

- To distinguish the Do’s and Don’ts in service provisions



Materials

- Flip chart and markers



Method

- Discussion



Instructions

- Form groups of two.
- Work on the Do’s and Don’ts activity in your group, focusing on the “Do’s” and the “Don’ts” list while providing MHPSS.
- Present your work and discuss its application.
- Compare the list with the following note.



Trainer’s Note

Encourage participants to reflect on their experiences in helping people and consider things they do with care and consideration. Likewise, ask them to share things they avoid doing while helping others. These can also be key things that we should be cautious about while helping teachers to deal with their psychosocial issues.

Hand out: Do’s and Don’ts

Do’s	Don’ts
▶ Be honest and trustworthy	▶ Don’t exploit your relationship as a helper.
▶ Respect people’s right to make their own decisions.	▶ Don’t ask the person for any money or favors for helping them.
▶ Be aware of and set aside your biases and prejudices.	▶ Don’t make false promises or give false information.

▶ Make it clear to people that even if they refuse help now, they can still access help in the future.	▶ Don't exaggerate your skills.
▶ Respect privacy and keep the person's story confidential if appropriate.	▶ Don't force help on people, and don't be intrusive or pushy.
▶ Behave appropriately by considering the person's culture, age, and gender.	▶ Don't pressure people to tell you their story.
▶ Keep confidentiality.	▶ Don't share the person's story with others.
▶ Show compassion in your attitude and apply companionate and respectful communication.	▶ Don't judge the person for their actions or feelings.

4.7. Wrap-up and Evaluation

Every person has strengths and abilities to cope with their life challenges. However, some people are particularly vulnerable in a crisis and may need extra help. Educators and education administrators need to start by helping themselves before supporting students in need. Self-help techniques encompass physical, mental, emotional, social, and behavioural care. Balancing these different aspects of life allows one to cope better in adverse life circumstances.

It is also vital for teacher educators and education leaders volunteering to provide MHPSS in situations, where people have been affected by a distressing event such as war, flooding, accidents, and pandemic, to remember that they must act in ways that not only ensure their own safety but also respect the safety, dignity, and rights of the people they are helping. These principles should be applied to everyone regardless of age, gender, social status, ethnic background, etc. Helpers should keep these fundamental principles in mind before taking any action. Please summarize all the issues covered in this session, and let participants reflect on what they can take for their life and work. Let them summarize the key messages from the topic and activities. Then, evaluate the topic or the day using the smiley face or daily mood meter.

Chapter Five: Working with Special Populations

Overview

This chapter covers the psychosocial experiences of survivors of gender-based violence (GBV), loss and grief, and persons with disabilities, as well as skills to deal with these individuals. It is important to recap previous sessions, especially basic counseling, and communication skills. In this guide, special populations refer to individuals who encountered GBV, loss and grief, or have disabilities.

Objectives

At the end of this topic, participants will be able to:

- Understand GBV in general, sexual violence in particular, and its context of emergencies;
- Identify the reactions of teachers who have experienced GBV;
- Understand loss and grief among teachers during emergencies; and
- Support teachers who are experiencing loss/grief, disabilities, and survivors of GBV.

Activities and Time

Activities	Time
Activity 1: Defining and Understanding GBV in Emergency	15 minutes
Activity 2: What Do You Think Would Happen?	20 minutes
Activity 3: Engagement Techniques	35 minutes
Activity 4: Risk Factors for Delayed or Complicated Grief	20 minutes
Activity 5: Skills of Dealing with Individuals Experiencing Grief after Loss	25 minutes
Activity 6: Facilitating Grief	25 minutes
Activity 7: Working with Teachers with Disabilities	25 minutes
Wrap up	5 minutes
Total Time	2:50 hours

Gender-based violence (GBV)

Activity 1: GBV in an Emergency



Objective

- To understand gender-based violence in emergency situations



Method

- Brainstorming

Tips

According to a report by UN WOMEN, gender-based violence in all its forms, including intimate partner violence, sexual harassment, child marriage, female genital mutilation (FGM), and domestic and sexual abuse of women and girls, has exacerbated in Africa during the COVID-19 pandemic and lockdowns.



Instructions

- Imagine an emergency situation (both manmade and natural disasters) and brainstorm to answer the following questions:
 - *What is GBV? Who is the most affected group?*
 - *What are the causes of GBV? How are teachers exposed to GBV?*
 - *What are the common forms of GBV during emergencies among teachers?*



Trainer's Note

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females (IASC, 2015). GBV is physical, mental, or sexual abuse, including acts, attempted, or threatened, committed with force, manipulation, or coercion and without the informed consent of the survivor, directed against a person because of his or her gender in a society or culture. The common forms or types of GBV include rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse. It is rooted in gender inequality, the abuse of power, and harmful norms. GBV is a serious violation of human rights and a life-threatening health and protection issue. GBV is a serious violation of human rights and a life-threatening health and protection issue. It is estimated that one in three women will experience sexual or physical violence in their lifetime. During displacement and times of crisis, the threat of GBV significantly increases for women and girls. Sexual violence is the most prevalent form of GBV affecting women and girls, which needs serious attention both in and out of school.

Handout 1: Causes of GBV

The causes of GBV can be grouped into four:

1. **Cultural factors:** Patriarchal and sexist views legitimize violence to ensure the dominance and superiority of men. Other cultural factors include gender stereotypes and prejudice, normative expectations of femininity and masculinity, the socialization of gender, an understanding of the family sphere as private and under male authority, and a general acceptance of violence as part of the public sphere (e.g., street sexual harassment of women), and/or as an acceptable means to solve conflict and assert oneself. Religious and historical traditions have created entitlement and ownership of women, and this concept of ownership, in turn, legitimizes control over women's sexuality, and resources including access to services and power.
2. **Economic factors:** The lack of economic resources and denying access to them makes women, vulnerable to violence and inequality. It creates patterns of violence and poverty that become self-perpetuating, making it extremely difficult for the victims to extricate themselves. When unemployment and poverty affect men, this can also cause them to assert their masculinity through violent means.
3. **Legal factors:** Being a victim of GBV is perceived in many societies as shameful and weak, with many women still being considered guilty of attracting violence against themselves through their behaviour. This partly accounts for enduring low levels of reporting and investigation.

