Center for Global Mental Health Equity
THE GEORGE WASHINGTON UNIVERSITY

RESHAPE
mental health

REducing Stigma among HealthcAre ProvidErs (RESHAPE) Training Manual

PhotoVoice Training Manual for People with Lived Experience of Mental Health Conditions and Healthcare Workers Serving as Aspirational Figures

Contents

ACKNOWLEDGEMENTS

The REducing Stigma among HealthcAre ProvidErs (RESHAPE) intervention was developed by Brandon Kohrt, Sauharda Rai, Dristy Gurung, Pragya Shrestha, Manoj Dhakal, Nagendra Luitel, Jaganath Lamichhane, Adesewu Adelekun, and Mark Jordans.

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RECOMMENDED CITATION

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FUNDING

This manual was developed through the support of the U.S. National Institute of Mental Health (Principal Investigator: Brandon Kohrt, K01MH104310, R21MH111280, R01MH120649) and the U.K. Medical Research Council (Principal Investigator: Graham Thornicroft, MR/R023697/1).

To check for updates to this manual and other RESHAPE-related materials and resources, please visit: https://www.gwcgmhe.com/reshape

Acronyms and Definitions

DEFINITIONS

Mental healthcare service users: People with lived experience of a mental health condition who have received mental healthcare services

Aspirational figures: Primary healthcare workers who have completed mental health training and are doing exceptionally well in delivering mental healthcare service

PhotoVoice: A participatory technique for needs assessment, empowerment, and messaging using photographic narratives

Disclosure: Process of making family members, friends or public aware about one's mental health condition

ACRONYMS

AUD: Alcohol Use Disorder

AUDIT: Alcohol Use Disorder Identification Test

CBO: Community Based Organizations

INDIGO: International Study of Discrimination and Stigma Outcomes

mhGAP: mental health Gap Action Programme

MHSU: Mental Healthcare Service User

PANSS: Positive and Negative Symptom Scale of Schizophrenia

PHQ: Patient Health Questionnaire

PWLE: People with Lived Experience of a Mental Health Condition

RESHAPE: Reducing Stigma Among Healthcare Providers

SHOWED: Method in Photovoice that asks questions- What do we **S**ee? What is **H**appening? How does the issues relate to **O**ur lives? **W**hy have these issues arisen? How can we become **E**mpowered? What can we **D**o?

ToTs: Training of Trainers

UNCRPD: United Nation's Convention on the Rights of People with Disability

WHO: World Health Organization

WHODAS: World Health Organization Disability Assessment Schedule

Introduction

This manual is intended to guide the involvement of mental healthcare service users and aspirational figures in stigma reduction activities, improving quality of mental health care in primary settings and facilitating their role in policy level activities. The target groups for this manual are policy makers, mental health intervention coordinators, psychiatrists and psychosocial counsellor trainers, government health officials and advocacy groups of service users.

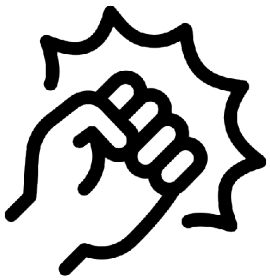
The manual is divided into 4 sections. Section 1 describes the process of using a technique called PhotoVoice- an ethnographic and anthropological research technique designed to facilitate participatory approach, especially for disenfranchised group using photographs as a medium of storytelling and message delivery. This manual uses this technique to train mental health service users and their caregivers through 10 sessions to become facilitators in health care workers training and other community activities like health system strengthening and community awareness. It explains the process of recruiting and training mental health service users in using cameras, writing their recovery narratives, taking pictures related to their recovery narratives and deliver their stories and messages for their audiences. This section is divided into 10 different sessions covering the contents of each PhotoVoice session. Section 2 is the guide for training "aspirational figures". "Aspirational figures" are primary health workers who have been trained in mental health and have been doing an excellent job in delivering mental health care in their community. These health workers go through a training that supports them to be a facilitator in other mental health trainings. This section talks about how they are identified, how their stories are developed and "training of trainers" of training components they will be leading. The last two sections provide examples from Nepal on how MHSUs trained in PhotoVoice trainings were involved in health worker's training (Section 3) and in health systems strengthening processes (Section 4).

Conceptual Framework

REducing Stigma among HealthcAre ProvidErs (RESHAPE) was developed based on the theories from medical anthropology, social psychology, and social neuroscience. The development followed three steps: (1) identification of what matters most to primary care workers; (2) selection of components for the intervention; and (3) identification and training of facilitators for the anti-stigma activities.

Identification of what matters most to health workers

The first step in the RESHAPE process was to identify potential threats into what matters most. We began with general domains: survival, social, and professional threats. We contextualized these threats from ethnographic and other qualitative research on mental illness stigma in Nepal.



SURVIVAL THREATS

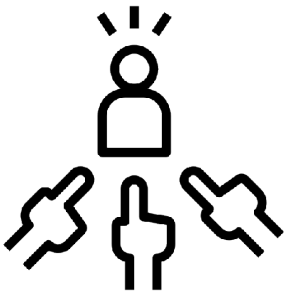
The dominant survival threat was that people with mental illness could be violent and injure or kill someone, including health workers. Other misconceptions may include that some forms of mental illness are considered contagious.

SOCIAL THREATS

Social threats refer to anticipated stigma among healthcare providers that they will be ostracized by co-workers or community members because of associating with people with mental illness. There may be concerns among health workers that those who treat people with mental illness are mentally ill themselves or become mentally ill because of the work. Primary care workers caring for people with mental illness fear that they will become stigmatized. In some health fields, engaging with persons with mental illness is associated with being stigmatized and discriminated against. Because persons with mental illness in rural areas are often excluded from community groups, festivals, and social activities, there is a fear among health workers that they will similarly be shunned in these aspects of life.

PROFESSIONAL THREATS

Health workers also avoid mental health care because they see it as burdensome and ineffective, thus threatening their self-image as a competent healthcare provider. Among health workers some reported that it is not worthwhile to provide care because people with mental illness will discontinue their medication and not follow-up, and some health workers may think that people with mental illness do not have supportive families to assist in their care. Another attitude may be that people with mental illness cannot understand treatment and do not follow health workers instructions. Primary care workers and many of their supervisors may feel that only specialist care or traditional healers would be effective for treatment. Suicide may carry a high stigma. This is partly because in some settings, suicide may be illegal and criminalized and therefore should be dealt with only by police. In addition, health workers may not ask about suicidality because it is a hopeless situation and attribute it to things that cannot be changed such as fate or personality characteristics.



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Icon Source: thenounproject.com

Design of components for the RESHAPE intervention

Five components (service user recovery stories and social contact; aspirational figures; myth busting; stigma didactics; and collaboration) were selected for the RESHAPE intervention based on evidence-supported elements of anti-stigma interventions (see Figure 1).

The 'what matters most' themes were incorporated into each of these components. The anti-stigma components were designed to be embedded within mental healthcare trainings of primary care providers and other health workers.

Component 1:

Service User Recovery Stories and Social Contact

The first component is delivery of recovery stories by service users and caregivers of service users. Service users' participation in social contact interventions has the strongest evidence for stigma reduction. Recovery stories are approximately 7-10 minutes in duration and were followed by 15-20 minutes of questions and answers. Service users all staythroughout the day of their presentation so they can interact with health workers during tea breaks, meals, and energizer activities. Service user recovery stories may be used to were to introduce the experience of service users and caregivers to the health workers in training. Service user recovery stories may be included for the target mental health conditions, such as those conditions in the mhGAP modules: depression, psychosis, alcohol use disorder, epilepsy, etc. The number of service users presenting recovery stories will vary based upon the duration and content of the training.

Recovery stories are developed based on the PhotoVoice method with each story accompanied by photographs taken by the service user. Regarding what matters most, the recovery narratives highlight concepts such as mental illnesses are treatable and that primary care workers play an important role in this treatment, through both medication and psychosocial services. Another topic can be that service users and caregivers are interested in understanding and adhering to the treatment. Consistent across service users' recovery narratives is their ability to engage in economically productive activities after sustained participation in treatment, for example, service users may include photos of farming, raising livestock, and small business opportunities. Younger service users may describe going back to school. Images may depict family functioning such as caring for children, helping with homework, and playing with grandchildren.

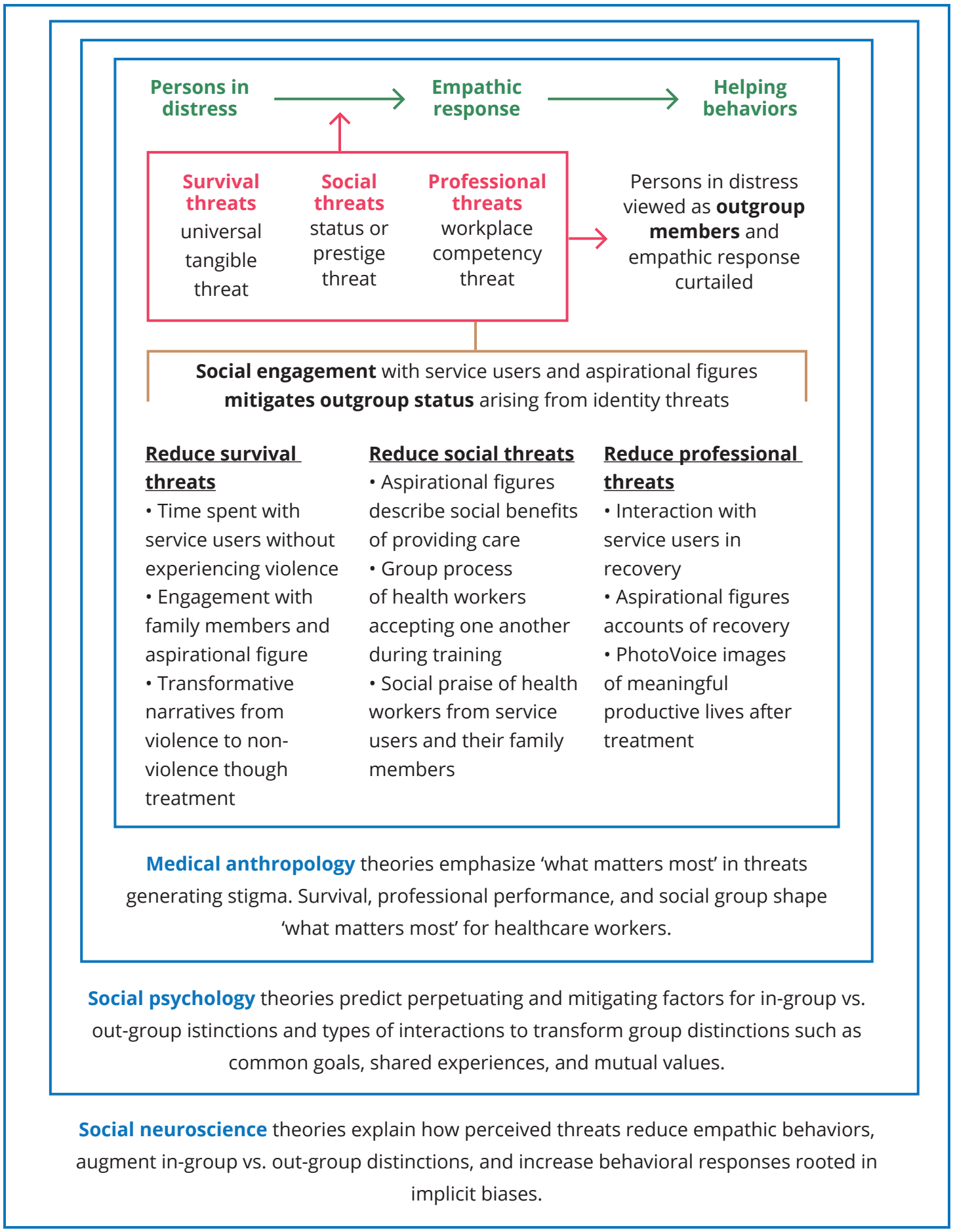


Figure 1. *Conceptual Framework for RESHAPE anti-stigma intervention for healthcare workers.*

Component 2:

Aspirational Figure Recovery Stories

These are individuals who are primary care workers who have been actively engaged in mental health services. Aspirational figures are included because the presence an enthusiastic facilitator is an evidence-supported component. Also, social network theory supports the presence of linking personnel who can bridge health workers with service users. These aspirational figures represent someone "just like me" in relation to the primary care trainees but with the added quality of continually interacting with service users. The aspirational figures are trained to provide a recovery story from the provider's perspective. The first act describes how they treated people with mental illness before undergoing mental health training, the second act describes what they learned in the mhGAP training, and the third act describes how providing mental healthcare has benefited them and their clients. From the *what matters most* perspective, they demonstrated that involvement in mental health care does not result in negative survival, social, or professional consequences. On the contrary, they may describe how it could be beneficial. Their narratives exemplify how primary care workers are able to effectively provide mental health services, and the service users who subsequently provide their narratives are evidence of this.

Component 3:

Myth-busting

Myth-busting is an important part of effective anti-stigma programs. Therefore, the aspirational figures were also trained to present a myth busting session. Based on our what matters most themes, these are eight example statements for myth busting:

1. Mental illness cannot be treated.
2. Mental illness can only be treated with shots and pills.
3. Psychological counseling is no more helpful than just giving generic advice.
4. If you ask someone about suicide, that increases the risk they will kill themselves.
5. All people with mental illness are violent.
6. Mental illnesses are contagious.
7. Only some people can get mental illness; most people can't become mentally ill.
8. Caring for people with mental illness makes health workers mentally ill.

The first four statements address professional threats related to if and how mental illness can be treated, as well as risks of triggering suicide. The next two are survival threats. The last two address social threats related to what type of people do or do not become mental ill, with specific attention to the belief that health workers are 'crazy' if they

treat people with mental illness. The aspirational figure breaks down these statements and demonstrate why they are myths and then present the facts associated with these statements, e.g., asking about suicide is a strategy known to reduce—not increase—risk, and that providing mental health care can help one better recognize their own stress and better address personal mental health promotion.

Component 4:

Stigma Didactics and Discussion

There is an evidence base for understanding what to do and say in relation to stigma. Therefore, one of the program staff members provides an hour-long didactic and discussion session to define stigma and discrimination, to discuss why language matters including avoiding stigmatizing mental health terms, and to reflect upon how mental illness stigma is just one type of the different forms of stigma in society. The goal was for all participants to recognize when they also may have been stigmatized, and thus enhance empathy for service users. A common theme raised (without prompting) by the primary care workers is how some groups in health facilities may get special treatment (e.g., local teachers, political party affiliates, and relatives of the health facility management committee) whereas other types of people got lower quality of care. The United Nations Convention on Rights of Persons with Disabilities is also introduced to draw attention to global guidance on social inclusion, e.g., the right for all persons to have opportunities for meaningful civic and occupational engagement.

Component 5:

Collaborative activity

Collaborative problem solving is based on intergroup contact theory where the two groups work together toward a common goal. RESHAPE focuses on the common objective that health workers want to be seen as good providers in their community and that service users want good quality care provided. Modelled after a jigsaw classroom, healthcare workers, service users, and aspirational figures work together to address anticipated barriers when delivering mental health care. The group brainstorms anticipated problems and came up with joint solutions. For example, primary care workers may raise concerns about loss to follow-up, non-adherence, and lack of support from patient families. Aspirational figures and service users provide suggestions based on their experience, in addition, service users offer to provide support when needed for clients and families who need help understanding recovery and treatment processes.

Publications for further reading:

Kohrt, Brandon A., Elizabeth L. Turner, Sauharda Rai, Anvita Bhardwaj, Kathleen J. Sikkema, Adesewa Adelekun, Manoj Dhakal, Nagendra P. Luitel, Crick Lund, Vikram Patel, and Mark J. D. Jordans. 2020. "Reducing mental illness stigma in healthcare settings: Proof of concept for a social contact intervention to address what matters most for primary care providers." Social Science & Medicine 250:112852. doi: https://doi.org/10.1016/j.socscimed.2020.112852.

Rai, Sauharda, Dristy Gurung, Bonnie N. Kaiser, Kathleen J. Sikkema, Manoj Dhakal, Anvita Bhardwaj, Cori Tergesen, and Brandon A. Kohrt. 2018. "A service user co-facilitated intervention to reduce mental illness stigma among primary healthcare workers: Utilizing perspectives of family members and caregivers." Families, Systems, & Health 36 (2):198-209. doi: 10.1037/fsh0000338.

Kohrt, Brandon A., Mark J. D. Jordans, Elizabeth L. Turner, Sauharda Rai, Dristy Gurung, Manoj Dhakal, Anvita Bhardwaj, Jagannath Lamichhane, Daisy Singla, Crick Lund, Vikram Patel, Nagendra P. Luitel, and Kathleen J. Sikkema. 2021. "Collaboration with People with Lived Experience of Mental Illness to Reduce Stigma and Improve Primary Care Services: A Pilot Cluster Randomized Clinical Trial." JAMA Network Open 4 (11):e2131475. doi: doi:10.1001/jamanetworkopen.2021.31475.

Kohrt, Brandon A. 2020. "Social Neuroscience in Global Mental Health: Case Study on Stigma Reduction in Nepal." In Culture, Mind, and Brain: Emerging Concepts, Models, and Applications, edited by Laurence J. Kirmayer, Carol M. Worthman, Shinobu Kitayama, Robert Lemelson and Constance A Cummings, 440-451. Cambridge, UK: Cambridge University Press.

Kaiser, B. N., S. Varma, E. Carpenter-Song, R. Sareff, S. Rai, and B. A. Kohrt. 2020. "Eliciting recovery narratives in global mental health: Benefits and potential harms in service user participation." Psychiatr Rehabil J 43 (2):111-120. doi: 10.1037/prj0000384.

