2. Mental Well-Being

Introduction

The World Health Organization (WHO, 2014) defines mental health as "… a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."
Mental health is as important as physical health, with the difference that mental diseases are not as easy to recognise as physical ones. For this reason, mental well-being can easily be overlooked. However, experience shows that neglect of mental health can have devastating consequences for individuals and their environment. The activities included in this section will help the trainer to raise awareness and provide refugees/migrants with useful information on mental health issues to improve their lives.

Challenges

The challenge is to make people aware of the importance of good mental health. A healthy body is not enough to ensure individual well-being when there are serious health problems that can affect one's mentality and relationships with others. In the case of migrants, the difficult circumstances they face and sometimes their diverse cultural backgrounds can lead people to neglect their mental well-being as unimportant or as the privilege of others. In this sense, a great challenge is to bring mental health closer to these people, to explain why it matters and how mental well-being can be achieved. Mental well-being means that they can cope with stress, depression, post-traumatic stress disorder and other serious and less serious mental problems. In addition, this section will raise awareness and provide useful information and solutions to difficult situations related to mental health, such as domestic violence, bullying and stereotypes, and taboos.

Explanation/Background

Studies with refugees show that there are two crucial factors that affect their mental health:
1) The characteristics of the group of refugees (background, cultural context, education)
2) The context and the situation in the host country; studies show that the poorer the host country the higher the prevalence of mental disorders.

Given that we can interfere neither with their background nor with the country's situation, we should keep in mind the special characteristics of both factors, in order to identify the relevant context in which to build their knowledge on mental well-being and ways to ensure it.

Determinants of mental health in refugee/migrant populations

- Socio-economic status following migration
- Isolation and absence of social support
- Barriers to accessing mental health services
- Stigma

Consequences

According to WHO (n.d), post-traumatic stress disorder (PTSD) is the most common mental disorder among refugees, with 9% of refugees in general and 11% of children and adolescents having PTSD. Depression and psychosis rates are similar to those of the general population in Western countries, whereas the prevalence of mental disorders may be higher among refugees who have been in the host country for more than five years.

Other psychological consequences include uncertainty about the future (asylum applications, unemployment), poor living conditions leading to stress and homesickness, and the burden of violent situations in refugee camps. Most refugees show signs/symptoms of mental disorders such as crying, sadness and headaches. In fact, this does not mean that they have a serious mental problem. However, some of them may develop more severe symptoms that may affect their mental health.

What you can expect

This chapter will provide you with basic theoretical background about each topic and propose some relevant activities and training methods in order to inform/educate migrants and raise awareness about mental health problems and the importance of ensuring mental well-being.

Overview of activities

Prevention in general

- Why mental health is important?
- What can I do for my mental health?
- How can I tackle stress and other mental disorders?

Mental health promotion efforts should start by:

• respecting people as they are at any given stage in their lives

• recognizing that people have the capacity to cope with life (regardless of whether they are currently coping well or not)

• acknowledging that they themselves are the best ones to know how to access their own intrinsic capabilities (Centre for Addiction and Mental Health Canada, 2012)

References

Centre for Addiction and Mental Health Canada (2012), Best practice guidelines for mental health promotion programs: Refugees, available at: https://www.porticonetwork.ca/documents/81358/128451/Refugees/3974e176-69a8-4a5f-843b-a40d0a56299c

WHO (n.d) EUROPE POLICY BRIEF ON MIGRATION AND HEALTH: MENTAL HEALTH CARE FOR REFUGEES, available at: http://www.euro.who.int/__data/assets/pdf_file/0006/293271/Policy-Brief-Migration-Health-Mental-Health-Care-Refugees.pdf

WHO (2014) Mental health: a state of well-being, available at: http://www.who.int/features/factfiles/mental_health/en/#

Additional/Optional Material for further reading:

Basic guidelines in

Centre for Addiction and Mental Health Canada (2012), Best practice guidelines for mental health promotion programs: Refugees, available at: https://www.porticonetwork.ca/documents/81358/128451/Refugees/3974e176-69a8-4a5f-843b-a40d0a56299c

Practice points in

Perkins and Repper, (2013) Prejudice, discrimination and social exclusion: reducing the barriers to recovery for people diagnosed with mental health problems in the UK, available at: http://www.jneuropsychiatry.org/peer-review/prejudice-discrimination-and-social-exclusion-reducing-the-barriers-to-recovery-for-people-diagnosed-with-mental-health-problems-in-the-uk-neuropsychiatry.pdf

Ground rules for discussion in

Domestic Abuse and Refugees Strategies for Building Healthy Relationships, Bureau of Refugee and Immigrant Assistance (BRIA) New York State Office of Temporary and Disability Assistance, Available at: https://otda.ny.gov/programs/bria/documents/WtOS-Domestic-Abuse-Brochure.pdf

Activity 1: Raising awareness about Mental Health (Facts on Mental Health by WHO)

Rationale

Mental health is a serious issue for all of us. The purpose of this activity is to present the key facts about mental health, in order to raise awareness of the learners about how common mental health problems are, how significantly they impact on one's life and how to identify and tackle them.