- 4. Political factors:** The under-representation of women in power and politics means that they have fewer opportunities to shape the discussion and to affect changes in policy or to adopt measures to combat GBV and support equality. The topic of GBV is in some cases deemed not to be important, with domestic violence also being given insufficient resources and attention.

These factors escalate the violence as the functioning of the existing system is jeopardized, and prevention and response efforts are debilitated because of the emergency.

Handout 2: Do's and Don'ts in responding to an individual who is a GBV survivor

Do's

- Ensure your own safety first.
- Ask if the affected person(s) is/are safe at present to assess any immediate or medium-term risk.
- Alert medical or legal services if assistance is required.
- Be supportive and listen empathically.
- Inform your school leaders and a trusted protection actor by appropriate means as soon as possible.
- If immediate assistance is necessary (e.g., medical care), facilitate it by requesting others to find transport or making phone calls on their behalf. Maintain confidentiality.

Don'ts

- Investigate the incident or try to verify if the abuse is true.
- Interview the affected person(s) non-therapeutically.
- Interview witnesses or others implicated in the incident unless you are entitled to do so.
- Cut off or send away the person(s) seeking to share their experience.
- Encourage the person to return to the source of abuse e.g., family member.
- Do anything that is against the survivor's wishes or without their consent (unless the life of others is endangered).

Activity 2: What Do You Think Would Happen Due to GBV?



Objective

- To differentiate common signs and symptoms of individuals who are survivors of sexual violence among adults



Materials

- Markers and cards



Method

- Card collection
- Think-Pair-Share

Tips

Sexual violence can be defined as any act of a sexual nature to which a person did not consent. This can include rape, sexual assault, childhood sexual abuse and exploitation, sexual harassment, and taking or sharing sexual images without someone's consent.



Instructions

- Have cards with different colours.
- Think of an adult person who is a survivor of sexual violence (both women and men).
- List the consequences in terms of physical, emotional, and social.
- Classify your responses for women and men and write them on your card.
- Keep these consequences in mind and begin thinking about strategies to help teachers who experience these consequences and the community that might be most helpful in addressing them.
- Be in pairs and share your findings.
- Post your cards on the board or wall and present your responses to the large group.
- Refer to handouts 1 and 2 and compare your responses.



Trainer's Note

No one person is alike, and responses to sexual violence will vary. While facilitating the consequences using card collection, guide them to focus on adult survivors who are in an emergency situation. Make sure that the participants also understand that these consequences are not equal to emotional reactions to an incident of sexual violence; encourage them to look beyond this. Also, have them relate to teachers considering both sexes (women and men). It is important to remind them not to restrict themselves to physical signs and symptoms. Encourage them to go beyond and consider the psychological, as well as social, facets to look at the reactions in those areas.

Handout 1: Physical Outcomes

General	Specific signs in WOMEN	Specific signs in MEN
<ul style="list-style-type: none"> ▶ Physical signs such as lacerations, abrasions, bruises, burns, and irritation of the mouth and throat ▶ Signs and symptoms of STIs and HIV ▶ Pain or “strange feelings” anywhere in the body ▶ Itchy body parts, particularly the lower abdomen ▶ Inability to perform daily tasks ▶ Difficulty sleeping ▶ Vague explanations for accidents such as fractures and bleeding 	<ul style="list-style-type: none"> ▶ Unwanted pregnancy and incomplete abortion ▶ Bleeding from the vagina or anus 	<ul style="list-style-type: none"> ▶ Inability to sit comfortably, sit on the edge of a chair or stand during consultation, or difficulty walking ▶ Complaints about lower back problems (signalling rectal problems) ▶ Avoiding eye contact ▶ Showing high levels of anger, irritability, and homophobia ▶ Having a strong gender preference in relation to who does the consultation ▶ Bleeding or lacerations from penis or anus

Handout 2: Emotional and Social Consequences

Psychological /Emotional	Social
<ul style="list-style-type: none">○ Post-traumatic stress disorder○ Depression○ Anxiety/fear○ Anger○ Shame○ Insecurity○ Self-hate○ Self-blame○ Mental illness○ Suicidal thoughts, behaviour, or attempts	<ul style="list-style-type: none">○ Blaming the victim○ Loss of ability to function in the community○ Social stigma○ Social rejection and isolation○ Rejection by a partner and/or family

5.1. Working With Sexual Violence Survivors

Activity 3: Engagement Techniques



Objective

- To be able to deal with individuals who are survivors of sexual violence



Materials

- Pen/Pencil
- Blank papers or notebook



Instructions

- Assume the role of a MHPSS provider and a teacher who is a survivor of sexual violence.
- Design sample questions to ask a teacher about sexual violence.
- Design sample responses to provide support to a survivor of sexual violence who is a teacher.
- Demonstrate the question and answer after creating a teacher and MHPSS provider dynamics using the handout on engagement techniques.

Tips

When you work with survivors of sexual violence, it is important to create a safe and supportive environment. Individuals who disclose an incident of sexual violence or a history of abuse may be at risk of further violence from the perpetrator(s) or from others in their communities. Therefore, confidentiality is crucial, and any disclosure should be treated with utmost sensitivity and care.



Trainer's Note

Interviewing a survivor of sexual violence is a crucial and sensitive part of psychosocial support services during emergency crisis situations. Conducting the interviews in a school environment can be challenging due to the need for privacy and confidentiality. Hence, it is important to gain the survivor's trust, be non-judgmental, caring, supportive, and respectful of their wishes and choices. This is because teachers who are survivors of sexual violence may fear negative reactions or consequences, or fear being blamed for what happened by their colleagues. Assure the survivor that you believe them, that you will help them with care and safety, and that you will keep the information confidential.

Handout: Engagement Techniques Using Effective Interviewing Skills:

- *"I would like to ask you, have you ever been forced or pressured to have sex?"*
- *"I would like to ask you; has anyone ever tried to touch you in a way that made you feel uncomfortable?"*
- *"I would like to ask you; has someone you know or a stranger made you do something sexual that you did not want to do?"*
- *"Do you feel that you have control over your sexual relationships and that you will be listened to if you say "no" to having sex?"*

If the teacher answers "yes" to any of the questions, you need to give the teacher support and validation. You can respond by saying:

- *"I'm sorry that this happened to you. I need to ask you more questions so that we can provide you with the best support."*

- *“No one deserves to be abused. You do not deserve to be abused. I know it is not easy for you to go through this.”*
- *“I’m glad that you were able to tell me. I think we can help you here. I need to ask you a few more questions about what happened to you and that will give me more information so that together we discuss what care we can best give you.”*

Note

- Take the person to a private room.
- Respond to what is said in a caring, supportive manner.
- Assess their physical and psychological health.
- Provide information about what your school is doing, and support available, including medical services.
- Ask questions about what has happened if appropriate.
- Ask for consent for further management.
- Make a referral if needed.
- Open a teacher file and document the findings, considering all ethical issues in the documentation.