Section 1

PhotoVoice Training

Overview

Objectives of the training

• Provide knowledge and skills to Mental Healthcare Service Users (MHSUs) and caregivers using the PhotoVoice technique.

• Train the MHSUs and caregivers in telling their recovery stories in larger groups for mental health integration, anti-stigma, community awareness and health system strengthening programs.

Duration of the training

The duration of the training can be determined by the sites based on preparedness of the MHSUs and caregivers to present their PhotoVoice narrative. Ideally, the training consists of 10 sessions; Sessions 1 and 2 are conducted over two consecutive days and Sessions 3-8 are spread out over 2-3 months.. Each session is 7 hours on average (including lunch breaks). Ideally, a gap of 4-7 days between each follow-up sessions is advised; however, this can be decided together with the group based on their availability and feasibility. The gaps between the sessions are provided for participants to reflect on the previous session, finish their homework, and prepare for their next session.

Number of participants

Number of MHSUs and caregivers in the training is determined by their availability in each site. It is recommended that at least 2 of MHSUs and 1 caregiver per MHSU participate in the training.

However, the number of participants should not go over 18 (9 MHSUs and their accompanying 9 caregivers) in each batch. While it is highly recommended that caregivers participate in the training, there may be times when the caregiver is not able to be involved or the MHSUs prefer not to have any caregivers present.

Facilitators for the training

PhotoVoice requires the facilitators to be personally engaged in each of the MHSU's stories and this requires time and engagement throughout the duration of the training. The PhotoVoice trainings can be conducted by:

• **Team members** from local sites who have insights into local language and culture and who are oriented in the PhotoVoice training

• **A previously trained PhotoVoice MHSU** if available. It is ideal to have these previously trained experts available throughout the entire training process to provide support, feedback and inspiration.

• **A psychosocial counsellor or psychologist** in addition to the trainer in all the sessions for distress management.

• Additional helpful participants could include trained **aspirational figures** such as a primary health worker previously trained in mental health with a good mental health service delivery record.

For each training batch, a minimum of two facilitators are required- one being the lead facilitator and another co-facilitator (ideally a psychosocial counsellor or psychologist). For some sessions in the training, it is also possible to bring-in additional facilitators as per the requirement of the topic. In the initial sessions, previous MHSUs trained in PhotoVoice, and aspirational figures can also be invited.

Selection of MHSUs and service users

Selection criteria

• The MHSUs needs to be in the process of recovery with visible signs of improvement.

• Ideally the MHSUs should the come from local community and need to have received treatment from the local primary healthcare facility. However, if in some sites, local MHSUs are not available, then those from outside the program area who have been treated at primary healthcare center can be selected.

• The diagnosis of MHSUs should be confirmed by psychiatrists/psychiatry nurses.

• The MHSUs is considered by her/himself, by the health care provider, and by the family to have improved in functioning since treatment began; they don't need to be fully recovered, but have at least moderate-to-good functioning (the program teams may alternatively use functioning tools such WHODAS to assess their functioning)

• The MHSUs should have previously disclosed his/her mental illness to at least one family member or close friend/relative. If the patient has not disclosed their condition to anyone, then they should work with a psychosocial counsellor/ psychiatry nurse to disclose to at least 1 person before starting the PhotoVoice training

• Ready to have at least 1 family member or close friend/relative come to the sessions.

• Willing to participate in the PhotoVoice training sessions and other training activities voluntarily.

• Intention to reside in the program area for at least one year.

Selection process

Step 1:

Identification

Program teams are encouraged to seek support from local counsellors/social workers or community /non-profit/non-government organizations working in the area of mental health. In sites where programs such as mhGAP or district mental health care programs have been implemented, program teams can seek support from local healthcare workers who have been providing mental health services. The program team can ask them to help identify and connect with MHSUs who have received treatment.

Step 2:

First Contact

It is encouraged to have the first meeting with the MHSUs in a space where they feel comfortable- it can be the health facility where they are receiving treatment, or public space of their recommendation, or program office. The first contact can be set-up by the individual/ organization that helped identify MHSUs and they can be present during the visit if MHSUs feel comfortable. It is encouraged for the first contact to be carried out or accompanied by a counsellor or therapist. Rapport building is an essential part of the first contact and counsellors/therapists can help MHSUs feel at ease to can share their problems comfortably.

• The program team member (e.g., staff counsellor) should explain in simple terms the aims and objectives of the RESHAPE program, about the nature and process of PhotoVoice training and their roles/responsibilities/expectations as participants in the training.

• The MHSUs need to be made clear that this is a voluntary participation, and they are not required to complete the training or participate in any other activities post-PhotoVoice training. It is imperative to stress that they are free to participate in as many sessions as they feel comfortable and can leave the program without having any negative effect on their treatment or other services that they were receiving form the health facilities. Participants should be made aware that dropping out of the PhotoVoice training will not negatively impact their mental healthcare.

• During the first contact, the program staff member can receive verbal consent to participate in the PhotoVoice training. If they want, then counsellors can give them some time to think about their participation in the training and get verbal consent during the second contact.

• The program staff member should also get information on whether the MHSU has disclosed their mental health status to at least one family member or close friend. If yes, the program staff member should encourage the MHSU to bring 1 caregiver to the training. If they have not disclosed their status to anyone, the program staff member can discuss and encourage disclosure to at least one person that they feel most comfortable with.

• Participants are encouraged to talk about the process with their family or caregivers to manage their involvement and expectations during and after the Photovoice training. The program staff

member should provide the option of helping them discuss the process with the family members if requested.

Step 3:

Second Contact

The second contact can be either in-person or through phone/email/WhatsApp (as per recommendation of MHSUs in the first contact) and ideally 3-4 days after the first contact (or as determined by the MHSUs in the first contact). The same program staff member who made the first contact should initiate the second contact. During this contact, any further queries that the MHSUs have regarding their participation, verbal consent (if not given during the first contact), and disclosure to at least 1 person (if discussed during the first contact) needs to be determined.

Step 4:

Diagnosis Confirmation

In situation where the MHSUs were diagnosed and treated by primary healthcare worker or lay health worker, diagnosis confirmation needs to be carried out to check if the diagnosis and treatment provided at primary healthcare facility was correct. This can be done by:

• Trained researchers using psychometric tools such as WHODAS (for functioning), the MINI (for a range of disorders) PANSS (for psychoses), PhQ-9 (for depression and suicidality), AUDIT (for AUD) or any other locally adapted validated tools used in the setting.

• This can also be done by psychiatrists interviewing MHSUs (either in-person or through tele-psychiatry) where psychiatrists record patient history and confirm diagnosis.

This should be done as soon as the MHSUs and caregivers have provided their initial consent of participation. This is done to ensure that a) the MHSUs are telling the story of their actual "condition" (e.g., if an MHSU is telling a story about having "psychosis", but their condition is actually "alcohol use disorder", this may be confusing to health workers in the training) and, b) the MHSUs are getting right care corresponding to their disorder. It is necessary to make sure that every MHSU gets a diagnosis from the psychiatrist and that it matches the diagnosis provided by primary healthcare worker. If not, the psychiatrist should double check whether the participant is receiving the correct treatment and supervise their service provider accordingly.

Once these steps are completed, the formal PhotoVoice session can start with the group of service users and caregivers. Below, the sessions have been broken down into different sub-sections with each sub-section corresponding to the activities of each day of the curriculum. The first session should be ideally residential which will allow the group and the facilitator to bond and know more about each other. This will also help the participants to build mutual trust as they will be spending a lot of time together sharing their personal stories and acting as each other's source of support and inspiration.

Special considerations for safety and care of MHSUs in the training

While notes to facilitators and special tips are mentioned throughout the training sessions described below, facilitators and training organizers should keep the following general points in mind while conducting the PhotoVoice training to safeguard the participants:

• Throughout the training sessions, there should be counselors or therapists present to identify and deal with any distress that might arise in participants while participating in the activities.

• Be clear about the roles of participants from the very beginning.

• Encourage active participation from the participants but do not force them to participate in activities they do not want to engage in during the training.

• Keep reminding the participants that they can choose not to participate or discontinue the training at any point without it affecting their treatment or other health services.

• Keep checking in with the participants about their emotions and wellbeing- especially after emotionally draining activities such as disclosure, narrating or writing recovery story.
• Ask participants to look out for their own and other's well being throughout the training.

• Keep reminding participants that the training is a safe space for them to share their experiences but also ask participants to set boundaries on what they feel comfortable sharing.

• Keep reminding participants throughout the training about maintaining confidentiality and respect for each other.

• Keep reminding the participants about the importance of the work they are doing and how it will help others with similar experiences.

• Inform the participants from the very beginning on what supervision and support are available to them- throughout the training and encourage them to use these supports whenever necessary.

Photovoice Sessions

Day 1: PhotoVoice Session 1 — Duration: 7 hours

S.No.	Topic/Activity	Methodology	Time
1.1	Registration and welcome		15 minutes
1.2	Written consent		20 minutes
1.3	Introduction and icebreaking	Group work/Game Didactic	40 minutes
1.4	Brief introduction of mental health and mental illness	Didactic	20 minutes
1.5	Taking care of your wellbeing	Exercise, discussions	60 minutes
1.6	Mental health stigma and discrimination	Group work, didactic presentation, brainstorm	60 minutes
1.7	Eight common myths surrounding mental illness	Group exercise	20 minutes
1.8	Challenging stigma and discrimination	Discussion	20 minutes
1.9	Disclosure –I	Discussion	30 minutes
1.10	Creating a recovery story	Didactic	60 minutes
1.11	Introduction to camera and taking pictures – I	Didactic and group practice	90 minutes
1.12	Closing the day	Group work	15 minutes
	Lunch and break (anytime in between)		90 minutes

1.1. Registration & welcome

Welcome the participants and thank them for joining the program.

1.2. Written consent

The previous section describes how the MHSUs and their family members should be given at least 24 hours before receiving consent. Verbal consent can be received at an early stage but written consent from all the participants needs to be received during the training.

In this activity, repeat all the information that was provided to MHSUs before recruiting them in the training. Emphasize that they can drop from any part of the training and disclosure activities at any time without it affecting their treatment or other services. Highlight the risks and benefits of their participation along with confidentiality issues. Give some time for questions and discussions.

If the participants want to sign the consent form immediately, facilitate the process. You can also give them the option of reading through it or discussing it with someone else before signing it. For those who do not agree to consent, let them know that they will not be able to continue with the program, however, their other services and treatment will not be affected by their decision.

1.3. Introduction and icebreaking

Note: This section can be modified in each site as per their context and feasibility. Below is an example from Nepal.

• Explain that all of us who have gathered are new to each other but are friends in making. Ask the participants, along with support staffs to form a pair with someone whom they have not met before.

• Give them 5 minutes to ask and note these three questions of their partner: -

- → Name and address
- → Which is your favorite festival and why?
- → What makes you laugh the most?

• Then ask the pair to come together in middle of the hall and present their new friend to the whole group. There might be some who will hesitate to come up in front but encourage them to come up and speak. Explain to them that throughout the session, we will learn how to conquer our fear and nervousness and become comfortable taking the center stage. Thank-everyone for coming out and introducing their partner.

• After the introduction, highlight the group norms that you want all the participants to follow throughout the program. Below are some examples of the group norms (sites can add or edit as per their context):

- → Confidentiality
- → Respect
- → One person to speak at a time
- → Right to pass
- → Non-judgmental approach

→ Sensitivity to diversity
→ Taking responsibility for our own needs
→ Remember your triggers
→ Look out for each other
→ Punctuality
→ Anything else?

It would be a good idea to write them down and stick them in the training hall throughout the PhotoVoice sessions.

• Also, in this activity briefly introduce your organization and the project. Explain to them:

→ That they are getting trained to serve as trainers and facilitators for health workers, community people on mental health – most importantly on making the MHSUs and caregivers understand that mental illness is curable, and they stand as role models.
→ That they have been selected because the counsellors, researchers or the health workers have seen potential in them and congratulate them.
→ All of them will go through 8-10 sessions of training, where they will be trained on a method called PhotoVoice and other skills like creating and presenting stories, public speaking, dealing with disclosure and handling stress.
→ In brief what Photo-voice is. Make them excited about learning to use a camera and take photographs.
→ That during this process, they will be coming out of their shell and disclosing their mental health problems, struggles and challenges to people they have not met before with the ultimate aim to reduce stigma around mental health.
→ Thank the caregivers for their dedication, time and highlight the role they will play throughout the process.
→ That this is something that needs lot of courage and caregivers can play an important part in this.
→ That during the actual trainings, they might face uncomfortable questions, but these sessions will teach them in handling them and there will always be someone to back them.
→ That in any point of this process, anyone has the option of dropping-out but are highly encouraged to discuss their problems and challenges with the organization's staffs/ counsellors present in the training and they will do their best to address it.

1.4. Brief introduction to mental health and mental illness

• It is important to provide an orientation to mental health and mental illness. Although participants live with mental illness, they may have never received appropriate psychoeducation. Provide brief introduction to mental health and illness using pictures and figures (sites to modify this based on the cultural context and literacy level of participants).

• Discuss what mental health and mental illness mean to the participants and how they can be treated. Provide definitions in lay terminologies. Use pictures to list symptoms of mental illness and psychosocial problems. Ensure that they use correct, non-stigmatizing terminologies in describing their illness and problems.

• Reinforce that mental and psychosocial problems are curable and they are the biggest example of that.

1.5. Taking care of your wellbeing

• In this activity, discuss stress, stressors, and mental well-being with the participants. Ask participants about their daily stressors and how it affects their mental well-being. Also discuss how being in the program, disclosure, and speaking out can bring about stress.

• Talk about how they or their caregivers can keep them safe and look after their wellbeing while participating in the program. For signposting, highlight some of the resources available and accessible locally for the participants including the counsellors or health workers available through the program. Some examples can be (derived from Time To Change[1]):

→ Plan ahead before the activity
→ Understand the expectations of the role
→ Think about how you will share your own experience
→ Be mindful of your own wellbeing
→ Look out for others - safeguarding & signposting
→ Think about managing challenging conversations
→ Reflect and check-in after the activity

• Once this is discussed, highlight some exercises that are helpful in relieving and managing stress that they can practice daily. Some of them can be deep breathing, progressive muscles relaxation etc. (Sites can add or modify as per their context).

• Psychosocial counsellor who is at the session can facilitate this. The counsellor can explain that we will be talking a lot about our problems, and it might be difficult for some of us to do so. Teach them a simple breathing exercise to help with relaxation. Ask them to practice it at home too.

1.6. Mental health stigma and discrimination

• In this activity, first, brainstorm the participant's understanding of stigma and discrimination with examples from their experience or from what they have observed in the community.

• Provide definition of stigma and discrimination in lay language- that can easily be understood by the participants. Discuss examples of other areas of stigma and discrimination (gender, caste/ethnicity, disability/health) and brainstorm why such stigma and discrimination occur (Ask them to reflect on whether they have experienced such stigma and discrimination AND whether they have perpetuated them).

• Depending on the size of the group, divide the participants into 3-4 groups. (Note- if the number of participants in some sites is too small, then you can just discuss this all together rather than conducting group work.)
Provide 20 mins for this task

→ Provide each group with large paper for drawing (e.g., poster sheets, newsprint paper).
→ Ask each group to discuss among each other locations of mental health related stigma and discrimination (e.g.- family, community

[1] https://www.time-to-change.org.uk/

spaces, schools, health facilities, religious institutions). Ask them to draw these locations on top of the newsprint.

→ Ask participants to also discuss examples/ experiences of stigma and discrimination and its impacts and map them under each of the drawings of locations. (See example from Nepal in the figure 1 below). It is important to have them describe stigma in healthcare settings in particular.

→ Ask volunteers from each group to show and tell what they have discussed.

