



# Fostering Resilience in Times of Crisis

*A Training Manual*

*Facilitating Kumustahan sa Gitna ng Krisis*



IN TOUCH  
PHILIPPINES  
— SINCE 1980 —  
*Well-being matters*



PHILIPPINE  
PREPAREDNESS  
PARTNERSHIP



APP  
ASIAN PREPAREDNESS PARTNERSHIP

BILL & MELINDA  
GATES foundation







A Training Manual

FOSTERING RESILIENCE IN TIMES OF CRISIS

*(Facilitating Kamustahan sa Gitna ng Krisis)*

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This document is based on the expressed need for Mental Health and Psychosocial Support Services (MHPSS) during the COVID-19 pandemic. The *Kumustahan sa Gitna ng Krisis* or “Fostering Resilience in Times of Crisis” was conducted as a one-shot MHPSS intervention initially for the community first responders/frontliners of the Pasig City government. This was a joint effort of the Center for Disaster Preparedness with its partner and program designer, In Touch Community Services, Inc., together with the Pasig Adventist Community Service. Modifications have been made based on lessons learned from training activities conducted.

The Philippines, one of the most disaster-prone countries in the world, was selected to be among the pioneer members of the Asian Preparedness Partnership (APP). The APP initiative is supported by the Asian Disaster Preparedness Center (ADPC). At the national level, APP led to the establishment of the Philippine Preparedness Partnership (PHILPREP), which brings together key humanitarian stakeholders such as the Center for Disaster Preparedness (CDP) for civil society and humanitarian organizations, the Office of Civil Defense (OCD) for the government, and the Philippine Disaster Resilience Foundation (PDRF) for the private sector.

This Trainer’s Manual is co-authored by CDP and In Touch Community Services, Inc. under the project “Strengthening Emergency Response Capacity of Local Humanitarian Actors in Asia” by the Philippine Preparedness Partnership (PHILPREP), funded by the Bill and Melinda Gates Foundation (BMGF) through ADPC and APP.



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# Overview

**The COVID-19 pandemic caused a great impact on the general health as well as the socio-economic standing of the countries worldwide.**

In the Philippines, different measures were taken by the government to flatten the curve of COVID-19 cases in the country. The measures, however, also had grave socio-economic impact to the communities especially to the most vulnerable groups in those areas under an Enhanced Community Quarantine (ECQ) (mostly in the National Capital Region). According to Ibon Foundation: "...using 2018 and 2019 labor force data, 18.9 million working Filipinos or 45% of 42.4 million employed have been displaced by the ECQ. 'Displaced' refers to job losses, part-time work, reduced pay, and other disruptions in livelihoods especially by informal earners." This meant a lot of hungry and angry disadvantaged Filipinos are still in need of help.

As the Philippines continues the battle against the COVID-19 pandemic, an expressed need for mental health and psychosocial support (MHPSS) has been identified. An initiative to carry this out has been undertaken by the Center

for Disaster Preparedness (CDP) in partnership with the local government unit (LGU) of Pasig and local organizations like the Pasig Adventist Community Services (ACS) and In Touch Community Services, Inc. During the ECQ, assessment for humanitarian response was quite a challenge. Since the COVID-19 pandemic is a new phenomenon, humanitarian protocols and guidelines for COVID-19 were not in place during the start of the spread. Crafting of the guidelines, disseminating, and understanding them took some time. Mobility for logistics was hard. That is why humanitarian organizations became innovative in looking for strategies to conduct their assessment and relief. CDP's strategy was to work with existing LGU partners with amenable guidelines for emergency response. After consulting with partners, the expressed need was for MHPSS Services. Thus, *Kumustahan sa Gitna ng Krisis* or "Fostering Resilience in Times of Crisis" was designed for the community first responders.