If the teacher says “no”:

- Respond in a caring, supportive manner.
- Respect the answer, even if you doubt.
- Provide general information about support the school and stakeholders offer.
- Tell them that you are always there if they want to get more information or discuss anything further.

5.2. Working With Teachers Who Experienced Loss and Grief

Activity 4: Risk factors for delayed or complicated grief



Objective

- To identify risk factors for delayed or complicated grief after a loss



Materials

- Blank papers or notebook



Method

- Think-Pair-Share



Instructions

- Be in pairs and think of any loss or grief experience of your own or a close person.
- Discuss the grief process, including reactions, time, complication or intensity, and expression of grief; How was your or the person’s grief process?

- If you feel that the grief took some time or a bit delayed as compared to the other person, answer the following questions:
 - *What were the possible reasons for delayed or complicated grief after loss?*
 - *Why do some individuals experience delayed or complicated grief after loss while others do not?*
 - *Was there a difference between those who grieved in a timely manner and those who were delayed in processing their grief? How was it different?*
- Write down your responses in your notebook.
- Pair up and share your experiences.



Trainer's Note

Individuals who experience loss could respond with different emotional and behavioural reactions, including denial, anger, sadness, and depression. Some individuals are very tearful or have difficulties finding words when speaking of the loss. It is important to recognize from the outset that people's reactions should not necessarily be regarded as pathological responses or even as precursors of subsequent disorders. Sometimes, grief can become abnormal because it can last much too long or affect the person's life in a way that is damaging to their health. When the incident is unfamiliar, repeated, or multiple losses occur, or there is intense, sudden, and no/minimal social support, grief may be delayed or complicated.

Activity 5: Skills of Dealing with Individuals Experiencing Grief after Loss



Objective

- To apply skills for dealing with individuals experiencing grief after loss



Method

- Case study and role play



Instructions

- Be in pairs. One person will play the role of Aisha and the other as the psychosocial care provider.
- Role-play for five minutes and then switch roles for another five minutes.
- Don't forget to start by building a good relationship before beginning the main grief facilitation.
- Let the MHPSS provider respond to Aisha's questions and needs.
- Use the tips from the Trainer's Note to help Aisha to process her grief.

Case study

Aisha is a high school teacher. She is the only child for her family. She has lost her mother due to COVID-19. She did not attend her mother's funeral since she lost her consciousness by the time. Now, she is experiencing negative thoughts and emotions due to the incident. She feels guilt, low mood, and decreased engagement in pleasurable activities.



Trainer's Note

Please check if the MHPSS provider elicited the following.

- Aisha's feelings and memories of her mother and their relationship.
- All the details leading up to and surrounding the death and its aftermath.
- Helping Aisha re-establish interests and reconnect with supportive relationships, both in and outside of the school environment.
- Finding ways to restore aspects of experiences prior to the death that were lost.
- Remembering or honouring the memory of the lost significant other if any.
- Use the following prompts to guide your questions.

"What" Questions	"Tell me" Statements	"Say more" Statements
What happened when ... passed away?	Tell me how you felt after that.	Say more about that.
What did you feel like after that loss?	Tell me more about your relationship with....?	Say more about how you are feeling now.
What were you thinking after it happened?		
What was your reaction?		

Activity 6: Facilitating Grief



Objective

- To recognize the process of grief and how to deal the grief after loss



Method

- Self-reflection



Instructions

- Imagine an emergency situation you have passed through and write down your personal experiences.
- Use the below table and the reactions listed for personal reflection.

Common reactions	Personal experiences
Denial	
Anger	
Depression	
Bargaining	
Acceptance	



Trainer's Note

Refer to the grief cycle below from Kübler-Ross (1973) and present it to the participants to fully understand the five stages of the grief cycle. Remind them that not all people pass through these stages, as the reaction depends on the person. Also, note the type of support expected at each stage.