Learning outcomes

Learners are able to:

- Define and recall the main facts of mental health in a global level
- Assess the seriousness of mental health problems

Training method

- Tutoring
- Presentation
- Discussion/Feedback

Equipment

- A classroom or some chairs/ a friendly environment
- Information material for the trainer
- Key facts on mental health handout (Annex)

Number of participants: Min. 5 max. 20

Duration of activity: 60 minutes

Description of activity

The educator will first ask the learners about mental health, how important it is and if they are aware about some basic facts. Then, he/she will provide learners with the "key facts on mental health handout" (Annex 1.) and he/she will present it in order to start a discussion about the seriousness of mental health and how common mental problems are across people from all over the world.

Tips for the trainer

Start with a discussion about mental health in order to see the perception of learners before they get informed about the key facts. Then compare their views with the facts and highlight a possible ignorance of basic facts. After the presentation of the basic facts, start a dialogue with learners in

order to reflect on them. Let learners give feedback and personal experiences from theirs or their closed ones'/friends' mental health issues. What is the background of these cases and if they see any correlation with the WHO facts presented above.

Summary of the activity

This can work as introduction to mental health and will allow refugees/migrants to identify the basic facts about mental health issues and reflect on them.

References

WHO (n.d) Fact File, available at:
http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index9.html

Annex

Key facts on mental health

1) **Around 20% of the world's children and adolescents have mental disorders or problems.** About half of mental disorders begin before the age of 14. Similar types of disorders are being reported across cultures. Neuropsychiatric disorders are among the leading causes of worldwide disability in young people.
2) **Mental and substance use disorders are the leading cause of disability worldwide**.
3) **About 800.000 people commit suicide every year.** Over 800.000 people die due to suicide every year and suicide is the second leading cause of death in 15-29 years-olds. There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide. 75% of suicides occur in low- and middle-income countries, while mental disorders and harmful use of alcohol contribute to many suicides around the world. Early identification and effective management are key to ensuring that people receive the care they need.
4) **War and disasters have a large impact on mental health and psychosocial well-being**. Rates of mental disorder tend to double after emergencies.
5) **Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury**. Mental disorders increase the risk of getting ill from other diseases such as cardiovascular disease, diabetes, and vice-versa.
6) **Stigma and discrimination against patients and families prevent people from seeking mental health care**.
7) **Human rights violations of people with mental and psychosocial disability are routinely reported in most countries.** These include physical restraint, seclusion and denial of basic needs and privacy.

(WHO, Fact file)

Activity 2: Raising awareness of Mental Health in Women

Rationale

Mental health is not taken as seriously as it should be by many people and especially refugee women. Due to the hard circumstances and the possible family responsibilities, many women are susceptible to a wide range of stressors, which can be pre- and/or post-migration and contribute to the risk of developing mental health problems. Asylum seeking and migrant women have high rates of depression, somatisation, postnatal depression, and suicide as research indicates (Collins, Zimmerman & Howard, 2011).

Learning outcomes

Learners are able to:

- Discover and use power and resilience to combat mental health problems
- Identify and implement mental well-being
- Reflect and empathise with other women's personal stories

Training method applied

- Tutoring
- Brainstorming
- Discussion

Equipment

- A classroom with some chairs/ a friendly environment
- Information material for the trainer
- A handout with available mental health services for women in the host country

Number of participants: Min. 5 max. 20

Duration of activity: 60 minutes

Description of activity

A small introduction from the educator about the significance of mental health and mental well-being, with a special focus on women. Then a discussion or brainstorming activities about power and resilience in the pursuit of mental well-being.

Discussion of the following questions:

- What is mental well-being?
- Why is it important?

- How can I achieve mental well-being?
- How can I avoid psychological disorders?
- How can I improve my power and resilience?

Then some personal stories from the learners, about some real-life situations when power and resilience allowed them to overcome psychological problems. Women participants can reflect on the special needs and skills of women and argue from a personal experience why mental health is important.

Power and Resilience

- "Power is a person's, group's or community's sense of control over life and the ability to be resilient" (Joubert & Raeburn, 1998, cited in Centre for Addiction and Mental Health Canada, 2012).
- "Resilience is the ability to manage or cope with significant adversity or stress in ways that are not only effective, but may result in an increased ability to respond to future adversity" (Health Canada, 2000, cited in Centre for Addiction and Mental Health Canada, 2012)

Tips for the trainer

This activity can be flexible and interactive. The topics to be discussed can be chosen and focused on the group's characteristics (refugee women and girls). The variance of age might be a good opportunity for mentoring activities by the older women to the younger, as a follow up activity after the training. You should find available mental health services for refugees in the host country and give a paper with this information to participants.

Tips and Strategies for Culturally Sensitive Care (adapted from Refugee Health, Technical Assistance Center)

Language – should be adapted according to culture and gender to avoid misunderstanding.

Access to Care – inform about all available health services

Issues of Gender – health care staff should be gender-matched, if possible

Respect of Modesty – be careful of possible disrespectful acts to women

Understand Cultural/Traditional Practices and Religious Observances

Fasting for Ramadan During Pregnancy- provide information about safe fasting

Anticipatory Guidance – where available

Coordination of Care and Case Management – where available

Summary of the activity

A general brainstorming activity and discussion about the importance of mental health in refugee women and the significance of power and resilience as resources to tackle psychological barriers and difficult circumstances.