## Goal and Objectives of the Training

The "Facilitating *Kumustahan sa Gitna ng Krisis* Training" is a training for Carers who will facilitate a Psychosocial Support Session for those affected by the crisis. Though it was originally designed for virtual implementation in compliance with the health protocols being observed due to the COVID-19 pandemic, the training can easily be adapted to a face-to-face setup since its content and activities can accommodate such flexibility in arrangement. The main goal of this training is to help improve the mental health of the carers as well as the community partners. The said training has two parts. Part 1 is the Actual MHPSS Session for the carers. Part 2, on the other hand, focuses on understanding basic MHPSS concepts and how *Kumustahan sa Gitna ng Krisis* is facilitated. Specifically, at the end of the training, it seeks to enable participants to:

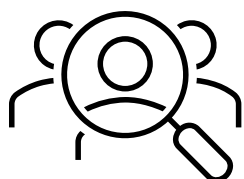
Part 1

1. Provide a setting to relieve the stress of the participants;
2. Draw out their inner strength; and
3. Identify their resilient attributes and their coping mechanisms.
4. To learn self-regulating exercises that will enable them to better respond to situations

Part 2

1. Explain basic concepts of MHPSS;
2. Enumerate skills of a MHPSS provider;
3. Experience different self care activities;
4. List tips in handling the *Kumustahan sa Krisis*.

This manual is designed to guide participants or future trainers to pass on their learnings to others, including advocates, local disaster risk reduction and management council (LDRRMC) members, and volunteers in their localities/project areas.



## Training Audience

The primary audiences for this manual include stakeholders who engage in humanitarian response, such as members of the barangay, municipality, or provincial DRRM councils, CSOs, private sectors, and community/local volunteers.

## Training Content and Process

The manual consists of two major parts and two modules.

### **PART 1: Actual MHPSS Session**

This portion provides relief for the participants as they undergo the actual MHPSS session. Module 1 stresses the importance of Mental Health and Psychosocial Support Services by letting the future trainers immerse themselves in the experience of the *Kumustahan* session.

### **PART 2: How to Conduct a MHPSS Session**

This part of the training provides concepts, skills, and different tips to equip the participants with the basic knowledge in conducting a MHPSS session.

Each training day begins with preliminary activities that aim to set the tone for the day. These activities include rituals and energizers, a review of the highlights from the previous training day (except for Day 1), and a preview of the day's session.

In terms of process, most of the modules encourage the use of participatory methods and group work to facilitate experiential learning, such as:

- Group exercises to enable the participants to introduce sessions/concepts;
- Plenary sharing of individual insights and results of group exercises; and
- Processing from the facilitators and resource speakers to level off on concepts and share good practices.

Ideally, 2 days are allotted for the facilitation of the *Kumustahan sa Gitna ng Krisis* Training. However, the trainer may adapt the schedule, content, and process in order to meet the needs of the participants. Managing time may be challenging since most of the modules require group exercises. Hence, it is best to produce handouts to reduce time for inputs, as well as provide the participants with references should time run out for discussions during the sessions.

## Course Certification

The Center for Disaster Preparedness provides certificates of completion to participants who actively participated and completed all the days of the training, fulfilled the pre-/post-test and filled-up the evaluation form.

**Part 1**

**Actual Mental Health  
& Psychosocial  
Support Services  
Session**



## Module 1

# Actual Mental Health & Psychosocial Support Services Session

## Sessions

### Session 1.1

Diaphragmatic Deep Breathing Exercise

### Session 1.2

Self-Introduction - Expressing My Situation and My Vision

### Session 1.3

Stories of Resilience - *Kwentuhan ng Katatagan*

### Session 1.4

Resilient Attributes

## SESSION 1

# Actual Mental Health & Psychosocial Support Services Session

### Learning Objectives

By the end of the session, participants will be able to:

1. Provide a setting to relieve the stress of the participants;
2. Draw out their inner strength; and
3. Identify their resilient attributes and their coping mechanisms.