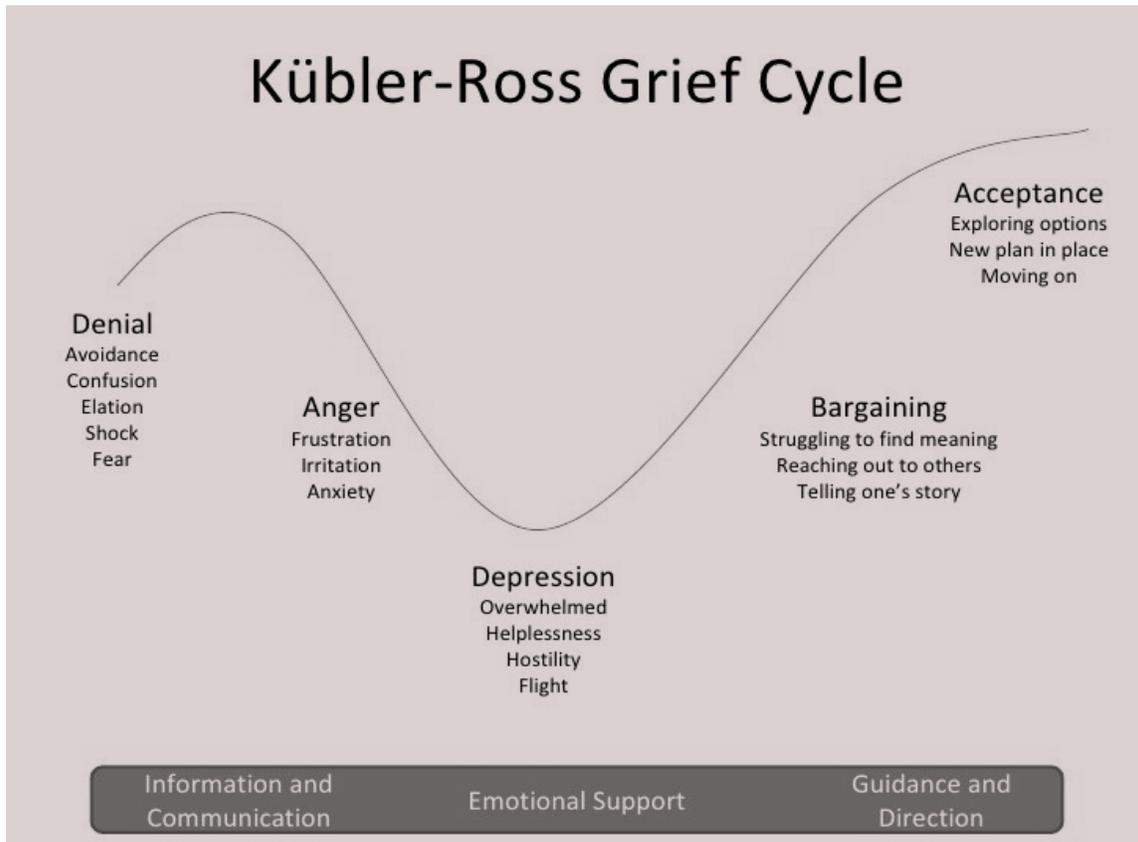


Figure 9: Kübler-Ross Grief Cycle

Activity 7: Working with Teachers with Disabilities



Objective

- To provide MHPSS for teachers with disabilities affected by emergencies.



Materials

- Pen/Pencil and blank papers or notebooks



Method

- Brainstorming and presentation



Instructions

- Be in small groups and discuss the following questions:
 - *What additional needs do you think MHPSS providers working with persons with disabilities need?*
 - *What are the misperceptions about the psychological needs of persons with disabilities?*



Trainer's Note

Although there are different types of disabilities, physical and visual impairments could be the most common among teachers. When working with persons with disabilities, remind teacher educators and education leaders of the following tips.

- Do not assume that the impairment is the most immediate concern of the individual.
- Never startle individuals by suddenly touching them or their adaptive device. Ask for permission to examine or hold adaptive equipment.
- When an individual with vision impairment first comes to your office, provide an orientation to the space, chairs, tables, and other materials.
- Make sure the counseling room is accessible and convenient. Before your meeting, walk the route looking for obstacles and dangerous barriers to manoeuvring.
- If you are concerned that the individual needs guidance, ask if you can assist. For some, holding hands is acceptable, while others prefer to hold onto the sighted guide's elbow.
- Be mindful that the expressed negative experiences related to disabilities are real.
- Treat persons with disabilities as human beings rather than as their disability.
- Build awareness of your own attitudes and biases which may affect the counseling relationship.
- Be aware of how persons with disabilities describe themselves.
- Respect the fact, the persons with disabilities know their own bodies and experiences.
- Obtain the necessary training and supervision needed to effectively counsel persons with disabilities or refer them to other resources.
- Pay attention to the abilities and strengths of persons with disabilities and incorporate them into the counseling relationship.
- Recognize that most persons with disabilities do not live their lives “focusing” on their disability and limitations.

5.3. Wrap up

Working with special population groups such as people with disability needs special skills and engagement to respond to their psychosocial needs. In this session, an attempt is made to demonstrate different techniques that can also be practiced further using the Trainer's Notes and tips. Conclude the session by asking for reflections from the participants and using the smiley face or mood meter, especially if the session ends at the end of the day.

Chapter Six: Mainstreaming of MHPSS in the Education System

Overview

Effective MHPSS programming in education requires the participation and support of a multitude of education stakeholders. Mainstreaming of MHPSS activities into teaching and learning positively affects the school community. Those who make and support education policy and programming should remember that effective MHPSS considers not only a response to a crisis but also preparedness and recovery. This requires approaches that enhance the protective environment, encourage linkages between actors, and consider the overall resilience of the system, including inclusive, culturally sensitive MHPSS, and its integration into the education system.

Objectives

At the end of this chapter, participants will be able to:

- Examine ways in which the existing education system can support the MHPSS of teachers, teacher educators, and educational leaders;
- Explore approaches where MHPSS can be mainstreamed within the education system to make the service sustainable; and
- Explore approaches that enhance the protective school environment, encourage linkages between actors, and consider the overall resilience of the system including inclusive and culturally sensitive MHPSS.

Activities and Time

Activities	Time
Activity 1: Exploring the MHPSS Practices in their Education	30 minutes
Activity 2: Aligning the MHPSS with the Existing Policies and Strategies	30 minutes
Activity 3: Approaches for Mainstreaming MHPSS in the Education System	30 minutes
Activity 4: Enhancing the Protective School Environment and Linkages to Ensure the Overall Resilience of the System	25 minutes
Activity 5: Working with Parents and Communities	25 minutes
Activity 6: Risk Factors and Protective Factors for the Well-being of Teachers	25 minutes
Activity 7: Engaging the Education Workforce	25 minutes
Wrap up	5 minutes
Total Time	3:15 hours

6.1. Psychosocial Support Practices in the Education System

Activity 1: Exploring MHPSS Practices in the Education System

Objective

- To explore MHPSS practices in the participants' respective education systems and levels



Materials

- Two coloured post-it notes
- Markers
- Flip chart



Method

- Mind mapping



Preparation

- Prepare questions related to the experiences of participants with MHPSS and the education system



Instructions

- Ask participants to write down their observations on the existing education system of their country on post-it note and their observations on MHPSS practices in the education sector on another.
- Invite all participants to visit all the posts and note down if there any different points from what they have written.
- Conduct a plenary discussion about the gaps in MHPSS practice.
- Summarize the reports of the participants on a flip chart.
- Post it for discussion in the next activity on how MHPSS can be integrated into the existing education system.

Tips

Terms currently used in the educational sector associated with the process of mainstreaming PSS in schools include:

- building a caring school community
- schools as centres of care and support
- teacher-student friendly schools
- schools as a hub of service delivery for learners
- community participation and multi-sectoral collaboration
- necessary to address the diverse challenges faced by teachers and learners
- government ownership is necessary for sustainability

Education System (at different levels)	Practices of MHPSS in the Education Sector



Trainer’s Note: Mainstreaming of MHPSS

Mainstreaming of the MHPSS is more comprehensive than psychosocial integration. With integration, we try to include topics around psychosocial support in every activity of the institute. For example, if you were running a workshop on MHPSS for teachers and you wanted to integrate COVID-19, you might include a session on the transmission and consequences of it. With psychosocial mainstreaming, we try to look at every aspect of the institute (for example, from staff care to MHPSS training for staff, to ensuring that you have links with other MHPSS specialist organizations) and how to build ways that try to support children and their families emotionally and socially into its functioning and programmes. Mainstreaming psychosocial support also involves a commitment to continuing learning about this evolving field (REPSI, 2012).