References

Collins C., Zimmerman C. & Howard L. (2011). Refugee, asylum seeker, immigrant women and postnatal depression: rates and risk factors. Arch Womens Ment Health, 14:3–11. doi:doi:10.1007/s00737-010-0198-7

Refugee Health, Technical Assistance Center (n.d) Tips and Strategies for Culturally Sensitive Care. Available at: http://x9yjk2t4l9ghu7ty7bhu81ac.wpengine.netdna-cdn.com/wp-content/uploads/2012/05/Tips-and-Strategies-for-Culturally-Sensitive-Care-1.pdf

Activity 3: Stress, Depression and Posttraumatic stress disorder

Rationale

The traumatic experiences that refugees are facing (war, persecution, refugee camps) put them in danger of serious or less serious mental health problems. More specifically, the most common mental problems of refugees are:

Stress is often described as a feeling of being overwhelmed, worried or run-down. “Stress is any uncomfortable emotional experience accompanied by predictable biochemical, physiological and behavioural changes" (Baum, 1990). Stress is the most common mental problem and by no means affects only refugees or people who face difficult circumstances. Actually, stress can affect people of all ages, genders and backgrounds and can lead to both physical and psychological health problems.

Depression is another common mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks. This mental disorder is treatable, with talking therapies or antidepressant medication or a combination of both. Regarding refugees, higher rates of depression among them have been found to be related to acculturation difficulties, unemployment and isolation (Ehntholt & Yule, 2006). Refugee sub-groups at the greatest risk for depression are women, older adults, single adults, those who perceive a greater distance between their culture of origin and the host culture, those with low-level host language skills, and refugees who are unemployed (Barnes & Aguilar, 2007)

According to the American Psychological Association (n.d) “**post-traumatic stress disorder or PTSD**, is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster”. Evidence shows that refugees have higher rates of posttraumatic stress disorder, due to their exposure to dramatic events, such as war and persecution (Annette Lane, 2007). PTSD “is characterized by exposure to an extremely stressful or catastrophic event or situation followed by three symptom clusters. These include repeated reliving of the trauma, e.g., through intrusive images or dreams of the event; hyperarousal, e.g., increased vigilance or disturbed sleep; as well as persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness” (Ehntholt & Yule, 2006).

Learning outcomes

Learners are able to:

- Identify stress, depression and posttraumatic stress disorder
- Identify, analyse and select appropriate treatment methods and alternative paths

Training method applied

- Tutoring
- Brainstorming
- Discussion

- Role playing (optional)
- Breathing exercises (optional)

Equipment

- A classroom with some chairs/ a friendly environment
- Information material for the trainer
- Stress test handout (Annex)
- Coping with stress tips handout (optional)

Number of participants: Min. 6 max. 20

Duration of activity: 60-90 minutes

Description of activity

A small introduction from the educator on stress, depression and posttraumatic stress disorder. Then a discussion or brainstorming activities about how stress and depression can be tackled and how mental health can be improved.

Discussion of the following questions:

- What is stress?
- How do I feel when I am stressed (sweating, heart palpitation, fear)?
- Remember one time that you consider that you might have been stressed (from the description given above). How did you overcome it?
- How can I tackle these negative situations?
- What is depression? How does it feel when I am depressed? Is it the same in every person?
- How can I minimise the direct symptoms (negative thoughts, physical stress symptoms etc.)?
- What is posttraumatic stress disorder?
- What care is there in the country (host country) that I can use in case I don't feel well, or have negative feelings? What services are there?
- How can I improve my mental well-being?

Stress Test Activity (Annex)

Tips for the trainer

Let learners know that:

- stress is a normal reaction to the demands of life
- when your brain perceives a threat, your body releases a burst of hormones to fuel your fight/flight/freeze response
- and when the threat is gone, your body returns to normal

Inform learners that there are healthy and unhealthy ways of dealing with stress.

- The healthy ways help to reduce stress and relieve symptoms.
- Unhealthy ways of dealing with stress actually mask the symptoms and causes of stress, may introduce new stressors and may increase the effects of stress in the future.
- Have learners think about how they manage their own stress and how they can incorporate healthy stress management into their lives.

This activity can be flexible and interactive. The topics to be discussed can be chosen and focused on the group's characteristics (in case there are only women and girls). The variance of age might be a good opportunity for mentoring activities by the older women to the younger, as a follow up activity after the training.

Summary of the activity

A general brainstorming activity and discussion about why stress and depression are serious disorders and how can be tackled. Then, the stress test activity in order to comprehend the various symptoms of stress and identify their own level. There must be a focus on the alternative paths someone can follow, in order to leave behind bad memories and traumas.

References

American Psychological Association (n.d) Available at: http://www.apa.org/topics/ptsd/

Annette Lane, R. N. (2007). Community Mental Health in Canada: Policy, Theory and Practice. Canadian Journal of Public Health, 98(5), 427.

Baum, A. (1990). "Stress, Intrusive Imagery, and Chronic Distress," Health Psychology, Vol. 6, pp. 653-675.

Barnes, D. M., & Aguilar, R. (2007). Community social support for Cuban refugees in Texas. Qualitative Health Research, 17(2), 225-237.

Ehntholt, K. A., & Yule, W. (2006). Practitioner Review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. Journal of Child Psychology and Psychiatry, 47(12), 1197-1210.

Mental Health Lesson Plans (n.d) available at: http://canwetalk.ca/wp-content/uploads/2016/03/COOR-79l-2016-03-CWT-lesson-plans.pdf

Annex.