→ ***Note: at least 1 facilitator/support staff should present with each group to facilitate the discussion and help them write their discussion points if they cannot write.***

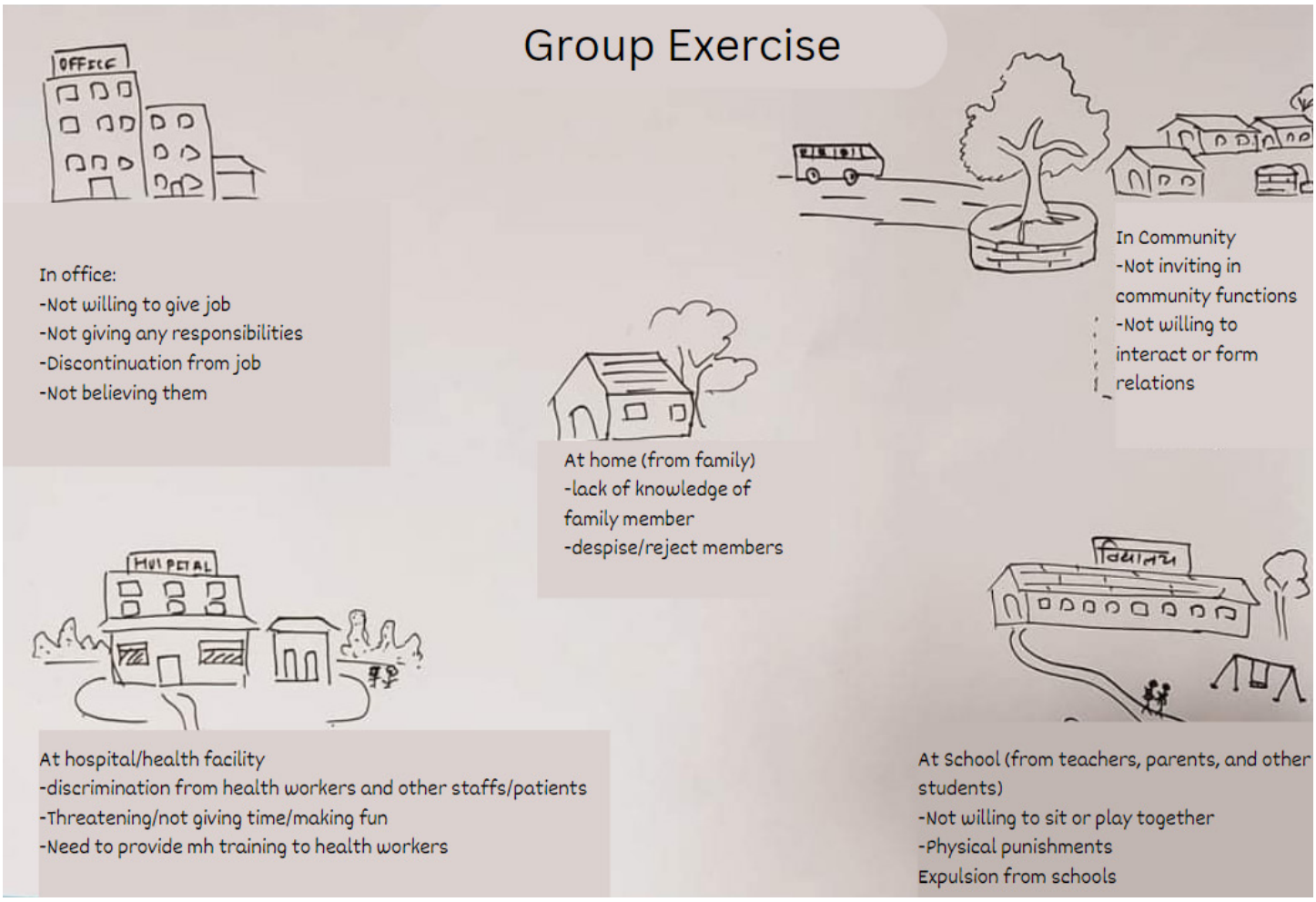


Figure 2: *Example of stigma group exercise conducted in Nepal*

1.7. Myth busting exercise

• This is an important part of the training and we want the participants to remember and reflect on this throughout the program duration.

• Ask all participants to stand up where they are and ask them to take their seat if they agree to the statement or remain standing if they disagree.

• Read each of the statements below one-by-one and after each statement, ask 1 or 2 participants who are seating or standing to defend their views. Once they share their opinion, let all participants know whether the statement is a myth or fact and explain the reason.

- → Mental health conditions are treated only by the psychiatric doctors.
- → People with mental health conditions can be identified by just looking at them
- → Treating people with mental health conditions is burdensome and it is not efficient to treat them at primary healthcare
- → Psychosocial counseling is only about talking to people and giving suggestions
- → People with mental health conditions are always violent
- → If we ever ask a person about their suicide related thoughts or plans, then it will drive people to act upon them.
- → People with mental health conditions cannot work productively and cannot contribute to their family and society.
- → Doctors treating people with mental health conditions are "mad" themselves

• Explain to them that the facts about these myths are not known to many people and it is now our responsibility to change it.

Notes:

• The common myths above are examples from Nepal, but they may vary for each site.[2]

• The mode of this exercise may vary depending on the functioning level and disability of participants. If even one of the participants have disability or low functioning making it impossible for them to stand-up, please make changes to the exercise to suit such participants- such as raising hands

• Try to get local examples: of people they know of as you are explaining these eight points. It could be a local well-known person or someone from their community they recognize.

1.8. Challenging stigma and discrimination

The objective of this activity is to explore different ways to challenge stigma and discrimination faced by them.

• In small groups or in pairs, ask participants to discuss:

- → Different ways in which stigma and discrimination can be challenged (what are different creative ways to challenge and who are the targets?)
- → What might be potential barriers or challenges that they may face while executing these activities?
- → What resources can they identify in their communities to challenge these barriers?

→ Ask volunteers to share their discussions and reflections to the larger groups

• Correct terms to use

→ In the second part, ask the participants to elucidate derogatory terms used for people with mental health problems that they have been referred to or heard somewhere (e.g., Nepali: baulaahaa, paagal, khusket). Make a list.[3]

→ Then ask them to reflect on how they felt when someone used that word on them and make a pledge to not use them again.

→ Provide alternatives for correct terms.

→ Make a list of these terms and stick them in the training hall for the rest of the sessions.

1.9. Disclosure -I

• The objective of this activity is to learn about disclosure and its importance in challenging stigma and discrimination.

• Facilitators can ask volunteers to share their experiences of disclosure (within the family or outside) and discuss:

→ Why did they feel the need to disclose?

→ How did they feel?

→ What were the challenges?

→ What was the outcome of the disclosure (positive and negative)?

→ Did anyone support them and if yes, how?

→ What did they do or could have done to reduce the challenge?

• Summarize the discussion on disclosure and highlight why it is important. Also summarize the various challenges and ways to overcome them discussed by the group.

[2] Please refer to resources, such as the findings from INDIGO-Culture global study, to create your own list of common myths relevant to your context.

[3] Refer to findings from INDIGO-culture to elucidate these terms and facilitate discussion.

1.10. Creating a recovery narrative

The objective of this activity is to help participants start to think about their recovery journey and frame them in concise and clear ways to present to the mass.

• Facilitators should explain to participants that this is the beginning of the main part of the training and the refining and practicing the recovery narrative will continue throughout the next 8-10 sessions.

• Introduce what recovery narrative means to the participants and give example of the recovery narrative through either live presentation (by previously trained MHSU) or using video narrative. *[**Note:** Each site can explore if there are previously trained MHSU who would be able to come and facilitate the session or if there are any short videos of approx. 10 mins where MHSUs share their story]*
After the presentation, discuss:

→ What was being said?

→ How did they say it?

→ Key skills that they used to narrate their story (structure, content, presentation skills)?

• Explain different ways of sharing one's experiences and stories (e.g., Through pictures, videos, songs/poems, speech, presentations etc.). Also remind them that the main aim of the training is to prepare them so that they can share their stories comfortably using pictures and presentation.

• Ask the pair of service user and their caregiver to sit together and discuss among themselves their illness and recovery process. Provide following structure to help them construct the narrative in a more concise manner:

→ During their struggle with mental health problems: What were the symptoms, what was the effect on their personal life and on their family. What were the problems for their treatment (did they go to other places like traditional healers?)

→ During treatment: How did they get in touch with the treatment, how did the health workers, family and friends help them, what challenges did they experience in their treatment?

→ After treatment/Current situation: How is their life different then before? What things can you do which you could not do before? Any other things they want to share beside their mental health problems and recovery story?

• Provide notebook and pen to each pair of service user and caregivers and ask them to write down their narratives according to the structure provided above. [Note: If both MHSU and their caregiver cannot write, then staff must be present to assist them]

• Facilitators should go around each pair and provide advice and inputs.
Ask the participants to reflect on the example presentation (live or video) and use it to help them construct their narrative.

• Ask if any pair wants to come in front and present their story. Remind everyone that everyone will be asked to do it during the duration of the training multiple times.

• Encourage them to participate in this activity even if they don't think that they will go on to narrate their story in front of the mass in the future. Assure them that this is just an initial step and throughout the sessions, they will receive additional training, practice, and tips on how to

polish their narrative and presentation.

• Also, highlight the importance of confidentiality to the participants and reflect on the group norms set at the beginning of the session.

Note: Some of them might say that they can tell their story without writing it. Explain to them the importance of structuring their story as they have a very limited time (7-10 minutes approx.) and they do not want to miss out the important points in their story. Facilitators can refer to the recovery story checklist in ***Appendix 1***- to check if the story has covered all aspects that the program wants to cover while participants structure or present their story. The checklist is very comprehensive and all of the points in the checklist might not be applicable to all the service users.

1.11. Introduction to camera and taking pictures - I

The objective of this activity is to familiarize participants with use of digital camera and taking pictures.

• Hand the digital camera to each pair of MHSUs and their caregiver [Note: if they already have smart phones with good camera in it, you can ask them to use their own phones. It is also good to check with participants how familiar they are with using cameras and taking pictures. If all the participants are familiar with taking pictures using their phone or digital camera, then you can end this session early.]

• Once, everyone has a camera with them, demonstrate each of the following process -

→ Turning the camera ON and OFF
→ How to focus, zoom in and zoom out
→ When and how to use flash
→ How to check the battery and the charging process
→ How to take pictures
→ How to see the photos they have taken.
→ How to keep the camera safe and clean: from water, animals, kids, theft, breakage
→ How to check memory. (Note: make sure the camera has enough memory before giving the participants, but always a good point to teach them to check and free the memory).
→ Taking pictures of other persons- seeking consent before taking picture
→ Ask the participants to practice each of this process after you demonstrate
→ They can take pictures of the training hall or outside the hall if it is feasible

• Assign them task for the next session- ask them to take 2-3 good pictures and bring them to the session on the next day. Remind them that they should seek consent before they take pictures of any other person.

• Tell them that they need to present their picture in the next session by explaining what was in the

1.12. Closing

Close the Day 1. Ask the participants to volunteer to give his/her summary of the day and provide any suggestions or changes the group felt was required. Wrap up the day.

Note: as mentioned in the beginning, it is recommended that the first two sessions (Session 1 and 2) be a residential program. After the end of Day 1, make arrangements for the participants to come together for bonding during dinner and other informal activities.

Day 2: PhotoVoice Session 2 Duration: 7 hours

S.No.	Topic	Methodology	Time
2.1	Welcome and reconnecting with participants	Didactic	5 minutes
2.2	Recap of previous sessions	Reflection and discussion, Q&A	25 minutes
2.3	Introduction to camera and taking pictures-II	Didactic, Presentation, Practice	60 minutes
2.4	Confidentiality and consent	Discussion	30 minutes
2.5	Public speaking	Group work and practice	45 minutes
2.6	Taking quality pictures- practice	Group work	60 minutes
2.7	Describing the pictures- practice	Group work	60 minutes
2.8	Home assignments and instructions	Didactic and Group work	30 minutes
2.9	Closing the day	Didactic	15 minutes
	Lunch and break (anytime in between or at the end)		90 minutes

2.1. Welcome

• Thank-everyone for coming on time.

• (If appropriate and feasible) Reward those who are on time and request others to be on time so that we can start things as scheduled and we won't be late to go back home.

2.2. Recap of Day 1

The objective of this session is to recap and reflect on the previous session, answer any questions that arise, or discuss any issues or discomforts.

• Ask participants to reflect on Day 1

• Ask some participants to voluntarily summarize the topics and activities covered in day 1

• Ask other participants to voluntarily share how they felt while participating in day 1- discuss especially any discomforts felt by the participants during the previous session

• Encourage participants to ask questions if they have any confusions on the topics and activities of day 1

2.3. Introduction to camera and taking pictures-II

This is a continuation of the session from day 1. The objective of this activity is to make the participants comfortable in using the camera and taking good quality pictures. This session will also help them understand how pictures can help amplify their stories.

• Ask the participants if they were able to take pictures the evening before and if 2-3 participants would want to volunteer to present their pictures (ask them to choose 1 picture to present if they have taken multiple pictures)

→ Ask the participants to first describe what is in the picture and why they chose the picture **without** displaying the picture to other participants.

→ Then download the picture in the computer being used for the training and project it for everyone to see

→ Ask the participants to describe again what is in the picture and why they chose to present that picture

→ Ask the presenter and the viewers the difference in description with and without the pictures being displayed

→ Discuss which was more effective and why

• Summarize the presentations and comment on the quality of the pictures along with the importance of pictures in telling a story

• Next, describe briefly which areas can be improved to take quality picture. Mainly comment on:

→ Proper lighting and why it is important: provide examples from previous presentation or other general pictures (see picture 1 in **Appendix 2**). Also give examples of how they can change their angles and directions to make the picture clear/better quality (see picture 2 and 3 in **Appendix 2**)

→ Getting closer to the subject/object: How getting close to the subject/object helps to focus on them rather than the background (see example pictures 4 and 5 in **Appendix 2**)

→ Shooting vertically vs horizontally:

horizontal or vertical placement of camera to capture the full picture (see example pictures 6 and 7)

→ Taking pictures at eye level of the subject/ object (see example pictures 8 and 9)

→ Leaving space around the subject/object (see example pictures 10 and 11)

*[**Note:** you can use the example pictures provided or replace them with your own pictures or maybe even from the ones taken by the participants in the earlier session]*

• Summarize the session and ask if the participants have any questions

• Let the participants know that they will be practicing taking pictures in future sessions as well and to reflect on these guidelines to take quality pictures

2.4. Confidentiality and consent

• One of the most important topics to discuss with MHSUs and caregivers is confidentiality and consent. Although this topic is covered on session 1, it is helpful to bring the topic again to remind the participants that they have the option of being as involved as they feel comfortable. Some may want to take pictures but not present or some may just want to participate in the training. Similarly, some may not want to share some details of their recovery narrative while others might feel comfortable doing so. It is important for facilitators to remind the participants that although disclosure is an important part of the stigma reduction process and it is a significant aspect of the program, it is important to respect other's comfort zones and how much they want to share or participate. The facilitators can again remind them that they have the option of backing out during any step of the process. Also, assure and remind everyone that they have the ground rules of confidentiality in place and that this should be a safe space for people to share what or how much they feel comfortable. Explain to them-

→ that through the PhotoVoice process, they will be coming-out and disclosing themselves.

→ that they have the flexibility to keep certain things in their recovery process undisclosed.

→ none of their information will be disclosed without their prior consent

→ throughout the session, at anytime, the participants have the flexibility to opt out of the process if they feel that their confidentiality is being violated.

→ more explanation on the importance and contents of the consent form.

→ impact on their life and family once they have decided to come-out and making them aware that they will be taught about disclosure and distress management.

• Another thing to remind the participants is getting consent for all photographs taken if they involve people. If they are going to include family members, friends, neighbors, employers, health workers etc., then they need to use the consent form (see example in Appendix 3). Otherwise, the photos should not include faces of recognizable people.

2.5. Public speaking

The objective of this activity is to help participants comfortably and confidently present their pictures and their narrative stories in front of an audience.

• Most of the MHSUs and Caregivers might not have spoken in front of people. But now they are being trained to speak in front of a large number of people, many of whom they have never met. They are also talking about their recovery narratives/personal stories which might be difficult to tell in front of strangers and they may face uncomfortable and challenging questions. Thus, this is a very important section for building confidence along with teaching them about delivering their stories right.

• Before the start of the session: -

→ Acknowledge that public speaking is an art, and it takes practice.

→ It is okay to practice first within this closed group.

→ All of them will have plenty of practice and time left to go outside and speak up.

→ It is necessary to open your mind and take feedback from the facilitator and colleagues.

• Discuss with participants main points they want to think about while speaking in front of an audience:

→ Understand the audience - Try to understand the audience you are talking to. For example: for PhotoVoice, you will be talking to health workers who are knowledgeable about medication names and conditions. So, it is fine to talk about the names of the medications. But if you are talking in the community, it will not make sense if we talk about complex medications.

→ Purpose: Be clear on what the purpose of your presentation is. Create a sentence or two and state that in the beginning of your talk.

→ Structure of the speech: Prepare the structure of your speech. The intro - body and conclusion phase. For example, here - Purpose of your talk, then the three parts of the body - During MH problem, during the treatment and recovery. Refer to the PhotoVoice checklist to structure the speech.

→ Getting your audience's attention: Get their attention by looking at them, making eye contacts, body posture and moving from one place to another instead of sitting idly in one place. And describing their photograph.

→ Repeat key things: Repeat the most important messages that you want the audience to understand. For example - here - MH can be cured, it is not communicable. Strong start and end well.

• Next ask a couple of participants to present the recovery narrative that they had written down on session 1.

→ Actively encourage participants to participate and acknowledge that this takes a lot of courage, especially in the beginning

→ Let the participants know that they may feel shy or distressed but that this is a safe space and even if they make mistakes, it is a platform to learn and grow.

→ Demonstrate ways they can calm their nerves such as deep breathing exercise.

→ Give praise and positive reinforcements to participants who did volunteer to present their recovery narrative

→ Ask participants to provide feedback based on the key points discussed earlier in the session

→ Remind them that the feedback should focus on both positive aspects as well as room for improvements

→ Remind participants to make full use of the photographs and try to link their story as much possible with their photos.

→ Remind participants to be kind and empathetic while giving feedback!

• Summarize the session and emphasize that they will be practicing similar exercise throughout the training sessions in the future as well.

2.6. Taking quality pictures-practice

• Review the camera use and get their feedback on using the camera. Ask them about:

→ If they enjoyed taking pictures.

→ Did they have any difficulty in camera functioning?

→ Did they have any problems taking the pictures of the subject?

→ Did they take any pictures of a person? If yes, how did they get their consent? Was it difficult?

• Now once again ask them to again go back outside and take few pictures. Provide them a "theme" for the picture. The theme could be anything. e.g., nature, things I love, food I love to eat. Example themes: - something that reflects your job, pollution in your city/village and how you see it?

• The important thing is that the participants should be able to connect the picture they have taken with the theme provided to them.

2.7. Describing the pictures-practice

• Once the participants are back, ask the participants to describe the photo and link them with the theme provided.

• Encourage all the participants to present.

• When the participants are presenting, keep linking their presentation to "public speaking" and keep on encouraging them. Tell them that this is just the beginning, and they will improve over time and how they are doing a great job.

2.8. Home assignment and instructions

• Assign a homework for the participants. Give them a theme. The theme could be “Any picture in their home and community that relates the best with the most important thing in their life”

• Provide digital cameras to participants who do not own any camera or who don’t have smart phones with good camera.