The basic tenet of mainstreaming MHPSS in the education sector is the process of addressing psychosocial support within and across as many areas and levels as possible in the provision of education. It is about looking at all aspects of programming, policy and organizational development while keeping in mind teachers’ psychosocial well-being. It involves incorporating psychosocial support elements into policies

and procedures, programme design and activities, planning and budgeting, capacity building and human resource development, monitoring and evaluation, and networking with government sectors and institutions. Mainstreaming of MHPSS into the education system needs an exciting consultative process and can be most effective when different stakeholders are involved – the school management, educators, learners, and other members of the school community.

6.2. Psychosocial Support and Education Policies

Activity 2: Aligning MHPSS with Existing Policies and Strategies



Objective

- To explore the focus areas and key activities where MHPSS can be mainstreamed in the education system



Materials

- Flip chart and markers



Method

- Plenary discussion



Preparation

- Prepare a potential list of areas where MHPSS can be mainstreamed and identify the responsible person for each area
- Identify mainstreaming strategies relative to potential areas and responsible organ.



Instructions

- Ask the participants to write down their observations on the existing education system in their country and areas where MHPSS can be mainstreamed.
- Advise them to share what they have written in their own education sector.
- Let the participants report what they have written, and the facilitator shall fill the table based on the reports of the participants.
- Facilitate an open discussion among participants on each focus area, key activity, and responsible person.
- Develop a consensus among participants on each area and key activities.

Education system (at different levels)	Focus areas where MHPSS can be mainstreamed (e. g linking, school policies, curriculum, supervision, in-service training, community engagement, etc.)	Key activities	Responsible institute/person



Trainer’s Note

Advocating for the mainstreaming of MHPSS in education settings (INEE, 2018):

- Education can offer a stable routine and structure that supports a sense of normality, all factors that can support children and youth to heal and develop resilience.
- Learning spaces provide opportunities for friendship, as well as peer and adult support. These interpersonal skills and relational supports are essential for a healthy social ecology, psychosocial well-being, and longer-term resilience.
- Learning spaces unite the wider community and strengthen the relational supports available for stigmatized teachers. Activities that engage teachers, parents, community leaders, and education authorities are critical in this regard and may also enhance social cohesion.
- Education settings are ideal for structured play activities that help teachers to interact, recover from distressing experiences, and develop social and emotional skills.

6.3. Approaches for Mainstreaming MHPSS

Activity 3: Approaches for Mainstreaming MHPSS in the Education System



Objective

- To sort out potential approaches for mainstreaming MHPSS in the education system



Materials

- Flip chart and markers



Method

- Group work

Tips for Mainstreaming PSS

- Establish a common understanding of PSS
- Identify a spearheading group
- Assess your school community
- Developing a shared goal and commitment by all stakeholders
- Develop your PSS vision
- Define roles and responsibilities
- Formulate an action plan and budget for PSS mainstreaming
- Implement the plan
- Monitor and evaluate

 **Preparation**

- Review the practices of MHPSS in the education sector and focus areas in Activity 1 and 2

 **Instructions**

- Let the participants review the key gaps observed in Activity 1 and 2.
- Remind the participants that they should be in groups of five and discuss about the gaps.
- Let them share their practices in their group.
- Once they are done with this, let them discuss about the approaches that can be used to integrate MHPSS in their respective education systems. Who is responsible for what?

Key gaps in MHPSS in the education system	Proposed approaches to integrate MHPSS in the education system	Key actors to mainstream MHPSS in the education system at different levels	Proposed actions for its implementation

 **Trainer’s Note**

Mainstreaming MHPSS in the education system following a participatory framework can be a thrilling and consultative process which tends to be most effective when different members of the school community are involved, such as the school management, educators, learners, and other members of the school community. These members shall identify the types of psychosocial issues affecting the school community. It is believed that, through mainstreaming MHPSS in the education system, we try to make sure that in every part of life, the teacher feels socially and emotionally supported.

6.4. Protective School Environment

Activity 4: Enhancing the Protective School Environment and Linkages to Ensure the Overall Resilience of the System

 **Objectives**

- To identify the features of a protective school environment
- To look for linkage strategies to ensure the overall resilience of the education system



Materials

- Flip chart, markers, and notebook.



Method

- Group work



Instructions

- Advise the participants to map their school environment and review the key indicators in line with the actual scenario.
- Let the participants be in groups of five members, having representatives from different areas or schools.
- Let them think of their school environment based on each criterion and what particular incidence they have.
- Let them brainstorm in their group, share their practices and experiences, and how it was managed.
- Once they are done with this, let them discuss about the approaches that can be used to ensure a protective school environment for teachers, teacher educators, and school leaders.
- Let them fill their ideas in the following table:

Criteria for a protective school environment	Participants' reflection on the existing scenario	Approaches to ensure a protective school environment	Responsible organ and linkage
Caring relationships /Nurturance			
Parent engagement			
Community engagement			
Opportunities for participation			
Safety			
Stability			
Proper reporting system			
Emergency management plan			

Activity 5: Working with Parents and Communities



Objectives

- To understand how communities influence the psychosocial well-being of teachers
- To recognize the importance of the social and cultural setting for the psychosocial well-being of teachers
- To identify community-based MHPSS activities.



Materials

- Flip chart, markers/colour pencils, and glue



Method

- Mind mapping and group work



Instructions

- Be aware that the parents and community members often include diverse subgroups with different agendas and levels of power.
- Advise the participants to be in groups based on their preferences (gender, age, religion, education, etc.).
- Let them discuss the common psychosocial problems faced by teachers.
- The group shall evaluate community practices in supporting teachers.
- Let the participants brainstorm and develop a strategy on how to engage the community to support teachers and school leaders in addressing psychosocial issues.
- Let them summarize their work in the following table.