Stress Test (from the *Mental Health Lesson Plans*)

Rate each of the following statements on a scale of 1 to 4

1 = Never or Seldom

2 = Sometimes

3 = Often

4 = Always

1.	I have problems falling asleep or staying asleep.	
2.	I am uptight and cannot seem to relax.	
3.	I get angry if things do not go my way.	
4.	I have difficulty concentrating.	
5.	I have a hard time finding fun things to do.	
6.	I feel tired during the day.	
7.	I worry a lot about things going on in my life.	
8.	I have had health problems because I work too hard.	
9.	I use alcohol, cigarettes, caffeine or drugs to cope with stress.	
10.	I laugh or smile less than I used to.	
11.	I feel sad or disappointed often.	
12.	I like to be in control.	
13.	I don't have enough time for all the things in my life.	
14.	I have a habit of clenching my fists, cracking my knuckles, twirling my hair or tapping my fingers.	

Have learners add up the numbers on the stress test, then write the following scoring guide on the board:

Under 20—Low Stress

21 to 30—Medium Stress

31 and up—High Stress 12

Let learners know that stress is a normal reaction to the demands of life; when your brain perceives a threat, your body releases a burst of hormones to fuel your fight/flight/freeze response; and when the threat is gone, your body returns to normal.

Optional material to give to learners

Coping with stress tips (Mental Health Lesson Plans)

Healthy Strategies	**Unhealthy Strategies**
• Get plenty of rest • Set time for yourself • Favourite childhood activity • Breathing exercises • Exercise • Work out • Listen to music • Eat healthy food • Drink water • Talk to friends • Meditate • Take a bath or shower • Focus on the good things • Use a positive affirmation • Watch a funny video • Set realistic expectations • Ask for help • Leave the situation • Manage your time • Be organized • Spend time with others	• Drugs or alcohol • Unhealthy food • Caffeine • Smoking • Venting • Bottling up your emotions • Physical violence • Taking it out on others • Not being able to say no

Activity 4: Mental Health Awareness for migrants (inspired by Mental Health Awareness Project - National Library of Medicine – NIH)

Rationale

This team project will allow learners to research a specific mental health problem, gather information and resources, in order to create a poster. Then the presentation of the poster and the findings to the rest of the class will raise a discussion about the topic and provide useful information.

Learning outcomes

Learners are able to:

- Discover and interpret the basic mental illnesses, symptoms, causes and ways of treatment
- Analyse and reflect on mental illnesses, symptoms, causes and ways of treatment

Training method applied

- Team project/Research Activity
- Presentation
- Discussion

Equipment

- Laptops or smartphones
- Internet connection
- Large plain sheets of paper

Number of participants: Min. 6 max. 20

Duration of activity: 60-120 minutes

Description of activity

Follow the steps below in order to develop for the activity:

1. Create groups of 3 to 5 people and assign to them mental health topics
2. Give instructions on how to research online and where to find information on the internet
3. Advise them to see the problem from multiple perspectives (patient, closed/loved ones, medical expert)
4. Presentation of the posters in the class
5. Discussion, questions and conclusions

Content/Accuracy	Design	Effectiveness
The poster includes at minimum the following types of information: • Title • Clearly identified mental health disorder topic • Common symptoms • Possible causes • Treatments • Relevant statistics • Available online and local services and resources	The poster has graphic elements such as: • Cohesive look—a team creation and not a composite of three different individuals' work. • Logical and easy to follow graphic organization of the poster content • Creative use of visual elements— e.g., images, colors, shapes, different letter sizes, etc.	The poster has the following that attract people's attention and make it easy to understand the content: • It is easy to read and identify different sections. • The information is presented in clear writing and enhanced by design elements. • Content and design of the poster are informative and respectful of the topic.

Tips for the trainer

You can have in mind the questions below in order to guide presentation of posters and discussions:

1. What are the main signs/symptoms of this specific mental health problem?
2. Which are the most common stereotypes about people who suffer from this mental disorder?
3. Did you find any medical services provided to people affected from this mental disorder?
4. Have you identified any online resources with reliable information about the mental illness?
5. Which are the most essential information somebody should be aware of, regarding this mental disorder?
6. Is there any other relevant issue you want to highlight?

Summary of the activity

This interactive activity aims to make learners research, identify and comprehend the basic mental illnesses, symptoms, causes and ways of treatment. By searching and creating their own poster, they will develop team building, co-operation and awareness about some major common mental disorders.

References

Mental Health Awareness Project - National Library of Medicine – NIH, Available at: https://www.nlm.nih.gov/exhibition/.../Mental_Health_Awareness_Project.docx

Activity 5: Domestic violence and characteristics of healthy relationships
(adapted from Domestic Abuse and Refugees Strategies for Building Healthy Relationships, Bureau of Refugee and Immigrant Assistance (BRIA) New York State Office of Temporary and Disability Assistance)

Rationale
The term 'domestic violence' is usually associated to violence against women, but it also refers to child or elder abuse, or abuse by any member of a household. Domestic violence is one of the most serious social problems and may result in physical and mental health problems.

Regarding violence against women, according to the UN is "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN, 1993).

Key facts about violence against women (WHO, 2017)

- 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.
- Globally, as many as 38% of murders of women are committed by a male intimate partner.
- Men are more likely to abuse women if they come from a low education background, have a history of child maltreatment, exposure to domestic, use of alcohol and a sense of entitlement over women.
- Women are more likely to experience intimate partner violence if they have low education, a family history of violence and abuse, and gender stereotypes.