• Let the participants know the objective of handing them camera and ask them to handle the camera safely.

• Also, let them know that they can use the camera to take personal pictures but remind them that the pictures may be accessed by the program staffs while downloading pictures related to the assignments.

• Ask the participants to start taking the pictures related to the theme provided and be ready to describe it during the next PhotoVoice session.

2.9. Closing

• Wrap up the session by summarizing what has been accomplished throughout the two-day program and what we aim to achieve in the next sessions.

• Ask participants to reflect on the day and how they felt throughout the day. Ask especially about any discomforts felt and discuss on what triggered the discomfort and what can be done to reduce them in the next sessions.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staffs to remind them and also to let them know the logistical details of the next session.

[Note: Prior to session 3, program staff need to check-in with the participants on their progress with taking pictures and to remind them of the training date and venue. They also need to remind them that they need to bring their camera and pictures they took when they come to the next session. It would also be a good idea to create a safe space to have individual participants personally talk about their experience in the first two days of the training.]

Day 3: PhotoVoice Session 3 Duration: 7 hours

S.No.	Topic	Methodology	Time
3.1	Welcome and reconnecting with participants		30 minutes
3.2	Review of previous sessions	Didactic and Group discussion	30 minutes
3.3	Review of Stigma and myths	Didactic and Group discussion	30 minutes
3.4	Recognizing Strength	Didactic and Group discussion	30 minutes
3.5	Introduction to Showed Method in PhotoVoice	Didactic	45 minutes
3.6	Practice of Showed- presentation of pictures based on home assignment	Group work	120 minutes
3.7	Home Assignment for next session	Didactic and Group work	30 minutes
3.8	Closing	Discussion	15 minutes
	Lunch and breaks (anytime in between)		90 minutes

3.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share on how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomforts or any positive experiences they faced in the family or community due to their participation in the training.

• Discuss in brief about the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation exercise (deep breathing) or grounding exercises if the participants seem agitated [Note: these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]

• Ask participants to hand over the pictures they took as part of their home assignment from the previous session. *[**Note:** while the session 3 formally starts, ask staffs present in the training to upload the pictures handed by participants in the laptop for presentation]*

3.2. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the sessions 1 and 2 and ask them to summarize.

• Briefly go through main topics that were covered during the residential (or non- residential) training of sessions 1 and 2.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

3.3. Review of stigma and myths

• Review the stigma component again as this is going to be the most important topic in this process.

• Briefly go through the myths and facts related to mental illness again.

• Ask if the participants will be able to discuss these myths with their family members, friends and neighbors in their community. Discuss whether people around them hold these myths or are they aware. Ask which myth they think is more prevalent in their community?

• Ask participants to think about possible barriers that would make the conversation on myths and facts difficult with these people and how they can overcome these barriers.

• Provide example of Sailu from Nepal (see text box below) and discuss:

→ What myths were prevalent in Sailu's family?
→ What is the fact?
→ Are similar myth present in your family and community?
→ How can this be challenged?

EXAMPLE

Sailu is a mental health service user with history of epilepsy. Her family has been very supportive on her treatment and recovery process and encourages her to take part in mental health promotional activities. However, Sailu once mentioned in the training that her in-laws did not allow her to feed her children from her own plate because they thought that her children will be contaminated with the problem she had before i.e., epilepsy. Sailu believed the same thing until she came for the training. Once she got to know that mental illness is not contagious, she explained it to her in-laws and family. They hesitated initially but after the psychiatrist validated this to her caregivers, they are okay with it now. Many forms of stigma take place because of lack of proper knowledge.

3.4. Recognizing strength

The purpose of this session is to make the participants identify and acknowledge their strength. This exercise may help them to identify their strengths and encourage them to bring positive changes in their own lives as well as others around them.

• Ask participants to reflect on three strengths or talents they have within them. Give them some time to think about this. These strengths or talents can be in anything- empathy, problem solving, cooking, singing, writing poems etc.

• Also ask them to think about any one situation where they were able to use this strength or talent in their life.

• While they are thinking and reflecting, read them the story of strength (provided in the text box below) to reflect on how everyone has some form of strength inside them

• Ask the participants to share their strength and the situation where they were able to use them and how they felt at that moment

• Encourage the group to show appreciation by recognizing their strengths and explaining why these strengths are valuable

At the end of this session, provide this take home message:
"No matter what, everyone has their own set of strength and talents. We need to identify and appreciate it. Through PhotoVoice session, we will learn to do that and use it for reducing mental health stigma in our community"

STORY OF A STRENGTH:

The facilitator can use this story to illustrate how everyone has some form of strength inside them.

Once there was an elephant who was creating big chaos in the jungle. The animals decided that they have to come together to teach the big elephant a lesson and thus organized a meeting. The tiger said – "I could have killed him with my paws, but he is too big, and he can easily crush me". The snake said – "His skin is too thick to bite him". There was no animal who could teach him a lesson. Among the participants, there was this little ant who was ignored by everyone. Finally, she came forward and said that the is going to teach the elephant a lesson. Everybody laughed at her because they thought she was a tiny little creature with no strength and power. But they gave her a chance.While the elephant was sleeping, she quietly crawled over to the elephant's ear and went inside his ear. She bit the soft sensitive part of the elephant and the elephant growled with irritation and anger. She told him that she will stop only if he promises to not trouble other animals in the jungle again. The big mighty elephant was in great pain, and he had no option than agreeing with the small ant. The other animals were surprised. They could have never realized the strength of the ant. Everyone has a form of strength in themselves, no matter what. It is necessary to identify and acknowledge the strength of everybody.

3.5. Introduction to SHOWED method in PhotoVoice

• Introduce the showed method to the participants.

• Stress that this is an important tool while presenting pictures that they took and that they will practice using this method to present their pictures throughout the training period.

In PowerPoint or in a chart write down what SHOWED stands for (see SHOWED picture below). Display a photo to the participants (it can be any example picture) and explain to the participants:

→ What each component of SHOWED methods are with examples

→ How it will be used in PhotoVoice training and future presentations.

→ How is SHOWED method different from normal photo presentation. Explain that SHOWED method is more descriptive and allows the presenter to relate the photos with the theme they are talking about.

*[**Note:** The facilitator should prepare beforehand and come up with a picture of his/her own life/theme. Then explain the picture using the SHOWED method]*

Figure 3. *SHOWED method in Photovoice*

3.6. Practice of SHOWED methods - presentation of pictures based on home assignment

The objective of this session is to help participants share the pictures that they took and practice presenting their pictures using the SHOWED methods.

• Ask participants to come to the front of the group and present the pictures that they took from the home assignment using the SHOWED method.

• Encourage the participants by reiterating that this is just practice and it is a safe space.

• Inform the participants that it might be difficult for them to link the photos to all six components of SHOWED method and that is because not all pictures can be linked to the 6 components all the time. However, tell them that other participants and the facilitators will support them during their practice.

• After each presentation, praise the efforts of the participants.

• Wrap up the session by explaining to the participants that when they are telling their recovery stories, they will be using this method to describe their photos and link it with the recovery and stigma theme.

3.7. Home assignment for next session

• Similar to previous session, give assignment to the participants to complete before the next session.

• Inform the participants about the theme for the assignment- “Life before treatment and the struggles during the mental illness”

• Ask participants to recall the recovery story that they wrote in session 1. If they want, then provide them the copy of the story that they had written down on the session.

• Ask the participants to take pictures that reflect what they had written on the first part of their story- life during the illness. These can be:

→ The symptoms that they had during that period

→ How the illness impacted their daily functioning

→ How it affected their relationships with their family and friends

→ Stigma and discrimination

→ What treatment methods did they try (e.g., traditional healing, hospital visits, alternative treatments etc.)

• Inform the participants that they can take as many pictures as they want that reflects the theme, however, they need to select 3-4 pictures to present in the next session.

• Also, remind the participants about the consent process while taking picture of subjects. If there are any pictures showing a “person” it is necessary to take their consent first. Provide them with the

photograph consent form. ***(See Appendix 3)***

• Finally, remind the participants of the discussions they had about myths and facts earlier in the session and ask them to talk to at least 1 new person in their family or community about these myths and facts.

3.8. Closing

• Ask the participants to review the main points from the session and summarize what they learned

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice the self-care tips (breathing, progressive muscle relaxation etc.) even when they get home.

• Discuss what can be done in next sessions to reduce their discomfort.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staffs to remind them and also to let them know the logistical details of the next session.

Note: Ideally, it is best that the next session is planned 3-4 days later as this gives time for participants to work on their assignment but isn't too far apart for them to forget takeaway messages from previous session. Prior to session 4, program staffs need to check-in with the participants on their progress with taking pictures and to remind them of the training date and venue. They also need to remind them that they need to bring their camera and pictures they took when they come to the next session

Day 4: PhotoVoice Session 4 Duration: 7 hours

S.No.	Topic	Methodology	Time
4.1	Welcome and reconnecting with participants	Group discussion	30 minutes
4.2	Review of previous sessions	Didactic and Group discussion	30 minutes
4.3	Review of Stigma and myths	Didactic	20 minutes
4.4	Understanding Stress and how to cope with it	Didactic and Group discussion	45 minutes
4.5	Review of SHOWED method	Didactic	15 minutes
4.6	Practice Presentation “Life before treatment”	Group Presentation	120 minutes
4.7	Challenges of participation in training	Group work	45 minutes
4.8	Home Assignment and instructions	Didactic and Group work	30 minutes
4.9	Closing	Discussion	30 minutes
	Lunch and breaks (anytime in between)		90 minutes

4.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share on how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomforts or any positive experiences they faced in the family or community due to their participation in the training.

• Discuss in brief about the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation exercise (deep breathing) or grounding exercises if the participants seem agitated [Note: these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]

• Ask participants to hand over the pictures they took as part of their home assignment from the previous session. [Note: while the session 4 formally starts, ask staffs present in the training to upload the pictures handed by participants in the laptop for presentation]

4.2. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the session 3 and ask them to summarize.

• Briefly go through main topics that were covered during session.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

4.3. Review of stigma and myths

• Review the stigma component again as this is going to be the most important topic in this process.

• Briefly recap the myths and facts and ask participants if they were able to talk to any new person in their family and community about the myths and facts. Ask about and discuss:

→ What did they talk about and with whom?

→ What was the most common myth identified?

→ Why do they think those myths are prevalent?

→ Did the person/people have any reservations when they tied the myths with the facts?

• Facilitators can also talk about example of stigma and myths in their community OR give example from Nepal (see text box below) and ask if such

myths are prevalent in their community.
[Note: It is important to signpost local helplines and referral centers if participants are talking about suicide]

• Summarize and close the discussion

Majority of participants in a mental health training mentioned that it is wrong to talk to a person who has suicidal feelings. They mentioned that if they start talking about it, the person will feel more suicidal and thus might commit suicide anytime. So, they thought that the best way to deal with such a situation is to ignore it and let the person deal with their feelings themselves. This was a myth that was highly prevalent not only with in the participants but also within the community. Participants were surprised to learn that it was important to talk about suicide to people who may have ideations and listen to them carefully. They were also surprised that there are free hotline/helpline numbers for suicide in Nepal.

4.4. Understanding stress and how to cope with it

The objective of this session is to help participants understand about symptoms and causes of stress and ways in which they can cope with it.

Note: this content and presentation of the session can be tailored based on the cultural context of sites and as per the recommendation of counsellor/therapists but in general the session can cover the topics provided below.

• Discuss and brainstorm with participants their understanding of stress and examples of situations that triggers stress in their life

• Discuss about the positive and negative stressors and its examples. Some examples may include: stress during exams or stress of going to work on time (positive).

• Explain about various symptoms of stress (physical, emotional, behavioral) and its causes
Ask participants to sit in pairs and then with each
• other discuss:

→ A situation that caused immense stress to them – explain about the scenario, their physical, emotional and behavioral response to the stressor

→ How did they cope with it? What did they do? What resources did they use?

• Ask participants what they learned from each other about stress and ways to cope with them. Were they similar or different?

• Discuss positive and negative coping giving examples from what participants shared

• Brainstorm what helps are available if they find it difficult to cope with stress and who could support them. Some of the sources of support could be:

→ Caregivers/family members
→ Friends
→ Counsellors
→ Psychiatrists
→ Local health workers
→ Hotline/helpline numbers
→ Activities like listening songs, taking a walk, reading.
→ [Add/remove as per the available resources in the site]

• Summarize and close the discussion

4.5. Review of SHOWED method

• Briefly ask participants what they recall about SHOWED method and its 6 components (what do you SEE, what is HAPPENING in the picture, how does this picture relate to OUR life, WHY have these issues arisen, how can we come EMPOWERED, what can we DO)

• Recap and summarize the main learning from the SHOWED method and ask participants to remember this while presenting their pictures.

4.6. Practice presentation: "Life before treatment"

• Now based on the SHOWED method, ask participants to come to the front of the group and present the pictures that they took from the home assignment "life before treatment".

• Encourage the participants by reiterating that this is just practice and it is a safe space.

• Inform the participants that it might be difficult for them to link the photos to all six components of SHOWED method and that is because not all pictures can be linked to the 6 components all the time. However, tell them that other participants and the facilitators will support them during their practice.

• There might be instances when the photos taken by the participants might not refer to the exact theme provided to them. Explain them the importance of linking the photos with the theme provided.

• Choose some of the good photo examples from the group and use it to showcase the life-before-treatment theme it to the group.
If there are any photos, that has people in it, ask them about how they approached the person and got their consent to take photos. Collect the consent form.

• After each presentation, praise the efforts of the participants.

• Ask participants if the SHOWED method helped them create better description of pictures or if it was more difficult

• As some other participants in the group to provide feedback to presenters and remind them to be kind and empathetic while providing feedback.

• Remind participants to take care of their emotional and look inwards as some of the

presentations may be emotionally triggering *[Note: the counsellors present in the training need to be observant of the participants emotional wellbeing throughout the presentation process and intervene if necessary]*

• Summarize and wrap up the activity.

4.7. Challenges of participation in training

• The objective of this activity is to understand various barriers and challenges faced by participants due to their participation in the PhotoVoice training and identify possible ways to mitigate them.

• Break the participants into group of 3-4 participants per group. Then ask them to discuss about:

→ Challenges while coming to the training – including transportation, caregivers support, time management, managing family responsibilities.

→ Challenges to understand the content of the training – including presentations, reading, pace of the session.

→ Challenges on taking photographs – including using camera, taking care of it, finding good photo subjects, taking consent of people.

• Facilitators can go around each group to facilitate the discussion
Ask participants to share what they discussed in each of the areas- logistics, content, taking pictures

• Discuss and brainstorm with participants what can be done to help mitigate these challenges

EXAMPLE

One of the major challenges mentioned by the service users/caregivers to participate in the PhotoVoice training was problems in transportation. Many of them had to travel far to get to their home and the local vehicle to go there was very limited. One of the participant's last departure to his home's nearest bus stop was 4pm and he had to walk another 1 hour to reach home. He was scared of the wild animals walking in the dark. So, everyone decided that they will start early and wrap up the session by 3:30 pm. The facilitator also agreed that he will schedule the content accordingly and finish it by 3:30 pm. In case the session got longer, those who lives far away will leave by 3:30 and will get the homework (the last part of the sessions) through phone.

4.8. Home assignment for next session

• Similar to previous session, give assignment to the participants to complete before the next session.

• Inform the participants about the theme for the assignment- "Life during the treatment phase"

• Ask participants to recall the recovery story that they wrote in session 1. If they want, then provide them the copy of the story that they had written down on the session.

• Ask the participants to take pictures that reflect what they had written on the second part of their story- treatment phase. These can be:

→ Who were the point of contact for treatment? How did they come into contact with them?

→ Were they prescribed medicines, and did they take it?

→ Did they receive counselling/therapy sessions? Its importance

→ Role of health workers and counsellors

→ Behaviors of health workers towards them during treatment- confidentiality, providing time during session etc.

→ Challenges during treatment phase and how they overcame them- issue with family, treatment adherence etc.

→ Role of caregivers during the treatment (caregiver's perspectives)

• Inform the participants that they can take as many pictures as they want that reflects the theme, however, they need to select 3-4 pictures to present in the next session.

• Also, remind the participants about the consent process while taking picture of subjects. If there are any pictures showing a "person" it is necessary to take their consent first. Provide them with the photograph consent form. ***(See Appendix 3)***

4.9. Closing

• Ask the participants to review the main points from the session and summarize what they learned

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice the self-care tips (breathing, progressive muscle relaxation etc.) even when they get home.

• Discuss what can be done in next sessions to reduce their discomfort.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staffs to remind them and also to let them know the logistical details of the next session.

Note: Ideally, it is best that the next session is planned 3-4 days later as this gives time for participants to work on their assignment but isn't too far apart for them to forget takeaway messages from previous session. Prior to session 5, program staffs need to check-in with the participants on their progress with taking pictures and to remind them of the training date and venue. They also need to remind them that they need to bring their camera and pictures they took when they come to the next session.

Day 5: PhotoVoice Session 5 Duration: 7.5 hours

S.No.	Topic	Methodology	Time
5.1	Welcome and reconnecting with participants	Discussion	30 minutes
5.2	Administer Service User Collaboration Checklist.	Individual discussion	60 minutes
5.3	Review of previous sessions	Didactic and Group discussion	60 minutes
5.4	Disclosure - II	Group work	30 minutes
5.5	Practice Presentation “Life during treatment phase”	Group Presentation	120 minutes
5.6	Homework assignment for next session	Didactic and Group work	30 minutes
5.7	Closing		30 minutes
	Lunch and breaks (anytime in between)		90 minutes

5.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share on how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomforts or any positive experiences they faced in the family or community after returning from the training because of their participation in the training.