### Session at a Glance

TIMING	ACTIVITY	METHOD
30'	Arrival/Check-in	Technical Check
15'	Preliminaries, Team Introduction, House Rules	
5'	Energizer	Dance Exercise
15'	Session 1.1: Diaphragmatic Deep Breathing Exercise	Breathing Exercise
20'	Session 1.2: Self-Introduction - Expressing My Situation and My Vision	Interactive Discussion
5'	Mini activity	Game: Show Me
60'	Session 1.3: Stories of Resilience - <i>Kwentuhan ng Katatagan</i>	Interactive Discussion
10'	Session 1.4: Resilient Attributes of the group	Interactive Discussion
20'	My post pandemic hopes	Interactive Discussion
5'	Referral	Input Discussion
10'	Closing and feedback	

**Duration:** 3hrs and 15mins

**Materials:** Paper, ballpen, laptop, projector, MS PowerPoint Presentation

(if virtual set-up): MS Word or Google Docs file for note taking, online video

conference Software, headphones

**Preparation:** Prepare session guides and presentation

## Process

### 1. Arrival/Check-in

#### Virtual

Perform technical check. Check on the videos and audio input of each participant.

#### Face-to-face

- Perform safety protocol: scan participants' temperature and spray alcohol or sanitizer on their hands
- Ask each one to register in the attendance sheet
- Give nametag and training materials

### 2. Preliminaries: Team Introduction, House Rules

- Discuss the rationale, objectives, selection of participants, content, and process of the training.
- Introduce the partners involved and the facilitators for the session. Also explain the project and the purpose of the activity.
- Establish the house rules for the session. (*Refer to the list of house rules*)

### 3. Energizer

- Begin the session with an energizer that would bring the participants in an alert and active state to be motivated for the session. This is also a good start in getting to know each other.

## House Rules

### I. Identification

#### Virtual

- For easier identification, kindly rename your display name in the following format:

e.g. “First Name & Last Name, Municipality”. Do this by clicking on the three dots [...] on your zoom frame. Select RENAME then enter your name in the prescribed format.

#### Face-to-face

- Kindly wear your name tag at all times.

### II. Health Protocols (Face-to-face)

- Maintain some form of acceptable physical distancing
- Keep your masks (and ideally, face shields) on

### III. Connection Problems (Virtual)

- Rejoin anytime if you encounter connection problems during the webinar.
- If there is no sound, ensure that you have clicked on the “Join Audio by Computer” setting to connect your computer’s speaker and microphone to the Zoom meeting.
- Alternatively, you may send your answers through the chat box and send to “Everyone”.

### IV. Digital Etiquette (Virtual)

- Always be mindful and respectful. There are no right or wrong answers.
- Practice COMO -- camera on, mic off (when not talking)
- Set your device on landscape orientation.

### IV. Documentation

- For confidentiality purposes, the meeting will not be recorded.

*Note: Encourage the participants to ask questions or make clarifications on the house rules*

## Energizer

- Begin the session with an energizer that would bring the participants in an alert and active state to be motivated for the session. This is also a good start in getting to know each other.



## SESSION 1.1

# Diaphragmatic Deep Breathing Exercise

## Learning Objective

By the end of the session, participants will be able to calm themselves.

## Activity

Introduce this activity as one of the Self-Regulating, Grounding and Mental exercises we will be presenting. These exercises are not just applicable in crisis situations, when we are in need of calming our agitated emotions. These can also be practiced regularly (at least three times a day) so as to develop mental and emotional skills that will help us become more resilient and can consequently lessen emotional crisis situations.

- This sets the tone and mood of the next part of the program.
- Understanding PBA. Let the participants follow you.



**(P) Pause:** Center ourselves. Focus on our breathing, taking our mind off our problems as we take a pause, stay calm and focus

**(B) Breathe in and out:** Facilitator can choose which breathing exercise to use

A. 4 inhale-6 exhale x3

B. 6 inhale-6 exhale x3

C. 4 inhale-7 hold -8 exhale x 3

✓ Inhale - belly/diaphragm pushes out = stomach inflates

✓ Exhale - belly/diaphragm pulls in = stomach deflates

**(A) Accept/Acknowledge:** Accepting the current situation in work, families, relationships, etc.

Accept that all the uncertainties and issues we face are all temporary.

- Breathing exercises is a form of Mental Hygiene.
- This is good if done regularly, every day, to strengthen our minds, helps us to focus
- Benefits of engaging in breathing exercises:
  - Diaphragmatic Deep Breathing decreases stress and increases calm. By taking deep breaths, your heart rate slows down, more oxygen enters your blood stream and ultimately communicates with the brain to relax. Deep breathing also ups your endorphins, the “feel good” chemical.
  - Relaxation is important as this enhances alertness, energy, and clarity of decision-making.