Learning outcomes
Learners are able to:
- Comprehend the fact that DV is a crime and not something that is accepted, regardless of cultural context
- Identify and reflect on human rights and relevant information/statistics
- Identify and implement characteristics of healthy relationships

Training method applied
- Tutoring
- Brainstorming
- Discussion

Equipment
- A classroom with some chairs/ a friendly environment

- Information material for the educator
- A handout for learners with the characteristics of healthy relationships (Annex 1)

Number of participants Min. 5 max. 20

Duration of activity: 60 minutes

Description of activity
A small introduction from the educator about domestic violence statistics, why domestic violence is serious and how can it be tackled.
Discussion of the following questions:

- What do learners understand with the term domestic violence?
- What is considered domestic violence in (host country) and is it the same with the country of origin of the participants?
- Why is it illegal in (host country) and a serious social problem?
- How can it be tackled?

Then ask them to identify the basic characteristics of a healthy relationship. Then compare their answers with the below catalogue of characteristics of a healthy relationship (Annex).

Tips for the trainer

This activity can be flexible and interactive. The topics to be discussed can be chosen and focused on the group's characteristics (refugee/migrant women and girls). The variance of age might be a good opportunity for mentoring activities by the older women to the younger, as a follow up activity after the training.

Keep in mind

- It is common in all cultures and contexts for victims of abuse to blame themselves or see abuse as normal.
- The concept of confidentiality depends on culture and in some cultural contexts, privacy and confidentiality may not be respected as in Western countries for example.
- Dependency on men, exclusion from education and work are putting women at risk of abuse.
- The concept of family is strong in some cultures and women tend to try to keep the bond, regardless of existing practices of abuse or violence.
- Alcohol, drugs, and a more relaxed sensibility about sexuality may be contributing factors to domestic abuse, but are not the causes of the abuse.
- Domestic abuse is a common phenomenon in many families, regardless of the socio-economic or cultural background.

Summary of the activity

A general brainstorming activity and discussion about why domestic violence is illegal, a serious social problem and how it can be tackled. Then the characteristics of a healthy relationship are identified, in order to render a guide for the personal relationships of participants. Finally, there will be a focus on solutions and recommendations about how domestic violence can be tackled.

References

Domestic Abuse and Refugees Strategies for Building Healthy Relationships, Bureau of Refugee and Immigrant Assistance (BRIA) New York State Office of Temporary and Disability Assistance, Available at: https://otda.ny.gov/programs/bria/documents/WtOS-Domestic-Abuse-Brochure.pdf

UN, (1993). Declaration on the elimination of violence against women. New York : UN

WHO (2017) Violence against women – Key facts, Available at: http://www.who.int/news-room/fact-sheets/detail/violence-against-women

Annex.

Characteristics of Healthy Relationships (Bureau of Refugee and Immigrant Assistance (BRIA) New York State Office of Temporary and Disability Assistance)

- Open and spontaneous communication, including listening
- Clear boundaries, but encouragement in pursuing personal interests and activities
- Individual freedom
- Personal identity
- Making financial decisions together that are beneficial to all parties
- Enjoy doing things alone and together
- No attempts to “fix” or “control” the other
- Feelings and needs expressed and valued
- Conflict faced directly, rationally, with caring and consideration
- Privacy respected
- No secrets, hiding, disappearing, time gaps
- No pressure to conform, join in, try things that are uncomfortable
- Cultivation of personal growth
- Balance of closeness and separation
- Balance of giving and receiving
- Trust

Activity 6: Gender perspective activity (adapted from Gender Equality, Gender Equality through citizenship – Connecting classrooms)

Rationale
The basic aim of this activity is to identify and reflect to mainstream gender stereotypes. In this activity, participants will have the opportunity to think critically about gender issues and human rights.

Learning outcomes
Learners are able to:

- Prioritise gender equality
- Debunk gender stereotypes

Training method applied
Group activity (pairs or groups of three and each group will have a sheet of paper and a copy of one of the lists of words: Adjectives, Jobs or Domestic roles). The job roles can be adapted to be age appropriate.

Equipment

- A classroom with desks
- Copies of the lists of terms provided below
- Pens/pencils
- Large plain sheets of paper

Number of participants: Min. 4 max. 25

Duration of activity: 60 minutes

Description of activity
Learners draw a large Venn diagram on their sheet of paper. Next, ask learners to cut out and place the words/statements on the Venn diagram according to whether they perceive the word/statement to be Female, Male or Non-gender specific. They could add their own examples of adjectives, jobs and domestic roles.

Educators could ask learners to approach this from the perspective of society in general rather than focusing on personal views. Participants may recognise that although the prevailing norm ascribes gender to these roles and characteristics, they may know many examples to the contrary. Invite learners to share and discuss their groupings. How did they decide? What sort of discussions took place?

Where do their ideas about how to decide come from?

Note: With the list of domestic roles, it is likely that learners will be influenced by what happens in their family. This may cause sensitivity, for example if a learner is in a single parent family or if one or both of their parents goes out to work.

Ask learners' whether they think that their answers would look different if the activity was done:

• During the period when their parents and grandparents were children?

• By a child in 20 years' time?

• By a child in another country?

• In which countries do learners think young people might give different answers?