• Discuss in brief about the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation exercise (deep breathing) or grounding exercises if the participants seem agitated *[Note: these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]*

• Ask participants to hand over the pictures they took as part of their home assignment from the previous session. [Note: while the session 5 formally starts, ask staffs present in the training to upload the pictures handed by participants in the laptop for presentation]

5.2. Administer Service User Collaboration Checklist

SU checklist is a list of 11 questions (**see Appendix 4**) that helps to track unintentional adverse consequences of participation encountered by participants during their involvement in PhotoVoice training. It includes domains including family support, stigma, economic productivity and symptoms presentation and helps the trainers to identify and address potential challenges.

• Find a proper space to administer this checklist for all participants. This can be done by any training staff.

• If any challenges that need immediate attention are identified e.g. adverse distress, family conflict; contact the clinical supervisor for necessary intervention.

5.3. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the session 4 and ask them to summarize.

• Briefly go through main topics that were covered during session.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

5.4. Disclosure- II

• The objective of this activity is to review the previous discussions on disclosure and its challenges. It also aims to practice disclosure through roleplay.

• Recap the discussions they had on disclosure on the first session of the training and ask participants if any of them have tried disclosing to new people since they participated in the training. Ask them about:
Their experience of disclosure
What and/or who motivated them to disclose
What was the outcome

• Summarize the discussion.

• Divide the participants into groups of 4 (if large group) or if small then all of them can be part of the same group

• Ask each group to come up with one scenario where they are going to disclose their illness (to a friend/family member/members of community) and come up with a roleplay.

• Give them some time to discuss the scenario, who is going to play what roles, and what they are going to say. Facilitate this preparation by giving advice and tips.

• Ask each group to come in front and do the role-play on disclosure.

• Praise each group for their efforts and discuss issues that came up in the role play
Ask those doing the role-plays about their experience of role-playing

• Summarize and close the discussion by highlighting the importance of disclosure to fight stigma and hope that they would be able to do what they did in the role-plays in their real life. But also let them know that this is a voluntary and they should only disclose how much they want to or to whom as long as they feel safe.

Example shared in a PhotoVoice Training by a service user:

Dolma (name changed) is a farmer who has been taking medication for depression since the last 5 years. People in her community knew about her problem from the time when it was at its peak and have seen her grow from her worst to now stable condition. She wanted to be in a local advisory group to find community solutions to deal with the problem of increasing use of insecticides and pesticides. However, her nomination was rejected when other people questioned about her capacity to be a part of the “advisory committee” considering her problem with mental illness.

5.5. Practice presentation: "life during treatment phase"

• Based on the SHOWED method, ask participants to come to the front of the group and present the pictures that they took from the home assignment "life during treatment".

• Encourage the participants by reiterating that this is just practice and it is a safe space.

• Inform the participants that it might be difficult for them to link the photos to all six components of SHOWED method and that is because not all pictures can be linked to the 6 components all the time. However, tell them that other participants and the facilitators will support them during their practice.

• There might be instances when the photos taken by the participants might not refer to the exact theme provided to them. Explain them the importance of linking the photos with the theme provided.
• Choose some of the good photo examples from the group and use it to explain it to the group.

• If there are any photos, that has people in it, ask them about how they approached the person and got their consent to take photos. Collect the consent form.

• After each presentation, praise the efforts of the participants.

• Ask some other participants in the group to provide feedback to presenters and remind them to be kind and empathetic while providing feedback.

• Remind participants to take care of their emotional and look inwards as some of the presentations may be emotionally triggering *[Note: the counsellors present in the training need to be observant of the participants emotional wellbeing throughout the presentation process and intervene if necessary]*

• Summarize and wrap up the activity.

5.6. Home assignment for next session

• Similar to previous session, give assignment to the participants to complete before the next session.

• Inform the participants about the theme for the assignment- “Life after the treatment”

• Ask participants to recall the recovery story that they wrote in session 1. If they want, then provide them the copy of the story that they had written down on the session.
Ask the participants to take pictures that reflect what they had written on the second part of their story- treatment phase. These can be:

→ What are the changes they have seen in terms of their illness (reduction of symptoms)?

→ Impact in their relationships (changes in quality of relationship with family, friends, colleagues)

→ Changes in their functioning and productivity (at home, work)

→ Other positive changes in their lives from their perspective

• Inform the participants that they can take as many pictures as they want that reflects the theme, however, they need to select 3-4 pictures to present in the next session.

• Also, remind the participants about the consent process while taking picture of subjects. If there are any pictures showing a “person” it is necessary to take their consent first. Provide them with the photograph consent form.

5.7. Closing

• Ask the participants to review the main points from the session and summarize what they learned

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice the self-care tips (breathing, progressive muscle relaxation etc.) even when they get home.

• Discuss what can be done in next sessions to reduce their discomfort.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staffs to remind them and also to let them know the logistical details of the next session.

[Note: Ideally, it is best that the next session is planned 3-4 days later as this gives time for participants to work on their assignment but isn’t too far apart for them to forget takeaway messages from previous session. Prior to the next session, program staffs need to check-in with the participants on their progress with taking pictures and to remind them of the training date and venue. They also need to remind them that they need to bring their camera and pictures they took when they come to the next session]

Day 6: PhotoVoice Session 6 Duration: 6.5 hours

S.No.	Topic	Methodology	Time
6.1	Welcome and reconnecting with participants	Discussion	30 minutes
6.2	Review of previous sessions	Didactic and Group discussion	30 minutes
6.3	Connection, collaboration, and communication	Game/activity	30 minutes
6.4	Photo presentation based on SHOWED	Group presentation	120 minutes
6.5	Practice writing recovery stories	Group Work	60 minutes
6.6	Summary and closing	Discussion	30 minutes
	Lunch and breaks (anytime in between)		90 minutes

6.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share on how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomforts or any positive experiences they faced in the family or community after returning from the training because of their participation in the training.

• Discuss in brief about the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation exercise (deep breathing) or grounding exercises if the participants seem agitated
*[**Note:** these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]*

• Ask participants to hand over the pictures they took as part of their home assignment from the previous session.
*[**Note:** while the session formally starts, ask staffs present in the training to upload the pictures handed by participants in the laptop for presentation]*

6.2. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the previous session and ask them to summarize.

• Briefly go through main topics that were covered during session.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

6.3. Connection, collaboration, and communication

• The goal of this activity is to strengthen connection, collaboration, and communication of the participants among themselves.

• Ask participants to stand side by side on a straight line

• Place a rope in front of the participants on the floor (If rope is not available, then any other materials can be used, or facilitators can draw a straight line in front of the line formed by the participants

• Give instructions to the participants that they will read out a statement and if the statement relates to them then they need to step in front of the rope or marked line.
*[**Note:** facilitators need to prepare a list of statements that fits locally beforehand. Start with fun and simple statements such as- you love sports, you like coffee,*

you have laughed out loud at least once throughout the day and move to more complex or serious statements- I am tired, I am afraid of disclosing...]

• Read the statement aloud one-by-one and each time ask the participants who can relate to the statement to "cross the line".

• Ask participants who have crossed the line to communicate why they did so with examples or reasons. Ask other participants to comment and provide feedback on what to do or who can support where applicable.

• Then those who have crossed the line goes back to their original position behind the line before the facilitator reads out another statement. Repeat the process.

• Ask feedback and reflect on the activity with the participants. Highlight how you might feel that things you like/dislike or what emotions you have may seem unique, sometimes there are other people having same likes/dislikes or similar emotions even if the reasons are different. Stress on the need to communicate with others and connect with them, and together people can work through problems and challenges.

6.4. Photo presentation based on SHOWED

• Based on the SHOWED method, ask participants to come to the front of the group and present the pictures that they took from the home assignment "life after treatment".

• Encourage all participants to present by reiterating that this is just practice and it is a safe space.

• There might be instances when the photos taken by the participants might not refer to the exact theme provided to them. Explain them the importance of linking the photos with the theme provided and provide feedback on which pictures fit best with the theme.

• Choose some of the good photo examples from the group and use it to explain it to the group. If there are any photos, that has people in it, ask them about how they approached the person and got their consent to take photos. Collect the consent form.

• After each presentation, praise the efforts of the participants.

• Ask some other participants in the group to provide feedback to presenters and remind them to be kind and empathetic while providing feedback.

• Remind participants to take care of their emotional and look inwards as some of the presentations may be emotionally triggering *[**Note:** the counsellors present in the training need to be observant of the participants emotional wellbeing throughout the presentation process and intervene if necessary]*

• Summarize and wrap up the activity.

6.5. Practice Writing recovery stories

• The objective of this session is to restructure the recovery story written by participants in session 1 according to the pictures that they have taken

• Ask the participants to revisit the story that they wrote on session 1 and revise it again now that they have a set of photos that depicts “Part 1. Life before treatment”“Part 2. Life when beginning treatment” and “Part 3. Life now in recovery.”(See example of translated story from Nepal in text box below)

• Remind the participants to revise the story so that:

→ It matches with the story shown in the pictures they have chosen

→ It is succinct – as each presentation should be between 7-9 minutes

→ It still covers most of the themes mentioned in the recovery story checklist ***(Appendix 1)***

• Assist the participants who are not literate to write and structure the story

• Facilitators should go around each pair of MHSU and caregivers giving advice and tips.

• Wrap up the session by informing the participants that they will practice presenting the pictures that they took over the past few sessions and narrating the stories that they just wrote in the next few sessions.

EXAMPLE FROM NEPAL

Namaskar (Nepali greeting) to all the people. Before treatment, I used to lie almost unconscious on floor, felt lazy, had pain in the body, experienced vomiting, and had no hunger. I used to buy chowchow (local Nepali packaged food) and gave it to my children. I didn't cook food for my family, and as a result, my husband used to feel hesitant to go outside. I didn't like to wash my clothes. First time I went to a hospital for my treatment, the doctors said that there are scratches in the brain. I take medicine for four years. I went to the traditional healers for my treatment. I gave chickens to traditional healers and to the person responsible for my care. After that I was not cured, and I felt that I will die. I didn't like to stay at home, didn't feel sleepy at night, and wanted to go to away from my family. At that time my sister-in-law and brother-in-law said that two people are saying about "mann*" related things and about Epilepsy. Then they told me that I can get treatment from the health post. Afterwards, I went to the local hospital in which the hospital representative gave me the organization's phone number (local mental health organization working in the area). After getting treatment from there I am getting better. The local health worker gives me counselling and she helped me a lot. I am practicing many exercises and I am getting better. I get help from my husband, son and mother-in-law and I feel like I am becoming a butterfly after treatment. I can fly on my own which I couldn't in the previous stages. I can cook food for my family. I feel hungry now. My children don't need to get food from outside restaurants. I can cook and feed them. My children's education is not affected, and they are studying well. I am cured. I can work without the help of my husband. My confidence level has increased. I am not like how I used to be in the past, I am a butterfly. After treatment I am healing, and I am doing my daily activities regularly and I am very happy.

**Mann is a Nepali word that represents the 'heartmind,' a Nepali construct for feelings and emotions- different from 'brain-mind' where most mental illness is believed to take place.*

Home assignment for next session

• For the participants who haven't come up with pictures that fits the theme- life before treatment, treatment phase, and life during recovery phase, or those whose photo quality is poor, ask them to take more pictures as a home assignment

• Ask participants to recall the recovery story that they have now restructured and rewritten and try to match it well with the pictures.

6.6. Closing

• Ask the participants to review the main points from the session and summarize what they learned

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice the self-care tips (breathing, progressive muscle relaxation etc.) even when they get home

• Discuss what can be done in next sessions to reduce their discomfort

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staff to remind them and also to let them know the logistical details of the next session

[Note: Ideally, it is best that the next session is planned 3-4 days later as this gives time for participants to work on their assignment but isn't too far apart for them to forget takeaway messages from the previous session. Prior to the next session, program staff needs to check-in with the participants on their progress with taking pictures and to remind them of the training date and venue. Do not forget to remind them to bring their camera and any pictures they took to the next session.

Day 7: PhotoVoice Session 7 Duration: 6 hours

S.No.	Topic	Methodology	Time
7.1	Welcome and reconnecting with participants	Discussion	30 minutes
7.2	Review of previous session	Didactic and Group discussion	30 minutes
7.3	Review of public speaking	Discussion, didactic	30 minutes
7.4	Practice presentation- polishing the story	Group presentation	150 minutes
7.5	Closing	Discussion	30 minutes
	Lunch and breaks (anytime in between)		90 minutes

7.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomforts or any positive experiences they had faced in the family or community after returning from the training because of their participation.

• Discuss in brief the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation exercises (deep breathing) or grounding exercises if the participants seem agitated
*[**Note:** these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]*

• Ask participants to hand over the pictures they took as part of their home assignment from the previous session.
*[**Note:** Before the session formally starts, ask staff present in the training to upload the pictures handed by participants on the laptop for presentation]*

7.2. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the previous session and ask them to summarize.

• Briefly go through main topics that were covered during session.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

7.3. Review of public speaking

• Revisit the session on public speaking and review the key lessons from the session. Highlight the main things to consider during a presentation:

• Understand the audience - Try to understand the audience you are talking to. For example, for PhotoVoice, you will be talking to health workers who are knowledgeable about medication names and conditions. So, it is fine to use the medication terms. But if you are talking in the community, it will not make sense if we talk about complex medications.

• Purpose: Be clear on what the purpose of your presentation is. Create a sentence or two and state that in the beginning of your talk.

• Structure of the speech: Prepare the structure of your speech. The intro - body and conclusion phase. For example, here - Purpose of your talk, then the three parts of the body - During MH problem, during the treatment and recovery. Refer to the PhotoVoice checklist to structure the speech.

• Getting your audience's attention: Get their attention by looking at the members of the audience, making eye contact, body posture and moving from one place to another than sitting in one place. Connecting with the photographs.

• Repeat key things: Repeat the most important messages that you want the audience to understand. Start strong and end well.
For example, MH conditions can be cured, they are not communicable.

• Assure the participants that they have come a long way since they first started and have shown significant improvements

• Ask them to consider these public speaking tips while presenting their pictures and narrating their stories

• Highlight that practice is the key, so ask everyone to PRACTICE!

7.3. Practice presentation - polishing the story

• Similar to practice presentations in previous sessions, ask each participant to come in front and present their recovery story through pictures and narratives.

• Encourage all participants to present, especially those who have not done it before this session, by reiterating that this is just practice and it is a safe space.
• At this point, facilitators need to check:
  → If the stories capture the recovery theme and the checklist
  → If it addresses stigma component
  → If pictures are of good quality and are well presented using SHOWED method
  → If the pictures link well with the recovery story being narrated
  → If they are using skills learned in the public speaking
  → If they are timing their presentation and each component is given equal time/priority.
  → If they are using any stigmatizing terms.

• Provide detailed feedback according to the checklist above and ask if they want to give another try in presenting.

• Ask other participants to provide feedback as well and ask them to be kind and empathetic while doing so.

Note: from this session onwards, facilitators should focus on polishing the stories and practicing the presentation. Work with each MHSU and caregiver separately, if needed, to

7.5. Closing

• Ask the participants to review the main points from the session and summarize what they learned

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice self-care (breathing, progressive muscle relaxation etc.) even when they are at home.

• Discuss what can be done in next sessions to reduce their discomfort.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staff to remind them and also to let them know the logistical details of the next session.

Day 8: PhotoVoice Session 8 Duration: 6 hours

S.No.	Topic	Methodology	Time
8.1	Welcome and reconnecting with participants	Discussion	30 minutes
8.2	Review of previous session	Didactic and Group discussion	30 minutes
8.3	Tackling difficult questions	Didactic	30 minutes
8.4	Practice presentation- tackling difficult questions	Group presentation	150 minutes
8.5	Closing		30 minutes
	Lunch and breaks (anytime in between)		90 minutes

8.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share on how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomforts or any positive experiences they faced in the family or community after returning from the training because of their participation.

• Discuss in brief about the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation exercise (deep breathing) or grounding exercises if the participants seem agitated
*[**Note:** these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]*

8.2. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the previous session and ask them to summarize.

• Briefly go through main topics that were covered during session.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

8.3. Tackling difficult questions

The objective of this session is to prepare the participants in dealing with difficult or uncomfortable questions that might come after their presentations.

• Explain to participants that when they present their stories to a bigger audience, there might be difficult and uncomfortable questions. It is also possible that the audience might not agree on what they say and ask them personal questions that may touch on topics that are sensitive or may warrant answers that reveal more than what they are comfortable with.

• Ask participants what kind of questions they may be asked that might be difficult for them to answer. (Examples could be- their use of illegal substances or involvement in illegal activities during the before treatment phase, personal relationships, reasons for relapses etc.)

• List the questions on the board or newsprint.

• Discuss with participants on possible ways to deal with each of these difficult questions. Mainly highlight:

→ They are not expected to be experts in

mental health and so may not have all the answers to their illness, which is okay

→ Not to be nervous while answering questions- take some time, think, and answer calmly

→ Be confident- you are the expert of your own lives!

→ Plan on how much you are willing to share and which aspects you would rather not; calmly state that those aspects they rather not share with the audience and move on to next question. If something is uncomfortable, it is always okay to refuse answering.

→ Be mindful of your wellbeing- if some questions or interactions trigger stress, politely end the conversation

→ Do not engage in an argumen. Smile and hand over the session to the facilitators to present.

→ There is always someone to back them up in the trainings.

→ Know your audience – Dealing with a health worker might be different than dealing with a policy maker.