## SESSION 1.2

# Self-Introduction (*Expressing My Situation and My Vision*)

## Learning Objectives

By the end of the session, participants will be able to:

1. To be more self-aware of salient situations affecting them
2. To recognize their inner strengths and how they envision its application

## Activity

- You can choose either of the following activity:

### A. Superpowers

<i>Preparations:</i>	<ul style="list-style-type: none"> <li>• Depending on the context of the participant group, options to identify their inner strengths may be done.</li> </ul>
<i>Procedures:</i>	<ul style="list-style-type: none"> <li>• Ask participants to state their name, position, then let them describe what superpower they would like to have, especially in a disaster/crisis situation.</li> </ul>
<i>Tips</i>	<ul style="list-style-type: none"> <li>• Highlight their hopes.</li> <li>• Ask them why those are their identified superpowers.</li> </ul>

### B. Animals

<i>Preparations:</i>	<ul style="list-style-type: none"> <li>• Depending on the context of the participant group, options to identify their inner strengths may be done.</li> </ul>
<i>Procedures:</i>	<ul style="list-style-type: none"> <li>• Ask participants to state their name, position, then let them describe what animal they would most likely want to have or relate themselves to, especially in a disaster situation.</li> </ul>
<i>Tips</i>	<ul style="list-style-type: none"> <li>• Highlight their inner strengths.</li> <li>• Ask them why they chose their animals.</li> </ul>

- Ask the following process questions:
  - What can you do if you have this power / if you are this animal?
  - Why do you want to have this power / to be this animal?

## SESSION 1.3

# Stories of Resilience (*Kwentuhan ng Katatagan*)

## Learning Objectives

By the end of the session, participants will be able to:

1. Use the sharing of their stories as a way to release stress
2. Identify the coping mechanisms and resilience resources they have been using to deal with challenging situations

## Content

- Use the house as a symbolism of who they are, ensuring the structure of the house is kept strong and sturdy. With the heart symbol at the middle, a house becomes a home. A place where you keep your loved ones secured, protected, safe so it has to remain strong and well supported.
- Let the participants answer the following questions:
  - What keeps our homes strong?
  - We can compare ourselves to a house and a home.



However, disasters may strike upon us — lost job, losing loved ones, diseases, personal challenges, pandemic, etc. — but our homes are still standing. Just like how our homes stand firm, you remain strong and you are still standing despite it all.

In spite of all the problems -- **you are still here!**

You are still working and fulfilling your duties.

What keeps you strong? How do you cope/manage? (*proceed with the Reflective Question.*)  
*As a frontliner, what are you doing to overcome the challenges you are facing?*

***Ano ang mga nakakatulong  
sa iyo para malampasan mo  
ang mga pagsubok o hamon  
(challenges) sa panahong  
ito?***



**KWENTUHAN NG  
KATATAGAN  
(stories of resilience)**



## Process

As mentioned above, the main objective of this section is to help the respondents identify their own coping mechanism and resilient attributes that they have been using to deal with their challenging situations. We want them to be more aware and better understand how these resilient attributes and coping mechanisms have worked and can work even more to their betterment. So, as we listen to their sharing, we try to highlight these coping mechanisms and resilient attributes that we hear from them. We provide a psychological validation of their coping skills shared. Then we ask questions that will imprint these resilient attributes in them. Hence, our questions are more process questions rather than content questions. Content questions seek to know more about the demographics of the experience (e.g., duration, location, frequency, etc.) Instead, process questions seek to know how the experience evolves (e.g., depth, feelings, origin, etc.) Content questions often start with “What” while process questions often start with “How” and “Why”. The process question/s would bring about a deeper understanding and stronger ownership of the shared coping skills.

- Below are additional guide questions as follow-up to the answers of the participants in drawing out their INNER STRENGTHS (emotional and psychological strengths), and to deepen the sharing of emerging resilience attributes. Often these questions are offshoots of a shared coping mechanism or an identified resilient attribute:
  - How does it help you move forward?
  - How does it help you withstand this crisis?
  - What seems to help you get through these challenges / particular period?
  - How does it draw out your strength to withstand this crisis?
  - How else does it make you strong?
  - Where do you think you got this resilient attribute? (family history)
  - How else can it help you?
  - How does it inspire you?
  - How does it motivate you?
  - How does it help you best to cope with the situation that you are going through?
  - What has helped before when you have experienced tremendous stress?
  - What have you found that helps you to slow things down and recharge yourself?