Common Psychosocial problems of teachers and school leaders	Reflection on community practices in supporting teachers	Proposed strategies for involving the community	Follow-up and monitoring of strategies



Trainer’s Note

Educators, families, and community partners all genuinely care about students’ success and the well-being of teachers. They often approach schools with different ideas and methodologies, as schools are a focal point for community involvement. However, there are often challenges when it comes to these parties interacting smoothly with each other in addressing the psychosocial problems. Thus, sustaining community involvement is often more difficult than creating the opportunity for it in the first place. Most of the work involved in breaking down barriers to community engagement in schools often falls to educators and the community. While parents and community partners might step up to help, it is often up to school leaders to make the first move to work more closely with the community. Developing strategies for how you will engage your community is a big issue that needs specific solutions.

Activity 6: Risk Factors and Protective Factors for Well-being



Objectives

- To identify risk factors for teachers' well-being
- To identify features of a protective school environment
- To develop linkage strategies to ensure overall resilience of education systems



Materials

- Flip chart and markers



Method

- Plenary discussion



Instructions

- Organize a plenary discussion among members.
- Explain the purpose of the activity.
- Assign a group member to write on the template.
- Advise them to discuss risk and protective factors for teachers in their community.
- Once they are done with this, let them discuss the roles of parents and the community in ensuring a protective school environment for teachers, teacher educators and school leaders.
- Present a summary of the plenary discussion.

Risk factors for teachers in the community	Protective factors	The role of parents and the community	Follow-up and monitoring



Trainer's Note

A community is the social and psychological foundation for individuals, families, and groups: belonging, sharing, values, identity, norms, and developed structures for health, education, etc. There are protective factors in life that give people psychological 'cover' and, therefore, reduce the likelihood of negative psychological effects when faced with hardship or suffering. Some protective factors include (IFRC, 2009):

- Belonging to a caring family or community
- Maintaining traditions and cultures
- Having a strong religious belief or political ideology which gives the feeling of belonging to something bigger than oneself
- For children, important protective factors include stable emotional relationships with adults and social support both within and from outside the family.

Activity 7: Engaging the Education Workforce



Objectives

- To identify the potential list of education workforce
- To define the potential roles of each workforce in addressing the psychosocial problems of teachers and school leaders
- To develop strategies to enhance the well-being of teachers



Materials

- Flip chart and markers



Method

- Plenary discussion



Instructions

- Organize a plenary discussion among members.
- Explain the purpose of the activity.
- Assign a group member to write on the template.
- Advise them to discuss on the potential education workforce operating in their area, the roles they currently exercise, and expected the roles for addressing psychosocial problems of teachers.
- Once they are done with this, let them discuss strategies to improve these roles.
- Present the summary of the plenary discussion.

Education workforce	Roles exercised for MHPSS for teachers and educational leaders	Expected roles for the MHPSS for teachers and educational leaders	Strategies for improving their roles

6.5. Wrap up

The education system has its own strengths and weaknesses in terms of addressing MHPSS. However, some countries are particularly ahead of others in terms of deploying counselors to lead MHPSS, while others are training teachers and experts. Still, others are working to make it a part of their education system. Educators and education administrators need to begin by mainstreaming MHPSS into the existing education system.

To conclude the session, thank everyone for her/ his time and active participation. Highlight the time and topic of the next session, and remind them if they need to bring any materials or relevant items for the next session. Wish them the best for the week and close the session for the day.

Chapter Seven: Assessment, Reporting and Referral

Overview

The monitoring and evaluation of MHPSS should seek to measure the changes in the lives of teachers, teacher educators, and leaders that have come about during the programme. The system should be developed from the outset of MHPSS, in conjunction with mainstreaming it into the planning of the education system. Establishing monitoring and evaluation at the beginning helps to clarify the objectives of MHPSS and monitors it as it is rolled out to check that the plan is implemented adequately.

The common goal of MHPSS is to reduce suffering and thereby improve psychosocial well-being. This needs to be verified with outcomes measured using indicators. An indicator is a unit of measurement that specifies what is to be measured; and intended to answer whether or not the desired impact, outcomes or outputs have been achieved. The indicators may be in a quantitative form (e.g., percentages or numbers of people) or qualitative form (e.g., perceptions, quality, type, knowledge, or capacity).

Objectives

At the end of this session, participants will be able to:

- Assess the psychosocial well-being of teachers;
- Develop skills in analysing and interpreting assessment results based on the indicators of psychosocial adjustment; and
- Link or refer those teachers who need further assessment and support.

Activities and Time

Activity	Time
Activity 1: Assessing the Psychosocial Distress of Teachers	20 minutes
Activity 2: Reporting the MHPSS	20 minutes
Activity 3: Referral in MHPSS	20 minutes
Total	1:00 hour

7.1. Assessment of Distress

Activity 1: Psychosocial Distress of Teachers

Objective

- To assess the current psychosocial distress of teachers

Materials

- Self-Report Questionnaire (SRQ-24) (see Annex 1)

Why an assessment?

It is advisable to coordinate assessments:

- to gain a more complete picture of needs;
- to design appropriate interventions;
- to make efficient use of available resources; and
- to avoid asking the same questions to the same participants



Method

- Self-test and Think-Pair-Share



Instructions

- Explain the availability of numerous measures that assess the psychosocial adjustment.
- Introduce the SRQ-24 to the participants.
- Ask participants to individually assess themselves.
- Explain the scoring criteria of the scale and interpretation from the Trainer’s Note.
- Let participants reflect on their results and think about psychosocial distress/symptoms.
- Have participants be in pairs and discuss their results.



Trainer’s Note

The Self-report Questionnaire (SRQ-24) is a simple measure of psychological distress/symptoms that involves 24 questions about psychological states, each with a two-level response scale. The measure can be used as a brief screen to identify levels of distress or type of symptoms. The tool can be given to teachers to complete, or alternatively, the questions can be read to them by the trainer. In the context of emergency and crisis situations where MHPSS is required, the tool may highlight the need for more regular review or referral to a specialist MHPSS provider, such as a psychologist.