• Remind them to enjoy the conversations but if they are having difficult time, it is okay to stop

• Also remind them to check-in with each other and with the counsellors after having the difficult conversation

8.4. Practice presentation- handling difficult questions

Note: for this session, bring in few new program staff, or health workers who haven't interacted much with the participants or who may be new to them.

• The objective of this session is to polish their stories as well as practice presenting in front of new people where they may be asked difficult questions.

• Prepare a group of new people as audience. It could be the staff of the organization, aspirational figure they have never met before or anyone who has been well oriented about the structured roles they must perform. Ask some of them to be easy and some difficult to deal with- who asks difficult questions

• Similar to previous sessions, ask participants to present in front of the audience.

• Once the participant presents their story to the new audience, they will be posed with difficult or uncomfortable questions. The list of questions should be prepared in advance and provided to the audience to ask. The questions will be related to the participant's life and will be prepared by the facilitator, who knows the story well. (See example questions in the text box below)

• Once this session is done, ask the new audience members to give their feedback on how their questions were answered and if they were satisfied with it. Ask them to thank and appreciate the service users for answering those questions and give them feedback.

Examples of inappropriate questions

Q – What changes do you think did your wife feel after you stopped drinking alcohol? Do you think she was already tired of your drinking?

Q – You say you are recovering now. But what would you do if you get into a situation where all your friends are drinking and you have access to free alcohol?

Q – What personal difficulties did you face because of this mental health problem? Have you ever tried committing suicide? Can you describe the experience?

Q – What would you have done if your family had not supported your enough?

Q – Are you sure you took all your medicines on time? Most of the people I know do not do that, so I doubt you did it.

Q – How can you say that counseling helped in your recovery as much as medicines did?

8.5. Closing

• Ask the participants to review the main points from the session and summarize what they learned

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice the self-care tips (breathing, progressive muscle relaxation etc.) even when they get home.

• Discuss what can be done in next sessions to reduce their discomfort.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a reminder call from the program staff at least 2 days before the next session to let them know the logistical details.

Day 9: PhotoVoice Session 9 Duration: 5.5 hours

S.No.	Topic	Methodology	Time
9.1	Welcome and reconnecting with participants	Discussion	30 minutes
9.2	Review of previous session	Didactic and Group discussion	30 minutes
9.3	Practice presentation – being flexible	Group presentation	150 minutes
9.4	Closing		30 minutes
	Lunch and breaks (anytime in between)		90 minutes

9.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect on how they are feeling being back to the training session after the short break

• Ask participants to reflect and share any challenges or any positive experiences they had faced in the family or community after returning from the training because of their participation

• Discuss in brief about the experiences and what can be done in the coming sessions to reduce any challenges

• Conduct relaxation (deep breathing) or grounding exercises if the participants seem agitated
*[**Note:** these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]*

9.2. Review of previous sessions

• Ask participants if they recall what topics and activities were covered during the previous session and ask them to summarize.

• Briefly go through main topics that were covered during session.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

9.3. Practice presentation – being flexible

Note: This whole session is dedicated to practicing and finalizing the recovery narratives and getting ready to tell their narratives to people outside their group. Throughout the eight sessions, the MHSUs and Caregivers have been taught about different parts of recovery stories and ways to deliver them. The stories might require to be changed as per the program's requirement of service users and caregivers that will be attending. For example, in a place where there is a shortage of medicine and it is necessary to inform the local community and policymakers, it might be necessary for the service users to focus on the part where they had problems with access to regular medication or had problems affording it. For another community, where there is a high level of stigma on suicide, the same story can be framed where the focus will be more on how the service user saved his/her life because someone came to talk about it and they got the required help. In this session, the MHSUs will be taught to add this flexibility in their stories.

• Ask other external observers within the organization to participate in this session to providing the service users with additional feedback.

• Praise the participants on their efforts to present their recovery narrative. Assure them that they have improved quite a lot over the sessions.

• Explain to participants that the objective of the training is to bring flexibility to their presentation based on settings and scenarios.

• Ask each participant to come to the front and present their recovery narrative using their pictures that they took. Provide a setting or a scenario to each participant and ask them to modify their presentations slightly to touch on the setting or scenario (for example, presenting in front of municipality leaders who make decisions about medication supply, or presenting in front of the community health volunteers who are responsible for detecting and referring cases)

• For each participant, give a scenario and ask them to stress certain part of their narrative that would fit the situation or scenario or their target audience better (for example, the importance of continuous medicine supply for presenting to municipality leaders, or sharing how they were identified by community volunteers and referred to primary healthcare facilities if presenting to the volunteers)

• After the presentation, ask the audience for feedback.

• Praise the efforts of the presenters and tell them they are ready to give presentations wherever and whenever they want!

9.4. Closing

• Ask the participants to review the main points from the session and summarize what they have learned.

• Ask them to reflect on how they are feeling at the moment and whether they felt discomfort at any point during the session. Remind them to take care of themselves and ask them to practice the self-care tips (breathing, progressive muscle relaxation etc.) even when they get home.

• Discuss what can be done in next sessions to reduce their discomfort.

• At the end of this session, inform the MHSUs and caregivers that the next session is going to be the final session of the training before going to the field to tell their stories.

• Discuss feasible dates for next session that would work for most of the participants. Inform them that they will receive a call at least 2 days ahead from the program staffs to remind them and also to let them know the logistical details of the next session.

Day 10: PhotoVoice Session 10 Duration: 5.5+ hours

S.No.	Topic	Methodology	Time
10.1	Welcome and reconnecting with participants	Discussion	30 minutes
10.2	Review of previous session		
10.3	Review and recapping the training	Didactic	30 minutes
10.4	Service user rights and movement	Didactic	60 minutes
10.5	Practice presentation	Group Work	120 minutes
10.6	Closing the training and farewell	Group Work	as required
10.7	Exit interviews and filling out service user collaboration checklist		as required
	Lunch and breaks (anytime in between)		90 minutes

10.1. Welcome and reconnecting with participants

• Welcome back the participants to the new session of the PhotoVoice training

• Thank everyone for coming and showing interest in the training

• Ask participants to reflect and share on how they are feeling coming back to the training session after the short break

• Ask participants to reflect and share any challenges/discomfort or any positive experience they had faced in the family or community after returning from the training because of their participation.

• Discuss in brief the experiences and what can be done in the coming sessions to reduce any challenges.

• Conduct some relaxation (deep breathing) or grounding exercises if the participants seem agitated
*[**Note:** these exercises or games should be carried out whenever facilitators feel the need throughout the training as the discussions might be emotionally heavy on the participants]*

10.2. Review previous sessions

• Ask participants if they recall what topics and activities were covered during the previous session and ask them to summarize.

• Briefly go through main topics that were covered during sessions.

• Ask the participants if they have any questions or concerns

• Summarize and wrap up the discussion

10.3. Review and recapping the training

• Ask participants what were the most memorable activities and topics covered in the training and why

• Try to review and recap the main points of most of the essential topics:
- → Mental health and mental illness
- → Stigma and discrimination
- → Myths and facts regarding mental illness
- → Disclosure
- → Public speaking
- → Stress and coping
- → Looking in and taking care of wellbeing
- → SHOWED method
- → Tackling difficult questions

• Ask if the participants have any questions on any of the topics.

• Summarize and wrap the discussion

10.4. Service user rights and movement

Note: ideally this session should be facilitated by service user advocates but if that is not feasible, incorporating a short video or online interaction/ experience sharing with advocates would be helpful.

• The objective of this session is to help participants become aware of their rights as persons with mental health problems and the mental health service user movements taking place in the country

• Discuss with participants the various discrimination and violation of human rights they have experienced or observed especially for people with mental disabilities (see example from Nepal in text box below)

• Ask what Acts, policies, legislations they are aware of those helps secure their rights

• Briefly talk about and present UNCRPD (if it has been ratified by your country) and other laws and legislations specific to your site (Mental health acts, Disability acts, health policies etc.). Highlight and discuss:

→ The main articles/sections that defines the rights of MHSUs

→ How do they help overcome the discrimination and challenges faced by MHSUs?

→ How do these conventions and laws affect the participants?

→ How to get involved?

• Ask advocates to share about the history, context, and status of service user movement in their country

• Discuss together importance and impacts of such movements

10.5. Practice presentation

• Ask the participants to do their final practice presentation.

• Check to see if they had signed consent for videography. Ask for permission to take videos of their presentation for the purpose of review in the future.

• Provide feedback and praise participants on their improvement.

10.6. Closing the training and farewell

• Let the participants know that they have come to the final part of the training. However, inform the participants that they will be contacted in the future where they will be asked about their interest in doing their presentations for different audiences, such as health workers, health volunteers and community leaders.

• Explain that not everyone will be contacted to participate in the upcoming events. Participants will be called based on their availability, interest, feasibility etc. and the number will be determined as per the event.

• Ask the participants to provide their feedback and reflection of the whole process and how that has impacted their life. Also ask the caregivers to share their part of the story.

• Organize a small formal event for the whole group. Some leaders or decision-makers from their community may also be invited to congratulate the participants on graduating from the PhotoVoicetraining.

10.7. Exit interviews

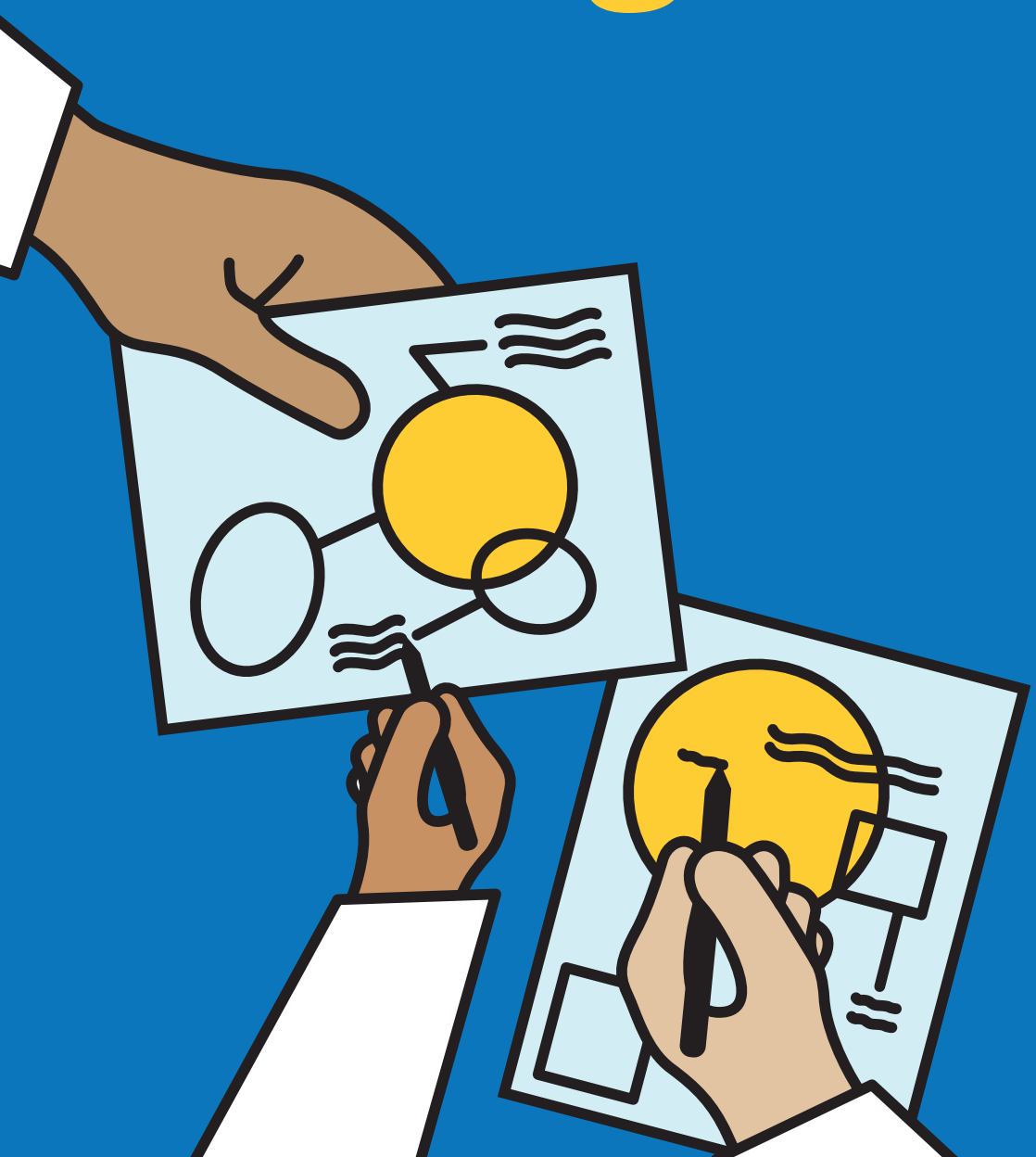
• Inform the participants about the exit interviews and their objectives.

• Remind the participants that this is voluntary, and they can choose not to do the interviews or can leave the interview at any point.

• Conduct exit interviews with participants (See sample exit interview guide in **Appendix 5**)

Section 2

Aspirational Figures



Overview

Aspirational figures can be any health-worker (preferably of the same area) who has completed mental health training and is doing exceptionally well in delivering mental health service in his/her area. The objective of having aspirational figures in the health worker training is to provide a case example of health worker who has been successful in getting trained and using the experience to integrate mental health work in their health post.

Identifying aspirational figures

In Nepal, health workers who have been trained in mental health gap action program (mhGAP) in different districts through different organizations working in mental health in Nepal. Aspirational figures can be an inspirational figure who have been trained in mhGAP. Similarly, in other sites, primary healthcare workers who have received mental health training (mhGAP or other training specific to site's context) may be selected as aspirational figures.

Inclusion criteria for aspirational figures include:

• Should be a primary healthcare worker (as per each site's definition)

• Should have completed the mental health training and supervision

• Should have attended to at least 5 successful mental health cases after the training

• Should be a respected and inspiring member of the community

• Should consent to participate in the training

Aspirational figure sessions

Aspirational figures training is a 6-hour training which can be spread out in 1-3 days, depending on the timing and schedule of the aspirational figures. For each aspirational figure training, an ideal number of participants is 7-8. As the aspirational figures are being selected, it is necessary to prepare a heterogenous group – a pool of aspirational figures in terms of gender, post, experience, and qualifications.

Objective of the module

At the end of this training, the participant health workers will be able to:

• Define mental illness and mental health in clinically correct and simplest way possible for people who have done none or little work in mental health care in health care service.

• Understand different kind of mental health stigma.

• Agree on using local non-stigmatizing mental health terminologies in their training, practice and everyday life.

• Have a standard format of their story on getting trained and providing mental health care in their health posts.

• Work collaboratively with mental health service users trained in photovoice during training and advocacy works.

S.No.	Topic	Methodology	Time
1	Welcome and objectives	Didactic	30 minutes
2	Ice-breaking and group norms	Group discussion	30 minutes
3	Understanding mental health and mental illness	Didactic and Group discussion	60 minutes
4	Understanding mental health stigma	Didactic and Group discussion	60 minutes
5	Local mental health terminologies	Group discussion	60 minutes
6	Writing stories	Individual work	30 minutes
7	Presenting stories & feedback session	Group discussion	60 minutes
8	Mental health stigma myth-busting	Didactic	30 minutes

1. Welcome and objectives

• Welcome and thank everyone for taking their time to take part in the program.

• Explain to them that they have been chosen from a huge pool of health workers because of their exceptional contribution in integration of mental health service in primary health care in Nepal and now will be working in training next cohort of health workers like them.

• Conduct a short introduction of all the participants – name of their health posts, when they were trained in mental health and duration they have been working in mental health.

2. Ice-breaking and group norms

Ice-breaking session (Can be different per site; below is an example from Nepal)

• Explain that all of us who have gathered might know each other but there might be someone whom they have not met before.

• Even if they have already met, this exercise would be a nice start for bonding. Ask the participants, along with support staffs to form pair with someone whom they have not met before.

• Give them 5 minutes to ask and note these three questions of their partners and come in pairs to present their new friend to the whole group –

- → Name and address
- → Favorite festival
- → What makes you laugh the most?

Group norms

• Explain to the participants that throughout the sessions, we all will remain with a group norm which we will create together.

• Since it is created through everyone's participation, all the participants will adhere to it. Bring out a chart and ask the participants to elucidate the norms.

• At the end, ask if everyone agrees to the norms created and stick the chart paper in the hall where everyone can see.

3. Mental illness and mental health

Group discussion: Mental illness and mental health group work

Although all the participants will have previous training in mental illness and mental health, we can use this session to revisit the content on the definition of mental illness and mental health. This should give the module a nice way to kick-start the session.

• Ask the participants to discuss the following question in group

Note: if the number of participants is more than 5, this can be conducted as group work by dividing the participants into smaller groups

- → How do you define mental illness and mental health?
- → How is mental illness and mental health defined in your local community? E.g., in relation to the local culture and tradition.
- → What is the best definition you use to define mental health for your clients and their caregivers?

Didactic: Mental illness and mental health

Revisit following topics through PowerPoint presentations:

• Mental illness and mental health

• Different type of mental illness: E.g., Depression, Epilepsy, Bipolar, Anxiety, Psychosis, Alcohol Use Disorder, Suicide.

• Mental illness and mental health in United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

• Signs and symptoms of mental illness

• Common causes of mental illness

• Identification and Treatment of mental illness.

[Note: Sites can modify the content based on the content of the mental health training the aspirational figures had previously received]

4. Understanding mental health stigma

Group discussion: Group mapping exercise
What is mental health stigma and why do we discriminate/stigmatize?