Additional samples of probing questions:

- How does this help you in your work?
- On FAMILY: For you, what is the importance of your family? - You get motivated to do your work better because you do it for them, but why?
- On FEAR: How do you overcome your fear / that fear?
- On FAITH: What is the importance of having faith in God / prayer? What do you pray for?
- On HUMOR: How does joking around or laughing it out help you overcome the challenges that you are encountering?

## SESSION 1.4

# Resilient Attributes

## Learning Objectives

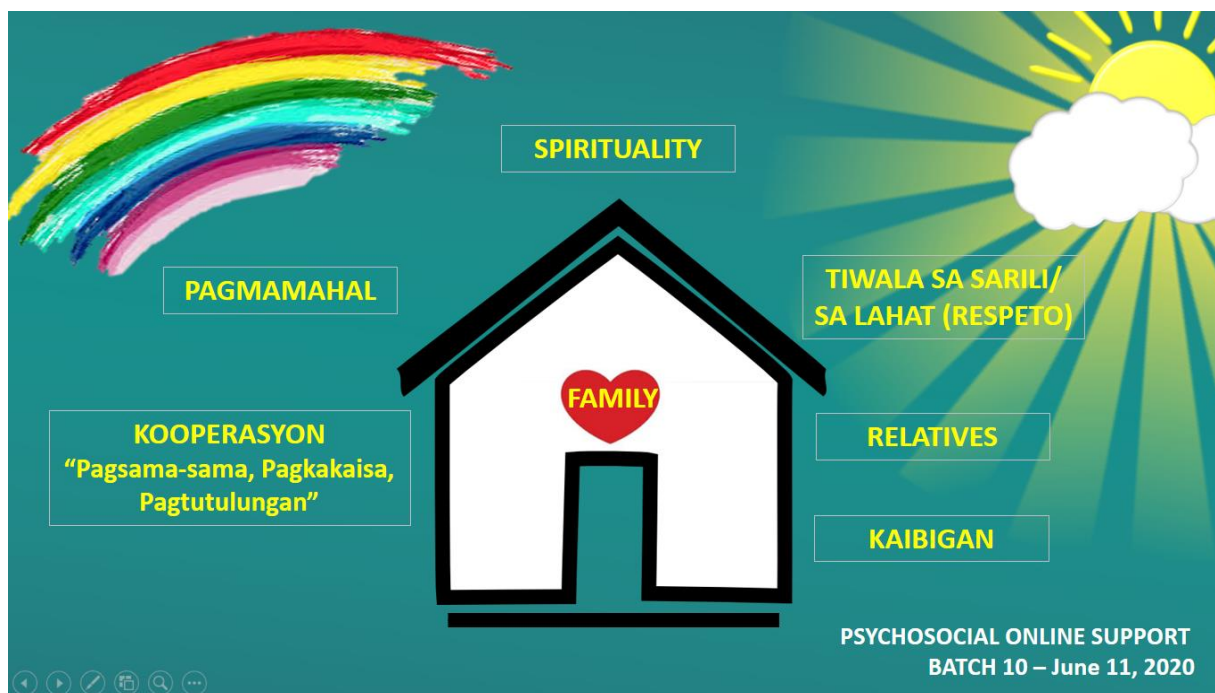
By the end of the session, participants will be able to:

1. Recognize their collective resilient attributes
2. Integrate relevant resilience attributes with take home self-care exercises

## Process

- Discuss the resilient attributes of the participants which were highlighted in their stories.
- Ask the participants to fill in the boxes.
  - To illustrate the importance of resilience in relation to strengthening the house (which symbolizes YOU), where should we put the resilient attributes to signify how they are making you stronger?

*Sample illustration:*



**NOTE:** Each *Kumustahan* session generates its own set of resilience attributes which should be highlighted depending on the unique context of each group. The picture above and the Resilience Attributes Guide in the Annex are additional references only.