Each item is scored from 0, which represents “none of the time,” to 1, which represents “all of the time.” Scores of the 24 items are then summed, yielding a minimum score of 0 and a maximum score of 24. Low scores indicate low levels of psychological distress or symptom, while high scores indicate high levels of psychological distress/symptom. The cut score for men is 10 and for women 12 where common symptoms can be interpreted as:

Interpretation of scores

- Anxiety Symptoms = 4, 6, 9, 10
- Somatic Symptoms = 1, 2, 3, 5, 7 and 19
- Reduced Vital Energy = 8, 11, 12, 13, 18 20
- Depressive Thought = 14, 15, 16, 17
- Psychotic Symptoms = 21, 22, 23, 24

7.2. Reporting

Activity 2: Reporting the MHPSS Services



Objective

- To identify levels of distress that need reporting
- To practice reporting MHPSS activities
- To organize report of distress that need MHPSS activities



Material

- Monitoring Visit Report Format (see Annex 2)



Method

- Reporting template and Think-Pair-Share



Instructions

- Provide participants with a copy of the sample reporting form.
- Explain the key content of the reporting form.
- Have participants assume a school where they provide MHPSS services.
- Have participants be in pairs and practice filling out the monitoring visit report form.
- Allow time for a reflection and discussion in the plenary.



Trainer's Note

The format for reporting activities can be adapted to the specific programme and actual activities that are implemented. For example, activities may include psychological first aid (PFA), psycho-education, referrals, etc. Reporting format should include specific information about:

- Identifying details: name of MHPSS provider carrying out the activity, date, location, objectives
- Activity implementation details: what was done, in what time frame, who was involved
- Observations and lessons learned, or progress reports: successes achieved, challenges encountered and how they were resolved, new issues identified
- Instruction: use the following format to monitor MHPSS activities.

7.3. Referral

Activity 3: Referral in MHPSS



Objective

- To practice referring cases that need specialized support



Material

- Referral form (see Annex 3)



Method

- Individual work



Instructions

- Provide participants with a copy of the referral form.
- Explain the key content of the referral form and provide some key considerations from the Trainer's Note.

- Ask participants to assume a school where they provide MHPSS services.
- Have participants be in pairs and practice filling out the referral form.
- Allow time for reflection in plenary.



Trainer's Note

During MHPSS for teachers, there are common and severe reactions that need referral. It is necessary to identify common and severe reactions and what to do if severe reactions require immediate referral for further help. Some examples of severe reactions that call for immediate attention and intervention and/or referral include (IASC, 2007):

- Being unable to sleep for a week or more and being confused and disorientated
- Being unable to function normally and care for themselves or their family (e.g., not eating or keeping good hygiene and cleanliness)
- Losing control over their behaviour and being unpredictable or destructive
- Threatening to harm themselves or others
- Starting excessive or out-of-the-ordinary use of drugs or alcohol
- Presenting chronic health conditions that need specialized support
- Presenting symptoms of mental health disorders

Handout 1: Issues to be considered when referring teachers (UNICEF, 2004)

- The teacher is suffering from a serious injury or is in immediate danger.
- The problem is beyond the helper's capability, level of training, and the purpose of the psychosocial support programme.
- You have difficulty maintaining real contact with the teacher.
- The teacher hints or talks openly about suicide.
- The teacher seems to be socially isolated.
- The teacher presents imaginary ideas or details of persecution.
- Persistent physical symptoms develop.
- The teacher is dependent on alcohol or drugs.
- The teacher engages in risky behaviour.

Handout 2: How to refer?

- Inform the person concerned about your intentions and plans to further support the teacher.
- Offer different possibilities to the person concerned.
- Assure the person that you will continue your support until referral is completed and the teacher does no longer want to have your support.
- Maintain confidentiality.

Handout 3: Do's and Don'ts When Making Referrals

Do's	Don'ts
<ul style="list-style-type: none">• Stay calm.• Listen and hear what the teacher is saying.• Give time and space to the teachers so that she/he can say what they need to say.• Reassure the teacher (or another individual) that s/he has done the right thing to report this situation.• Refer the case to the appropriate service provider.• Follow up regularly.	<ul style="list-style-type: none">• Do not panic.• Do not ask leading questions.• Do not give false promises.• Do not make a teacher repeat the story unnecessarily.• Do not try and remember everything to write it down later. Write it down as you are being told of the situation.

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Annexes

Annex 1: Self-Report Questionnaire (SRQ-24)

This is a self-report questionnaire related to certain pains and problems that may have bothered you for the last 30 days. If you think the questions apply to you and you had the described problem in the last 30 days, answer Yes (**encircle number 1**). On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, answer No (**encircle number 0**). Answers you are providing here are confidential.

No.	Items	No	Yes
1.	Do you often have headaches?	0	1
2.	Is your appetite poor?	0	1
3.	Do you sleep badly?	0	1
4.	Are you easily frightened?	0	1
5.	Do your hands shake?	0	1
6.	Do you feel nervous?	0	1
7.	Is your digestion poor?	0	1
8.	Do you have trouble thinking clearly?	0	1
9.	Do you cry more than usual?	0	1
10.	Do you feel unhappy?	0	1
11.	Do you find it difficult to enjoy your daily activities?	0	1
12.	Do you find it difficult to make decisions?	0	1
13.	Is your daily work suffering?	0	1
14.	Are you unable to play a useful part in life?	0	1
15.	Have you lost interest in things?	0	1
16.	Do you feel that you are a worthless person?	0	1
17.	Has the thought of ending life been in your mind?	0	1
18.	Do you feel tired all the time?	0	1
19.	Do you have uncomfortable feelings in your stomach?	0	1
20.	Are you easily tired?	0	1
21.	Do you feel that somebody has been trying to harm you in some way?	0	1
22.	Are you a much more important person than most people think?	0	1
23.	Have you noticed any interference or anything unusual with your thinking?	0	1
24.	Do you ever hear voices without knowing where they come from, or which other people can't hear?	0	1

Annex 2: Sample Monitoring Visit Report Format

Visit Details			
Completed by:		Location:	
Date:		Objectives of the visit:	
Agenda			
<i>The following activities were completed as part of a monitoring visit:</i>			
Date	Time	Activities	Participants
General Observations			
<i>Record your general observations from the monitoring visit below. This may be a few paragraphs up to a few pages. Include photos, case studies, and quotes to illustrate your points.</i>			
Specific Issues and Actions			
<i>List the specific issues/problems that were identified during the visit. Then, identify the actions that need to be taken to solve the problem. This should include the specific individual responsible for taking the action, and when it should be completed by.</i>			
Issue identified:		Actions to be taken:	
Next Visit			
<i>Provide details of the next monitoring visit. The objectives of the next visit should match the issues and actions identified in this visit. For example, if the quality of activities is an issue, then the next visit should observe those same activities to make sure the quality has improved.</i>			
To be completed by:		Location:	
Dates:		Objectives:	