Discuss whether learners think that these gender roles should be challenged: Can they think of examples that do not conform to gender specific categories? Which words could be gender-neutral? Which words should be gender-neutral?

Discuss what this activity has taught learners about gender roles and their perceptions: How do they think the roles of men and women are changing? What changes would learners like to see?

Adjectives	**Jobs**	**Domestic roles**
Strong	Nurse	Cooking
Caring	Chef	Gardening
Kind	Teacher	Doing the washing up
Tough	Pilot	DIY
Thoughtful	Soldier	Doing the shopping
Clever	Carer	Cleaning
Brave	Footballer	Paying the bills
Mean	Artist	Ironing
Sporty	Doctor	Fixing a technical problem
Noisy	Firefighter	Doing the laundry
Quite	Head teacher	Putting the rubbish out
Bold	Dancer	Child-care
Friendly	Social worker	Cleaning the car
Confident	Inventor	Making decisions

Tips for the trainer

- Think critically about their choices and reflect on the sources of their ideas
- This lesson relates to the core skill of citizenship and the important concept of identity. Citizenship is a feeling, as well as a status, and gender identities and roles can impact on what kind of citizen someone feels that they are

Summary of the activity

This is an activity with the active participation of learners. Through this activity, participants can realise that gender stereotypes are plain myths and both male and female can be equally efficient and productive in most occupations and activities.

References

Gender Equality (n.d) Gender Equality through citizenship – Connecting classrooms. Available at: https://schoolsonline.britishcouncil.org/sites/default/files/resource/downloads/gender_equality_v2.pdf

Activity 7 – Stigma and Personal Attitudes Survey *(adapted from Mental Health Lesson Plans)*

Rationale

60% of people with a mental illness won't seek out the help they need due to the stigma associated with being labelled as mentally ill.

"Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need." (SAMHSA, 2004)

Terms Related to Stigma

Stereotype

- "A person or thing that conforms to an unjustly fixed impression or attitude."
- Stereotypes are attitudes about a group of people (e.g., "All people with mental illness are dangerous.").

Prejudice

- "a preconceived opinion"
- Prejudice is agreeing with the stereotypes (e.g., "I think people with mental illness are dangerous.").

Discrimination

- "unfavourable treatment based on prejudice"
- Discrimination is the behaviour that results: "I don't want people with mental illness around me; therefore, I discriminate against them by not hiring them, not being friends with them, etc."

The Concise Oxford Dictionary, 1996

Learning outcomes

Learners are able to:

- Identify and interpret stigma, stereotype and prejudice
- Examine and combat stigma, stereotype and prejudice

Training method applied

Personal Attitudes survey

Discussion

Equipment

- A classroom and a comfortable environment
- Copies of the personal attitudes survey

- Pens/pencils

Number of participants: Min. 4 max. 25

Duration of activity: 60 minutes

Description of activity

Ask participants if they know the word stigma. Then discuss the above definitions.

Questions to Guide Discussion

What are some of the negative things you have heard about people with mental illness? (Responses may include things like a link to violence, etc.)

What are some of the positive things you have heard about mental illness? (Responses may include things like a link to creativity). While this may be seen as positive, remind students that generalizing can also be a form of stereotyping.

Why do you think people with mental illness are stigmatized? (Possible answers include "They are seen as being different" and "People don't really know the facts about mental illness.")

Can you think of any other health conditions or social issues that have been stigmatized throughout history? (Possible answers include same-sex relationships, leprosy, AIDS, unwanted motherhood, divorce.)

What factors have contributed to changing public attitudes about some of these conditions or issues? (Possible answers include education, public policy, open dialogue, scientific research, changing social mores.)

What do you think influences perceptions about mental illness? (Possible answers include the media, films, news, newspaper headlines and stories that associate people with mental illness with violence, the fact that people with mental illness sometimes behave differently and people are afraid of what they don't understand.)

How do you think stigma affects the lives of people with mental illness? (Possible answers include people deciding not to get help and treatment even though they would benefit from it, unhappiness, inability to get a job or find housing, losing their friends, stress on the whole family.)

Examining Attitudes - Personal Attitudes Survey

Have learners complete the personal attitudes survey individually.
Using a show of hands, compile the results of the survey on the board. Have learners record the class results on their handout.
Ask learners to share some general observations about the group's results. For example, only half the people surveyed agreed that they would have someone with a mental illness as a close friend; most people believe that medication for life is the best treatment.

Review the results of the class survey by comparing the results with the Resource—Personal Attitudes Survey:

Best Answers. Facilitate a class wide discussion about the survey results, highlighting items that may be surprising to the group.

Personal Attitudes Survey

		Agree	Disagree	Not Sure
1.	People should work out their own mental problems			
2.	Once you have a mental illness, you have it for life			
3.	Females are more likely to have a mental illness than male			
4.	Medication is the best treatment for mental illness.			
5.	People with a mental illness are generally violent and dangerous.			
6.	Adults are more likely than teenagers to have a mental illness.			
7.	You can tell by looking at people whether they have a mental illness.			
8.	People with a mental illness are generally shy and quiet			
9.	Mental illness only happens to certain kinds of people.			
10.	Most people will never be affected by mental illness.			

Reducing Stigma—What Works?

There is no simple or single strategy to eliminate the stigma associated with mental illness, but some positive steps can be taken. Remember the acronym "WALLS" to help reduce stigma.