• Create a group and give them a newspaper print and markers. [If the number of participants is more than 5, then divide them up in smaller groups and conduct the activity]

• Ask them to think about their local community, create a community map and locate places where they think where most of stigmatization comes from.

• The group should brainstorm about the kind of stigma people feel in these places, whom it comes from, why do they think that the stigma comes from.[See session 1.6 of the Photovoice training with MHSUs for details]

• Ask the participants to present their diagram and discuss among the different groups.

• Use this discussion to transit to another topic of health care stigma.

Why is it important to talk about stigma in health care?
Explain the importance of talking about stigma in health care:

• Health workers might not be interested enough to learn about skills to treat mental health problems.

• Limited delivery of mental health service in health posts.

• Possibility of low quality of mental health treatment.

• Present the 9 different types of stigmas in health posts.

Types of stigmas
Discuss about these 5 different types of stigmas and ask about their experiences and examples on these different types of stigmas. It is important to highlight what types of stigma are seen in healthcare settings.

→ Peril stigma
→ Contagion stigma
→ Disruption stigma
→ Helpless stigma
→ Courtesy stigma

Didactic session: What can we do to reduce stigma?

• Draw a hand with 5 fingers spread on a board or newsprint. Give the title 'helping hand against stigma'

• Brainstorm with participants on 5 ways on how they can help reduce different types of mental health related stigma

• Write each point shared by participants on top of each finger of the hand. (See example of the helping hand from Nepal in Figure 3).

• Sites can also present on the different stigma activities that have been conducted in their sites.

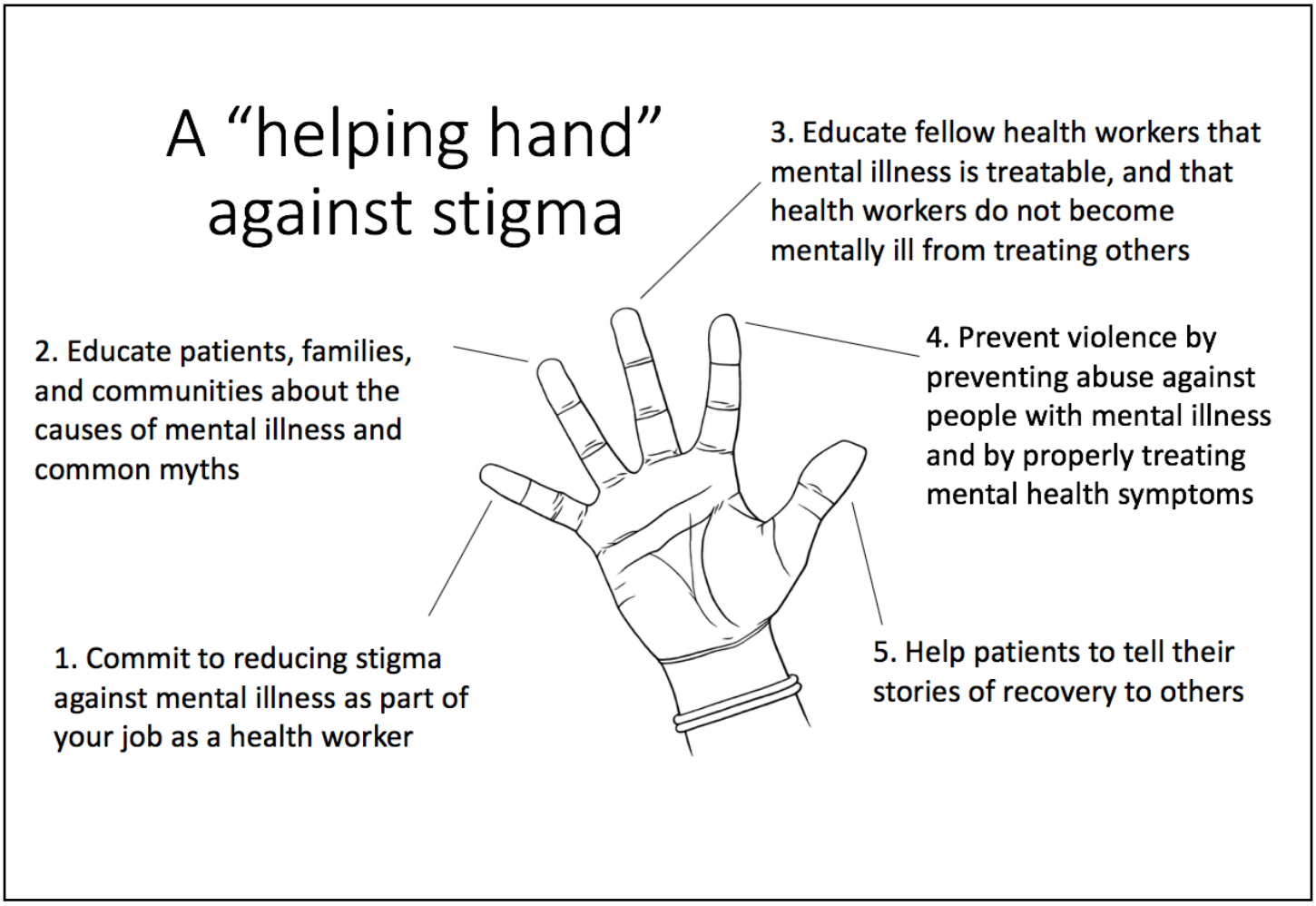


Figure 4. *The helping hand against stigma*

5. Local mental health terminologies

Group discussion: Listing mental health terminology

Using the right mental health terminology is crucial in stigma reduction and training. Right mental health terminology refers to terminology that:

• Encompasses the holistic meaning of the terminology.

• Can be easily understood by local people.

• Is non-stigmatizing towards people with mental health problem or any other group of people.

All the health workers, community workers, trainers and mental health stakeholders should be using the right terminology in their work. It is important to understand that these terminologies can be different in different parts of the country and varies according to local language and dialect. The facilitator should explain the important of this exercise and get a commitment that starting the end of this session, all the participants will be using these terms in all of their work. Create a list of mental health terminologies and write them in a chart. Here is an example:

→ Mental health
→ Mental illness
→ People with mental health problems
→ Depression
→ Epilepsy
→ Bipolar
→ Family of people with mental illness

Now, ask the participants about the words they have been using in their health post and society for each term and list them next to the list above.

6. Writing stories

• Start the session by showing a video of recovery narrative by a service user if available

• Now ask the participants to think about their journey in mental health and ask them to write their stories using the checklist below.
[Note the points below are only examples on what may be covered. Each site can come up with their own list based on the context and roles/responsibilities of the aspirational figures as primary healthcare workers]

Checklist:

• **Before mental health training**
→ Knowledge and competency to provide mental health services (diagnosis and categorization of problems)
→ Confidence/confusion about proper drug administration and access to medication
→ Perception about people with mental illness

• **Things learned during the training**
→ Knowledge about types of mental health problems and treatments
→ Role of counselling
→ Ways to reduce mental health stigma

•**After training**
→ Their role in providing treatment
→ Initial challenges faced and methods taken to address it
→ 1 example of a successful case they have handled or are handling
→ Current perception on mental health and people with mental illness
→ Internalized stigma and how that was addressed in training and working with the clients and caregivers.

7. Presenting stories/ feedback session

Now ask the participants to narrate their stories in the group and get feedback from other participants and the facilitator. Practice this with every participant and give them constructive feedback. Points to consider include-

• The story covers all the points in the checklist listed in 8a.

• There is no use of stigmatizing words during narration.

• The length of the story-telling is 8-10 minutes.

8. Mental health stigma myth-busting

This session will help the aspirational figures during the health workers' training as they will be conducting this session with health workers.

• Use PowerPoint slides to talk about the common myths related to mental health in the local site (Eight common myths related to mental illness from Nepal site is provided as an example in the text box below)
[Note: the common myths for each site may be different and identified in the cultural adaptation process]

• For each myth, ask participants about their understanding as well as their views on how it is understood by others in the community

• Discuss truths or facts for each myth and ask participants to provide examples from their experiences or knowledge to debunk those myths

• Facilitators can add findings from studies or other examples.

• The trainer then describes ways the aspirational figures can present these to the health workers.

• Ask 1 or 2 participants (depending on time) to come forward and practice presenting the common myths as they would do during the health worker training

Note: the facilitators need to share the common myth busting slides with the aspirational figures and ask them to review the slides and practice how they will present them during the health worker trainings. Let the aspirational figures know that they can modify the slides so that it is easier for them to explain without losing the essence of the points.

Example of common myths related to mental illness from Nepal

Myth 1: Mental illness cannot be treated.

Myth 2: Only some people can get mental health illness.

Myth 3: Mental illness is a communicable disease.

Myth 4: Mental illness can be treated only through medication.

Myth 5: Psychosocial Counselling is like talking with people.

Myth 6: All people with mental illness are violent in nature.

Myth 7: Asking about suicide, increases the possibility of suicide.

Myth 8: Health workers treating mental health problems are like people with mental illness.

Involvement of aspirational figures after their Training of Trainers

Aspirational figures may be involved in the following activities after receiving the ToTs:

Health workers training

Facilitate with the primary health workers' training by presenting on sessions focusing on common myth busting and personal narrative of their experiences of integrating mental health into primary healthcare setting.

Photovoice training

If feasible, the aspirational figures may facilitate some of the photovoice sessions for MHSUs by helping them prepare for presentations, asking questions and providing feedback.

Section 3

Integrating PhotoVoice and Aspirational Figures in Mental Health Trainings

What is the added value of involving MHSUs and aspirational model in mental health training?

Before deciding on adding this component in mental health training, it is necessary to make all the stakeholders understand the value of service user's involvement in the trainings. There are four main reasons for involving service users: -

• Having MHSUs in the training validates the necessity and importance of mental health service they are going to start in their health post after the training. Seeing recovered/in-recovery mental health service users in person and hearing their stories through their personal powerful photos will make the health workers realize the changes they can bring in a mental health patient's life.

• Decreasing health worker's stigma towards people with mental illness. Health worker's stigma/negative attitude towards the mental health patients greatly decreases the quality of their care and also demotes mental health care in their health facilities. By having service users and caregivers together in the training increases social contact which helps in decreasing stigma ultimately increasing the quality of care.

• Most of the health workers are not/less trained in mental health care and treatment. Since this is a new forte for them, there are lots of initial hesitations, suspicions, etc. in starting this. Having aspiration models (who is one of them) come to the training and talk about their stories of how they integrated mental health in their health posts breaks this and encourages the health workers to start working in mental health.

• Through the service user's perspective, having them facilitate the trainings and tell their stories brings a whole level of empowerment and confidence to them. This will help the service users to boost their recovery process and also encourage the other service users to come forward and talk about their problems.

When to involve MHSUs and aspirational figures?

• It is necessary to discuss the MHSU and aspirational figures with the trainers – the psychosocial counsellor and the psychiatrist.

• It is most relevant to bring service users with a particular disorder come to the particular day when the psychiatrist covers that disorder. For example, when the psychiatrist trainer is covering the topic on depression, a service user who had a history of depression comes along and tell their recovery story. This makes the training more relevant as the participants can relate what they just learned in the training with the real-life experience of a patient who is recovering from depression. The participant health workers will have more opportunities to question and hear real life answer through the service users. However, it is important for the trainer/ facilitator to not overwhelm the service user/caregiver presenting that day.

• Another case is for bringing MHSUs in days where psychosocial counselling skills are taught. For example, on days when "communication skills" is being covered, service users who have a story where the health worker's proper communication skills played an important role in their recovery

can come in and tell their story of how the health worker's proper behavior encouraged and facilitated positive changes in their mental health condition.

• The aspirational figures can be called in for the initial sessions where the new participant health workers are more anxious on the new topic they are starting and also the day where the common myths and facts is being covered.

Note: *Different sites have different types of mental health training. One of the widely used training model implemented in different low- and middle-income countries is WHO's mhGAP training. Below is an example of integrating the PhotoVoice trained MHSUs and aspirational figures in mhGAP training from Nepal, which has helped shape this manual. However, core mechanisms of involvement can be replicated although the duration of involvement may be different based on duration of mental health training for each site.*

Case example from Nepal

Figure 04 shows the involvement of MHSUs (orange icons) and aspirational figures (green icons) in mhGAP training from Nepal.

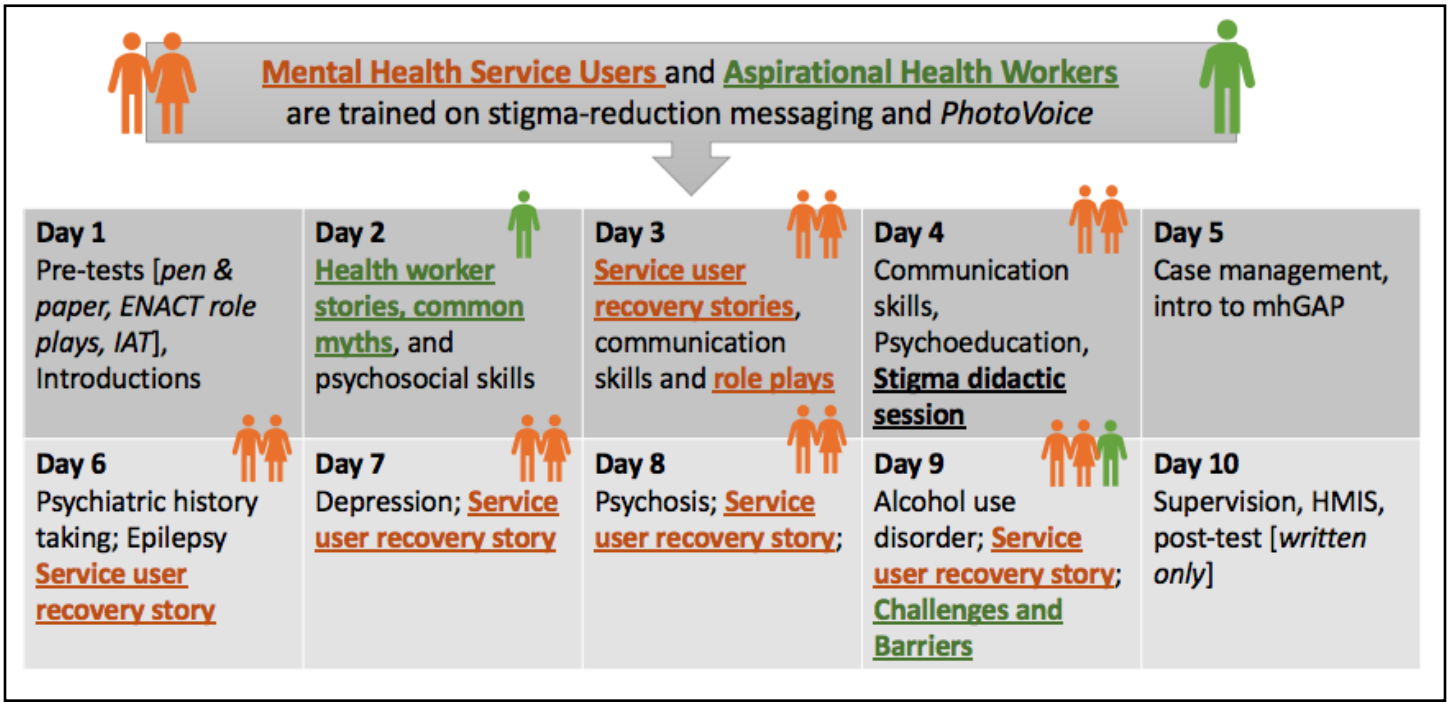


Figure 4. Example of RESHAPE Curriculum integrated into mhGAP training in Nepal

Section 4

Ways of involving PhotoVoice in mental health systems strengthening

There are other various ways in which MHSUs can usePhotoVoice technique in mental health strengthening processes. Below, we provide example from Nepal on other ways besides the mental health training in which MHSUs were involved after their PhotoVoice training.

Note: These are only examples of what MHSUs can do after the photovoice training for sites who want to take this intervention further but is in no way a requirement of the intervention in the INDIGO project. Also, it is imperative to gain consent from MHSUs for their involvement in each activity, stress that their participation is voluntary

Community Orientation Programs

There may be number of community mental health initiatives that takes place in the local level. Service users trained in PhotoVoice can take part in these initiatives and tell their stories and interact with the local people. If the service users agree and are comfortable, it makes best sense to have them participate in their own community as it brings more value and interest. To do this, it is necessary to link the trained service users with the local health posts/Female Community Health Volunteers, Mother's /Women's/ Youth groups, other Community Based Organizations (CBOs) and organizations working in mental health promotion.

• Having a local speaker in orientation program brings in more interest and attention.

• Having a service user interact with local people may help in decreasing mental health stigma.

• Having a mental health service user come out in open may encourage other people who are silently suffering with mental illness to come out, acknowledge their problems and seek help.

• This activity may help in empowering the service users within their community. It helps the service user to gain respect and appreciation from their community.

• PhotoVoice service users may also be an important referral mechanism to identify people with mental health problems in the community.

Story form Chitwan, Nepal

Subash, with a history of AUD was considered as a shame for his community. Everyone called him a "jadiya" (drunkard) and nobody respected him. He was also denied job in spite of his excellent carpentry skills because of his drinking habits. However, he went for treatment and has stopped drinking alcohol now. He graduated from the PhotoVoice training and is now actively involved in community level awareness activities telling his story from "jadiya" (drunkard) to a now "changemaker". Nowadays he is invited to speak in many community forums and is also now a member of local health management committee. He has a very good relationship with the local health workers and brings in new mental health patients in the health post every week. He mentions that people contact him after hearing his story. He says he provides them initial counseling and takes them to go to the health post for seeking help.