Annex 3: Sample Referral Form

Date:	Name/location of programme:	Name of staff/volunteer:
Supervisor name:	Supervisor comments:	
Counselor name:	Counselor comments:	
Name of Client: Gender: Age:	Client address and phone number:	Responsible person (if a minor or as appropriate) or safe family contact:
Reason for referral <i>Provide a brief narrative of the behaviours, feelings, or concerns of the beneficiary or observations of the staff/volunteer indicating the need for referral.</i>		
Needs identified <i>Referral may be made for one or more types of services and supports. Describe (and list, as appropriate) the needs identified (e.g., counseling, health services, legal services) for referral.</i>		
Follow-up <i>Where feasible and appropriate, document follow-up information gathered about the referral of the beneficiary, including:</i> Date: Outcome of the referral: Resolution of issue and/or additional services needed: Plan (developed together with the client):		

Annex 4: Pre and Post-Test

Psychosocial support training for African teacher educators and educational leaders

Name: _____ Code- _____

Instruction: Choose the best answer from the given alternatives.

1. A teacher shares his/her feeling to you: *'...since the outbreak of COVID-19, my heart is jerking, I am feeling nervousness, unease and life is becoming full of uncertainties.....'* The teacher's psychological reaction might be:
 - a) Depression
 - b) Anger
 - c) Hopelessness
 - d) Anxiety

2. **Teacher:** I am stupid for getting myself into this mess.
Counsellor: I am feeling that you are angry with yourself because of the mess you are now in.

Which counselling skill the counsellor has applied?
 - a) Paraphrasing
 - b) Active listening
 - c) Reflection of feeling
 - d) 'a' and 'b' are correct

3. Which one of the following is **NOT CORRECT** about Psychological First Aid (PFA)?
 - a) It needs analysing what happened to them during the crisis situation.
 - b) It is providing practical care and support.
 - c) It needs assessing or understanding the needs and concerns of people in emergency.
 - d) It can also be done by non-professionals.

4. In order to make the psychosocial support effective and efficient in the education system, you have to _____.
 - a) engage parents and community
 - b) focus on the social capital of teachers
 - c) play your best to make it inclusive and culture sensitive
 - d) All of the above

5. A model that considers teachers at the centre of attention taking in to account their knowledge, attitude, and behaviour is----
 - a) Cognitive behavioural model
 - b) Socio-ecological model
 - c) Positive and cross-cultural model
 - d) 'b' and 'c' are correct

6. _____ is a principle that you must comply with while working with gender-based violence survivors.
 - a) Safety
 - b) Empathy
 - c) Confidentiality
 - d) All of the above

7. If a teacher experience delayed or complicated grief after loss, this might be because of _____.
 - a) multiple losses
 - b) sudden and unexpected losses
 - c) inadequate mourning
 - d) All of the above

8. Which one of the following is different from the others?
 - a) Paraphrasing
 - b) Thought coping
 - c) Making change on behaviour
 - d) Reframing thought

9. It is not the emergency situation that creates anxiety, depression and other mental disorders but how the mind appraises the emergency and disaster. A model that underlines this premises is called-
 - a) Positive and cross-cultural model
 - b) Cognitive Behavioural Model
 - c) Model for Emergency and Disaster
 - d) Socio-ecological model

10. While working with teachers in emergency situation, which psychosocial need do you mainly focus on?
 - a) The need for attachment
 - b) The need for control
 - c) The need for avoidance of pain
 - d) All of the above

11. While you are doing a psychological assessment for teachers, you should _____.
 - a) gain a more complete picture of needs
 - b) design appropriate interventions
 - c) make efficient use of available resources
 - d) avoid asking the same questions as much as possible
 - e) All of the above

12. Which one of the following is **NOT** a Psychological First Aid (PFA)?
 - a) Breathing exercises
 - b) Progressive muscle relaxation
 - c) Behavioural activation
 - d) Guided imagery

13. _____ is a cognitive behavioural technique that helps teachers to cope a disaster situation by changing the automatic thought triggered by the disaster, changing their feeling state and behavioural reaction.
 - a) Thought coping
 - b) Thought reframing
 - c) Thought restructuring
 - d) Thought challenging

14. While you are supporting a war survivor teacher, in your conversation, he/she is saying 'I am in danger.' The category of thought that must be reframed is _____.
- a) safety
 - b) vulnerability
 - c) insecurity
 - d) All of the above
15. While you are supporting teachers, one of the things you must do is _____.
- a) caring yourself
 - b) getting support or counselling for yourself
 - c) knowing your stressors
 - d) All of the above
16. _____ is an ethical code you must comply with while supporting teachers.
- a) Preserving dignity
 - b) Guaranteeing confidentiality
 - c) Doing no harm
 - d) All of the above

Annex 5: Answer Sheet for Pre and Post-Test

1. D
2. C
3. A
4. D
5. B
6. D
7. D
8. A
9. B
10. D
11. E
12. C
13. A
14. D
15. D
16. D

Annex 6: Training Evaluation

1. Please rate the following aspects of the training as per your honest feeling:

Aspect	Excellent	Very Good	Good	Fair	Poor	
Training content						
Facilitation approach and methods						
Organization of the training						
Applicability of the contents or topics						
Time management						

2. Were your expectations of the training met?

1) Fully met 2) Fairly- met 3) Not met

3. Rate and give your comments on each of the facilitators.

Name of Trainer/Facilitator _____

Trainer's	Excellent	Very Good	Good	Fair	Poor
Knowledge on the area					
Preparedness					
Facilitation method or skills					
Ability to engage participants					

Comments

Name of Trainer/Facilitator _____

Trainer's	Excellent	Very Good	Good	Fair	Poor
Knowledge on the area					
Preparedness					
Facilitation method or skills					
Ability to engage participants					

Comments

4. List topics that are very important or relevant to you and your context.

5. List topics that are not important or relevant to you and your context.

6. What recommendations do you want to make for improving future workshops?

7. How do you evaluate the overall programme of the training?

- 1) Excellent 2) Very Good 3) Good 4) Fair 5) Poor

Thank you

Stay in touch



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