Watch you language – make sure not using language or comments that stigmatize people with mental illness.

Ask questions - A lot can be learned by asking questions of a mental health professional like a counsellor or doctor, or a person who has lived experience with a mental illness.

Learn more - Great resources are available online to help educate you on different mental illnesses. Increased education means fewer misunderstandings and less stigma.

Listen to experiences - Once you have learned a bit about mental illness, consider asking someone you know about their experience with mental illness. If you are considerate and respectful, they may be comfortable speaking about their experiences. If you have lived experience, consider sharing your story with others.

Speak out - Help reduce stigma by speaking out when others stigmatize people with mental illnesses or spread misconceptions.

Tips for the trainer – answers to the survey questions

1. Mental illness is associated with changes in brain functioning and usually requires professional assistance. Because of the stigma surrounding mental illness, many people are reluctant to seek help.
2. While it's true that most mental illnesses are lifelong, they are often episodic, which means that the symptoms are not always present.
3. It may seem that women are more likely to have a mental illness than men, but this may be because women are more likely to seek help for mental and emotional difficulties and to share their concerns with friends than are men.
4. Medication can be a very effective part of managing a mental illness, but it is by no means the only type of treatment or support that helps people recover.
5. People with mental illness are generally not more violent than the rest of the population.
6. Some illnesses are first diagnosed in childhood but many more begin to appear during the late teenage years and into early adulthood.
7. You cannot tell if a person has a mental illness based on his or her appearance
8. There is no strong causal relationship between personality characteristics and a tendency to develop mental illness
9. This is incorrect; mental illness can happen to anyone.
10. Everyone is affected by mental illness, either directly (by having a mental illness themselves) or indirectly (by knowing someone with a mental illness).

Summary of the activity

Identification of stigma, stereotype and prejudice. The personal attitudes survey will create an interactive environment and will lead to discussion and brainstorming. Conclusions and tips on how to reduce stigma will be the outcome of the activity.

References

Mental Health Lessons Plan, available at: http://canwetalk.ca/wp-content/uploads/2016/03/COOR-79l-2016-03-CWT-lesson-plans.pdf

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Eliminating Barriers for Learning; Social and Emotional Factors that Enhance Secondary Education, SAMHSA Pub. No. P040478M. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2004

The Concise Oxford Dictionary, 1996

Activity 8: Raise awareness about bullying

Rationale

According to American Psychological Association (n.d) “Bullying is a form of aggressive behaviour in which someone intentionally and repeatedly causes another person injury or discomfort. Bullying can take the form of physical contact, words or subtler actions. The bullied individual typically has trouble defending him or herself and does nothing to “cause” the bullying.

Some experts have specifically attempted to define “immigrant bullying”, which is “bullying that targets another’s immigrant status or family history of immigration in the form of taunts and slurs, derogatory references to the immigration process, physical aggression, social manipulation, or exclusion because of immigration status”. (BRYCS, n.d)

According to the National Centre Against Bullying (NCAB) of Australia, there are four main types of bullying

1. **Physical bullying** (includes hitting, kicking, tripping, pinching and pushing or damaging property. Physical bullying causes both short term and long term damage)
2. **Verbal bullying** (includes name calling, insults, teasing, intimidation, homophobic or racist remarks, or verbal abuse. While verbal bullying can start off harmless, it can escalate to levels which start affecting the individual target. Keep reading in this section for techniques to deal with verbal bullying)
3. **Social bullying** (sometimes referred to as covert bullying, is often harder to recognise and can be carried out behind the bullied person's back. It is designed to harm someone's social reputation and/or cause humiliation.
4. **Cyber bullying** (can be overt or covert bullying behaviours using digital technologies, including hardware such as computers and smartphones, and software such as social media, instant messaging, texts, websites and other online platforms)

Learning outcomes

Learners are able to:

- Define, analyse and interpret bullying and its different types
- Prevent and respond to bullying
- Assess and implement an anti-bullying strategy for refugee students

Training method applied

- Tutoring
- Discussion

Equipment

- A classroom and a comfortable environment
- Copies of the handouts with the anti-bullying strategies for student/young migrant (Annex)

Number of participants: Min. 5 max. 25

Duration of activity: 60 minutes

Description of activity
Make an introduction about bullying, define it, identify its main types and explain why is illegal first and second why affects badly the communities in general and mental health in particular. Then allow learners to share their own experiences from bullying and let discussion begins.

Then, provide learners with handouts with the anti-bullying strategies for refugee children and discuss about it with the learners. Is there anything they would like to add?

Anti-bullying strategies for refugee students (adapted from Bureau of Refugee and Immigrant Assistance Anti-Bullying Instructional Resources)

- Plan Ahead

Try to avoid walking home alone, and try to have your hands free. Plan your route, including where you can go for safety. If you see the bully coming, change your route immediately. Do not try to tough it out.

- Stand tall

If you are confronted, you may want to cry or yell back, but bullies are hoping for a reaction. Don't show emotions, hold your head up, and keep on walking. If you are in danger of getting hurt, run. Throw something to distract the bully, if you can. There is no good reason why you should stay and fight, unless you are cornered and have to protect yourself. Get out of there.

- Practice calm words

If you are being bullied, it is usually best to say nothing at all to the bully. Move on. If you must respond, act as if you don't care, keep moving, and say these words calmly:

"If you say so." "I have more important things to do. See ya."