Policy making level advocacy

Every service user's story is unique in their own way with each carrying a powerful story on different mental health theme. Some of the stories might highlight the importance of psychosocial counselling, proper attitude and behavior of the health workers while another story might highlight the insufficiency of mental health medication in the local health posts. All of these stories can thus be used in advocating these mental health issues in policy level. The table below provides examples of how the MHSUs were involved in advocating for a particular mental health issue in community and policy level.

Service User	Takeaway Message	Photos discussed to bring	Story Narratives
Shristi (name changed)	There is a lack of knowledge among community people and families of service users regarding mental health issues. There are myths powerful than facts	• Photos of family dinner • Photos of food • Photo of her child	She will explain her story about how she wanted to feed her children from her own plate as they were having food together but how her in-laws did not allow her to do it saying that her problem (epilepsy) is a communicable disease.
Dolma (name changed)	There is a lack of medication in the primary health posts. In order to ensure smooth and continuous treatment of people with mental health problems, the policy makers should ensure smooth flow of medications in primary health care facilities.	• Photos of empty medication cases of the health center. • Photos of used medicine packets • Photos of private pharmacy	She will talk about how she could not get continuous medicine from the primary health facilities and had to go to another health center or buy from a private pharmacy. She will make a point that everyone cannot buy medicine and they end up leaving their treatment and getting back to the same old condition.
Samir (name changed)	People are unaware about the availability of mental health services in the community. People are still going to traditional healers instead of health posts and that is taking them nowhere. So, the policy makers should focus on awareness raising part.	• Photos showing traditional healers or anything that symbolizes superstitions (make sure that we do not disregard the cultural beliefs)	He will talk about things he is seeing around him. The problem is that even though there are services available, people are not aware about its existence

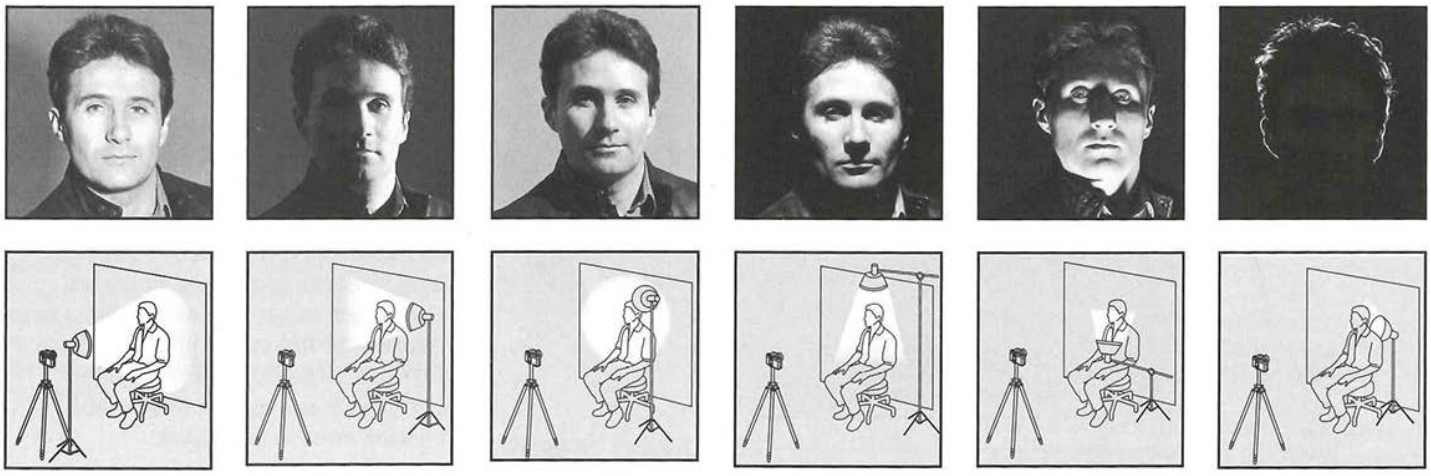
Appendices

Appendix 1: Recovery story checklist

RECOVERY STORY CHECKLIST		
1	Introduction and summary of what they are going to say	
2	E.g. sentence: I have clicked some pictures through which I am going to tell my story	
3	**DURING PROBLEM**	At least one picture to show this phase of life and SHOWED
3.1	Symptoms: Physical and mental	
3.2	Impact on daily functioning	
3.3	Effect in family (link with the caregivers)	
3.4	Stigma and discrimination	
3.5	What treatment methods did they try: traditional healers hospitals, religion. Did they work?	
4	**TREATMENT**	**At least one picture to show this phase of life and SHOWED**
4.1	Who was their point of contact? How did they got in contact with him/her?	
4.2	Did they take medicines?	
4.3	Role of the health workers and counselors?	
4.4	Importance of counseling:Why is counseling important?	
4.5	Importance of proper behavior and what it meant in the treatment process: e.g. confidentiality, giving them more time	
4.6	Problems during the treatment process – medication, adherence, family and HOW did they solve them?	
4.7	Role of caregivers during the treatment (Ask CGs to add their part here)	
5	**NOW – AFTER TREATMENT**	**At least one picture to show this phase of life and SHOWED**
5.1	What are the concrete change in relation to decrease of their symptoms?	
5.2	Impact in their family, friends and colleagues	
5.3	How are they functioning? Home, Work	
6	Thanking the health workers and counselors who helped them and what it means in their life	
7	Thanking them for listening to their stories and telling them they have the power to bring changes in people like them	
8	ADD CAREGIVERS PART	

Appendix 2: Example pictures for PhotoVoice training

Picture 1



Picture 2

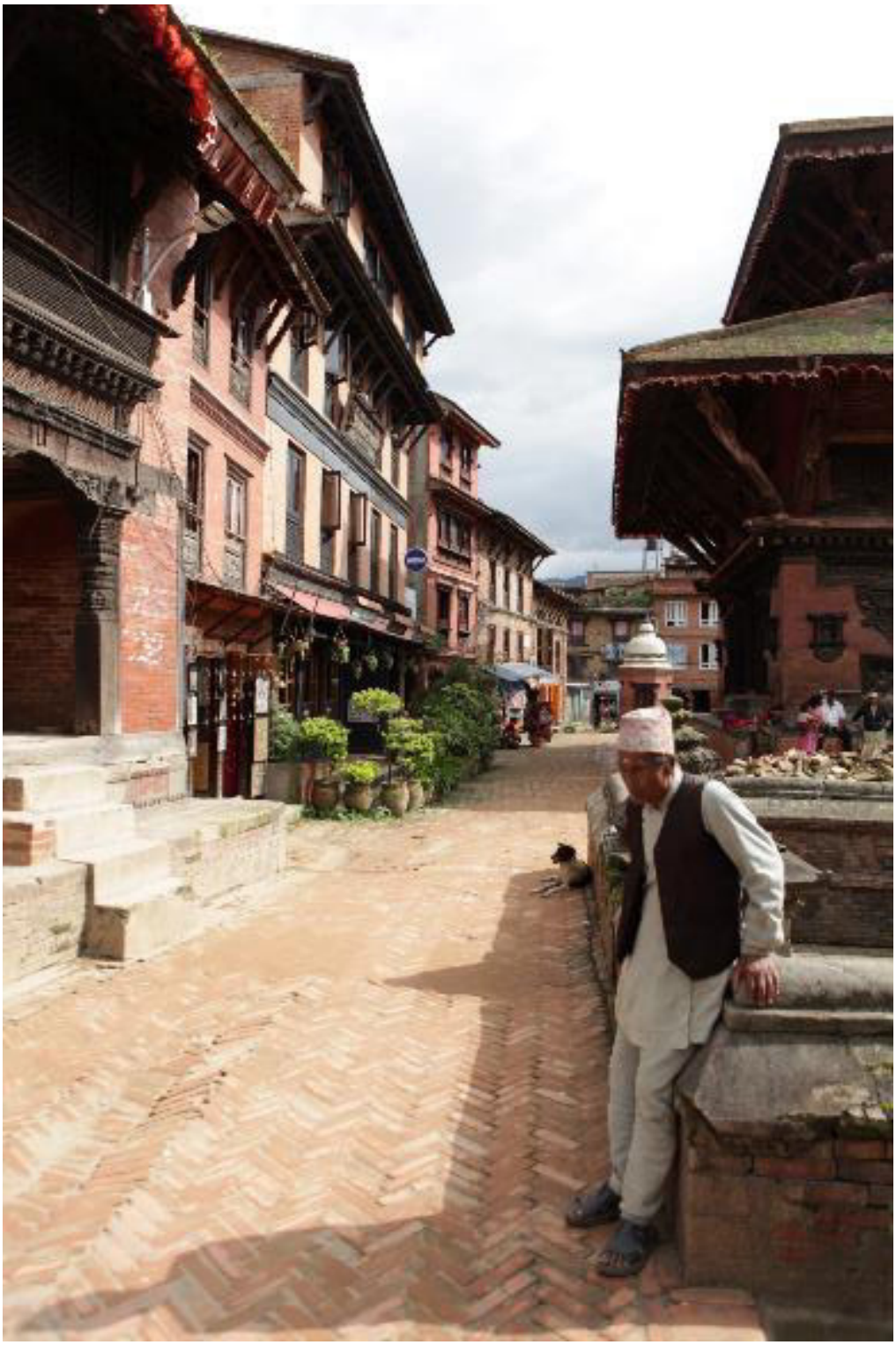
Picture 3

Picture 4

Picture 5

Picture 6

Picture 7



Picture 8

Picture 9

Picture 10

Picture 11

Appendix 3: Photo release form (sample)

RESHAPE mental health

Sample Consent /Photo Release Form

Name of the organization leading this process

Name:
Address:
Phone number:
E-mail (if available):

I .....[Name of individual] hereby grant permission to photograph me and use the image in different mediums that have been mentioned to me in points below. I have understood that these pictures will be used only for the purpose of increasing awareness and knowledge around mental health related stigma and discrimination.

I understand that I will receive no compensation and that the images and/or recordings made of me today will be the sole property of (THE NAME OF THE ORGANIZATION OR PERSON) and may be stored for possible further use.

[Please read carefully the the following statements tick the statements that you agree with.]

1	I agree for the pictures to be used as educational materials for training and capacity building purposes.	
2	I agree for the pictures to be used in other conferences, meetings, and webinars besides trainings for the purpose of increasing awareness and knowledge around mental health related stigma and discrimination	
3	I agree for the pictures to be published in books, blogs, and websites that meet the objectives of increasing awareness and knowledge around mental health related stigma and discrimination	
4	I agree for the pictures to be published in organization's and/or funder's social media (such as official twitter, facebook etc) that meet the objectives of increasing awareness and knowledge around mental health related stigma and discrimination	

I have read this agreement before signing and understand the agreement and consent.

Signed:
Witnessed by:
Parent/Guardian (if below 18 years):
Location:
Consent taken by:

Appendix 4: Service user collaboration checklist

(*Instructions for interviewer to read to participant*): "In this section I would like to ask you about whether you have faced any difficulties or received any benefits due to your participation in *this program*[1] (e.g., participating in Photovoice training, while taking pictures at home for the training, or while sharing your experiences with health workers) compared to before you participated in this program. There are **thirteen questions** in this section. Please choose **one answer** for each question."
(*Information for interviewer):* Every question has options 1 to 4, in which 1 refers to 'Not at all', 2 'A little', 3 'Moderately', and 4 'A lot'. If the question asked does not apply to the interviewee, select 8 which means 'N/A' or 'not applicable'.

1	Have you experienced any greater stigma or discrimination from family, neighbors, others, because of your participation in *'this program'*?	Not at all (1)	A little (2)	Moderately (3)	A lot (4)	N/A (8)
		❑	❑	❑	❑	❑
If yes, please describe: _____						
2	Have you experienced any greater support from family, neighbors, others, because of your participation in *'this program'*?	Not at all	A little	Moderately	A lot	N/A
		❑	❑	❑	❑	❑
If yes, please describe: _____						
3	Have you felt more stressed or experienced worsening mental health symptoms because of your participation in *'this program'* (e.g., due to participation in these trainings)?	Not at all	A little	Moderately	A lot	N/A
		❑	❑	❑	❑	❑
If yes, please describe: _____						
4	Have you experienced any improvements in mental health symptoms because of your participation in *'this program'*?	Not at all	A little	Moderately	A lot	N/A
		❑	❑	❑	❑	❑
If yes, please describe: _____						
5	Do you feel like you have had any benefits because of your participation in *'this program'*?	Not at all	A little	Moderately	A lot	N/A
		❑	❑	❑	❑	❑
If yes, please describe: _____ If no, please describe: _____						

[1] "This program" should be defined based on the activity that the service user is collaborating on. For example, this may be a PhotoVoice, another anti-stigma program, or some other health systems strengthening activity.

6	Have you experienced any problems or difficulties because of having to travel back and forth to trainings for *'this program'*?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe: _____						
7	Have your experienced any adverse economic consequences, additional financial problems, or faced any loss of income because of your participation in *'this program'* (for example: while participating in related trainings)?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe: _____						
8	Have your experienced any economic or financial benefits because of your participation in *'this program'*?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe: _____						
9	Have your family members (spouse, parents, in-laws, children) experienced any negative impacts because of your participation in *'this program'*?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe: _____						
10	Have your family members (spouse, parents, in-laws, children) experienced any benefits/positive impacts because of your participation in *'this program'*?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe: _____						
11	If you have had any negative experiences (such as worsening mental health symptoms or negative financial impacts, impact on family members etc.), have you been able to get any organizational support (for example: from the TPO team)?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe: _____ If no, please describe what help you would like: _____						
12	If you had any negative experiences, how could this be prevented in the future for other service users?					
13	Overall, would you tell others living with mental illness to participate in *'this program'*?	Not at all ❑	A little ❑	Moderately ❑	A lot ❑	N/A ❑
If yes, please describe why: _____ If no, please describe why: _____						

Appendix 5: Exit interview sample guide

(Sample guide used in OPALNepal)

Research Assistant to narrate: Congratulations on completing the photovoice training!
We thank you for giving us your valuable time and effort to make the training and your participation successful. In the photovoice training we focused on various components such as:

• Using cameras
• Learning about stigma and myth busting
• Writing recovery stories
• Telling recover stories in front of health workers and community leaders
• Planning activities that can be done to provide quality health service delivery at health facilities (Theory of Change)
• Distress management and confidentiality

We will talk about your experiences in these components during the training period

Section	Question	Probes	Objective of the question
Section 1 Introduction	Can you tell us a bit about the photovoice training?	1. How did you hear about the training? 2. How many times did you meet for the training? 3. What did you learn from the training?	• Review the photovoice process with the participants
Section 2 Training Experiences	Now we will be talking about your photovoice training experiences. What were your experiences regarding your participation in the training? 2.1 In terms of content	2.1 Probes • Amongst the various components that you learnt from the training, which component did you enjoy/like the most? • Which component did you feel uncomfortable to participate?	• To understand the SU/ CGs experience of different component of the photovoice training – identify good practices, challenges, points to improve (this will be used to review the OPAL training package)

	2.2 In terms of participants?	2.2 Probes • Were the number of participants enough? • How did you find interacting with your colleagues - other service users and caregivers during the training?	
	2.3 In terms of time management?	2.3 Probes • Number and timing of sessions • Managing personal/work time to come for photovoice	
	2.4 In terms of facilitation	2.4 Probes • Were you comfortable with the facilitators?	
	2.5 In terms of things to change in the next trainings	2.5 Probes • Refer to the section 2.1 - 2.4 for components to change.	
Section 3 Story Telling	Throughout the process, we learned and practiced a lot about writing and presenting our stories. How was your experience in storytelling among health workers and community members?		• To understand the SU/CG's perspective and experience on "story telling".
	3.1 In terms of remembering and writing stories: therapeutic or difficult	3.1 Probes • Hard, easy, considering it about remembering difficult past	
	3.2 In terms of connecting with the audiences	3.2 Probes • Were the audiences interested and asked you questions	
	3.3 In terms of confidentiality	3.3 Probes • Did you feel exposed or vulnerable through this process	
	3.4 In terms of differences in storytelling experiences	3.4 Probes • Differences between storytelling among health workers, general population, government officials.	

Section 4 Stigma	We talked a lot about mental health stigma throughout the process. We told our stories and heard other's stories about mental health stigma each faced. 4.1 What kind of stigma are you facing because of your mental health problems? 4.2 Has participating in photovoice training made any difference in your life in terms of how you view and deal with stigma?	 4.1 Probes • Kind of stigma • From whom? 4.2 Probes • Noticed more or less stigma. • Dealing with stigma • Has coming out as MHSU changed the way they are stigmatized.	• To understand how the photovoice process (especially the stigma components) helped in ways they addressed mental health stigma
Section 5 Changes in your life	5.1 Since you started taking part in the photovoice training and other activities, what changes have you noticed in your life? 5.2 How has your involvement helped in your recovery process	5.1 Probes • Relationship with family members and community • Viewing your mental health problems? • Self-confidence • Dealing with life challenges: economic, family feuds, tension, medication. 5.2 Probes • Has this involvement helped in avoiding relapse?	• Identify how the photovoice process – learning new skills, interacting with other service users and caregivers and openly talking about their struggle impacted their personal life.
Section 6 Thinking ahead	Now as we are wrapping up the photovoice sessions, we will not be able to meet as often we are meeting right now. How do you plan to move ahead with all the skills you have learned and work you have been doing throughout this process?	Probes 1. Telling their stories in their community – identified any forums? 2. Plans to continue with the photovoice group – or forming service users group (refer to ToC) 3.Helping other people like them in community.	• Understand how the SU's have planned on continuing the work they have been doing through photovoice on their own, without TPO's support. • Identify areas where they might require support to function independently – SU's group, linking with available local resources, further trainings.

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