- Don't' get physical

Keep hands down, don't hit or kick unless you have to defend yourself — and only if you were physically attacked first. There is no good reason to stay and fight. Be smart and get out of there.

- Tell a trusted adult

Bullying can quickly get worse. If you see or experience bullying, talk to an adult. Think about who you would talk to if you ever need help. If you are afraid that a bully will find out you told, then ask the adult to help you figure out what to do to protect yourself.

- Report Cyberbullying

If bullying is online, don't respond. Keep the evidence and tell an adult immediately.

- Don't bully

Just because it happened to you doesn't mean that you should bully someone else. You know that it hurts to be bullied. Think about how you can help other kids to be safe.

Tips for the trainer

- Explain what bullying looks like - and that they do not deserve to be bullied.

- Recognize that bullying can be based on actual or perceived race, colour, weight, national origin, ethnic group, religion, religious practices, disability, sexual orientation, gender, or sex. Refugees need the opportunity to talk about how they can maintain their cultural traditions and still feel comfortable in the host country.
- Encourage refugees and refugee children to become involved in group activities, but stress that joining a gang is not considered a positive activity.
- Know the civil rights of refugees - and that bullying based on language or national origin is considered harassment.
- Establish systems for confidential reporting. Help refugee children identify a trusted adult in their lives.
- Respond with sensitivity if a refugee reports bullying. Take it seriously, even if the incident seems minor.

Summary of the activity

This activity aims to raise awareness and inform refugees about bullying, its various types and what can be done to tackle it and be protected. Tutoring and discussion will prepare the field for the anti-bullying strategies for refugee students, as bullying in schools is the most common phenomenon.

References

American Psychological Association (n.d) Available at: http://www.apa.org/topics/bullying/

BRYCS (n.d) Refugee Children in U.S Schools: A Toolkit for Teachers and School Personnel. Available at: http://www.brycs.org/documents/upload/bullying.pdf

Bureau of Refugee and Immigrant Assistance (n.d) Anti-Bullying Instructional Resources. Available at: https://otda.ny.gov/programs/bria/documents/WtOS-Anti-Bullying-Resource.pdf

National Centre Against Bullying (NCAB) of Australia (n.d), available at: https://www.ncab.org.au/bullying-advice/bullying-for-parents/types-of-bullying/

Respond to Bullying (n.d) Available at: http://www.StopBullying.gov/respond/on-the-spot/index.html

Annex

In case you are present on a bullying incident

Follow these tips from www.StopBullying.gov (Respond to Bullying)

Do:

- Separate the children/adults involved (if possible)
- Make sure everyone is safe
- Meet any immediate medical or mental health needs
- Stay calm. Reassure the children/adults involved, including bystanders
- Model respectful behaviour when you intervene.

Police or medical assistance may be needed if:

- A weapon is involved
- There are threats of serious physical injury.
- There are threats of hate-motivated violence, such as racism or homophobia
- There is serious bodily harm
- There is sexual abuse.
- Anyone is accused of an illegal act, such as robbery or extortion—using force to get money, property, or services

Activity 9: Homesickness

Rationale

Homesickness or nostalgia is a condition that was first described in relation to its pathological implications in 1688 by the Swiss Johannes Hofer. According to Frigessi-Castelnuovo and Risso (1986), a foreign society with different customs, norms and values can be faced as a threat to one's cultural identity and can cause nostalgia to immigrants. In this regard, homesickness is one of the most common psychosocial problems identified in refugees and immigrants. The feeling of nostalgia can cause emotional, cognitive, behavioural and physical adversities. (Dieterich-Hartwell and Koch, 2017)

Learning outcomes

Learners are able to:

- Analyse and reflect on homesickness
- Promote their culture/tradition and interact/connect with others

Training method applied

Discussion
Group activity

Equipment

- A classroom and a comfortable environment
- Posters-large sheets
- Markers (with colours)

Number of participants: Min. 8 max. 25

Duration of activity: 60 minutes

Description of activity

Make an introduction about homesickness and explain why is normal and common to many people. Then let learners discuss about their homes/countries and share their views.

Then create small groups with refugees from the same country (2-5 persons) and give them a poster in which they will draw their flags, write down their national food/dance/tradition and any other unique characteristic. Then, give to each group 5-10 minutes in order to present their poster and maybe make an exhibition of dancing, song, or something else that they want. Finally, let learners find common characteristics in cultures and say what impressed them from the presentations/exhibitions.

Tips for the trainer

- Be open to all
- Allow everyone to express and present their culture's characteristics
- Highlight the common characteristics between cultures and those with the host country

Summary of the activity

This particular activity will allow learners to remember their country, feel proud about their unique characteristics and learn about other cultures. The development of posters will enhance team spirit and the blending of cultures will create a multicultural environment.

References

Dieterich-Hartwell, R., & Koch, S. C. (2017). Creative Arts Therapies as Temporary Home for Refugees: Insights from Literature and Practice. *Behavioral Sciences*, *7*(4), 69.

Frigessi-Castelnuovo, D.; Risso, M. Emigration und Nostalgia; Cooperative Books: Frankfurt, Germany, 1986. In Rebekka Dieterich-Hartwell and Sabine C. Koch (2017), Creative Arts Therapies as Temporary Home for Refugees: Insights from Literature and Practice