- Integrate resilience attributes with the ways to move forward.
  - This house, surrounded by your resilience attributes, symbolize the collective strength you can all draw from as you face the storms or challenges ahead. They represent your ability to withstand and recover from the adversities that come your way.
  - It is equally important to know that you can fortify or build on these strengths further by using them not only in challenging times, but also in moments of growth and rest.
  - Fortifying them is a dynamic process that involves deliberate enrichment of your --
    - Inner strengths (Mention emotional and psychological resilience attributes identified through sharing, e.g., gratitude, adaptability, perseverance, etc.)
    - Relationships (Mention important relationships identified, e.g., family/friends)
    - Community assets/resources (Mention external resources identified, e.g., availability of counseling support)
  - We urge you to delve in that process. Incorporate these strengths in your daily routine.
  - To help you with that, we give you some take home self-care activities which intersect with the application of these strengths.

## Take home Self-Care activities

Remind the participants that the Self-Regulating, Grounding and Mental exercises are exercises to do, not only in crisis situations when we are in need of calming our agitated emotions, but they are exercises also to practice regularly (at least three times a day) so as to develop mental and emotional skills that will render us more resilient and consequently, enable us to significantly lessen our emotional crisis levels.

Options of Self-Care Activities: (feature 1 or 2 only per session)

- Practicing Gratitude for 21 days - write three things you are thankful for that happened to your day.
- Journal Writing - you may follow the WRITE method
  - W – What do you want to write about? Name it.
  - R – Review or reflect on it – close your eyes, take deep breaths, and focus.
  - I – Investigate your thoughts and feelings. Just start writing and keep writing.
  - T – Time yourself – write for 5 to 15 minutes straight.
  - E – Exit “smart” by re-reading what you’ve written and reflecting on it with one or two sentences
- Meditation Technique
- Letting Go – a type of acceptance and discontinuing a long struggle – by writing your burdens in a piece of paper, crumpling it and throwing it away in a trash bin
- Quick Heart Coherence / Heart Meditation
- Mental Focusing exercise - Ask participants to come up with a phrase that will encourage, motivate, or calm them as they carry out their jobs. For example, if I am manning the checkpoints and I find the demanding hours of checking the body temperatures of people

passing through, I can formulate a phrase like *“Lahat para sa ating kabutihan.”* Say this phrase repeatedly for 3 minutes in the mind. Do this at least 3x a day.

- Yes-But Exercise (e.g., yes, I am volunteering in our community, but I will remember to also take care of myself)
- Personal Mantra - choose a positive phrase or statement that you can use to affirm the way you want to live your life. For example, “I have everything I need to live abundantly” or “I am open and ready to receive great love.”
- Active Breathing Exercise / Stretching Exercise

## Referral / Link

**Connect to the Support Systems** – We have our inner strengths, but if we need additional mental and emotional support, there is a CRISIS LINE by In Touch that is ready to provide crucial in-the-moment telephone-based psychosocial support to persons with mental or emotional distress and emergencies. Calls are free, confidential, and anonymous manned by a trained team to respond professionally and compassionately to all Crisis Line callers.



For mental health-related information, helpful and practical tips, commentaries and videos, follow In Touch's social media sites (Facebook, Instagram, Twitter) and official website <[www.in-touch.org](http://www.in-touch.org)>.



## Closing and Feedback

- Closing Prayer
- Class Picture
- Final video tribute

## Part 2

# How to Conduct a Mental Health & Psychosocial Support Services Session



## Module 2

# How to Conduct a Mental Health and Psychosocial Support Session

## Sessions

### Session 2.1

Basic Concepts

### Session 2.2

Skills of a MHPSS provider

### Session 2.3

Exercises for self-care/coping with stress

### Session 2.4

MHPSS Facilitation Tips/Learning Exchange

### Session 2.5

Commitment Setting - Action Planning

## SESSION 2

# How to Conduct a MHPSS Session

### Learning Objectives

By the end of the session, participants will be able to:

1. Explain basic concepts on MH & PSS;
2. Enumerate skills of a MHPSS provider;
3. Experience different self-care activities;
4. List tips in handling the *Kumustahan sa Gitna ng Krisis*

### Session at a Glance

TIMING	ACTIVITY	METHOD
15'	Arrival/Check-in	Technical Check
15'	TNA and Pre-test Administration	
20'	Opening & Recap of Day 1	Dance Exercise, Interactive Discussion
40'	Session 2.1: Basic Concepts	Input Discussion
120'	Session 2.2: Skills of a MHPSS provider	Input Discussion and Film Showing
40'	Session 2.3: Exercises for self-care/coping with stress	Input Discussion
40'	Session 2.4: MHPSS Facilitation Tips/Learning Exchange	Input Discussion
30'	Commitment Setting - Action Planning	
10'	Closing	
15'	Feedback	
15'	Post-Test Administration	

**Duration:** 4 hours

**Materials:** Paper, ballpen, laptop, projector, MS PowerPoint Presentation

(if virtual set-up): MS Word or Google Docs file for note taking, online video conference Software, headphones

**Preparation:** Prepare session guides and presentation

## Process

### 1. Arrival/Check-in

#### Virtual

- Perform technical check. Check on the videos and audio input of each participant.

#### Face-to-face

- Scan participants' temperature and spray alcohol or sanitizer on their hands
- Ask each participant to register in the attendance sheet
- Give Day 2 training materials

### 2. Preliminaries: Team Introduction, House Rules

- Discuss the rationale, objectives, selection of participants, content, and process of the training.
- Introduce the partners involved and the facilitators for the session. Also explain the project and the purpose of the activity.
- Establish the house rules for the session. (*Refer to the list of house rules below.*)
- Recap on Day 1.

## House Rules

### I. Identification

#### Virtual

- For easier identification, kindly rename your display name in the following format:  
e.g. "First Name & Last Name, Municipality". Do this by clicking on the three dots [...] on your zoom frame. Select RENAME then enter your name in the prescribed format.

Face-to-face

- Kindly wear your name tag at all times.

**II. Health Protocols  
(Face-to-face)**

- Maintain some form of acceptable physical distancing
- Keep your masks (and ideally, face shields) on

**III. Connection Problems  
(Virtual)**

- Rejoin anytime if you encounter connection problems during the webinar.
- If there is no sound, ensure that you have clicked on the “Join Audio by Computer” setting to connect your computer’s speaker and microphone to the Zoom meeting.
- Alternatively, you may send your answers through the chat box and send to “Everyone”.

**IV. Digital Etiquette  
(Virtual)**

- Always be mindful and respectful. There are no right or wrong answers.
- Practice COMO -- camera on, mic off (when not talking)
- Set your device on landscape orientation.

**IV. Documentation**

- For confidentiality purposes, the meeting will not be recorded.

*Note: Encourage the participants to ask questions or make clarifications on the house rules*



## SESSION 2.1

# Basic Concepts in Mental Health and Psychosocial Support

### Learning Objectives

By the end of the session, participants will be able to:

1. Define Mental Health and Psychosocial Support and Psychological First-Aid (PFA)
2. Understand MHPSS as a specialized service for DRRM;
3. Describe what stress is and its related concepts such as emotions, stressors, coping strategies and resilient attributes; and
4. Enumerate activities of duty of care which contribute to resilience.

### Session at a Glance

TIMING	ACTIVITY	METHOD
10'	Activity	Role Playing
30'	Basic Concepts	Input Discussion

**Duration:** 40 minutes

**Materials:** Session guide, laptop, projector, MS PowerPoint Presentation

*(if virtual set-up):* Online video conference software, mobile phone/laptop, headphones

**Preparation:** Prepare session guides, MS PowerPoint Presentation, paper, and marker/ballpen

### Activity

The facilitators will give each participant a scenario related to disasters/ pandemic/ unfortunate events which they will keep in secret.

- a. In the first round, they will be asked to describe what they feel or what their emotions are related to the scenario they got as if they are the affected individuals.
- b. In the second round, assuming they are the affected individuals, they will be asked what their behavior was or what physical manifestations they might have had.

The following are scenarios or people who may have undergone or are in a stressful situation:

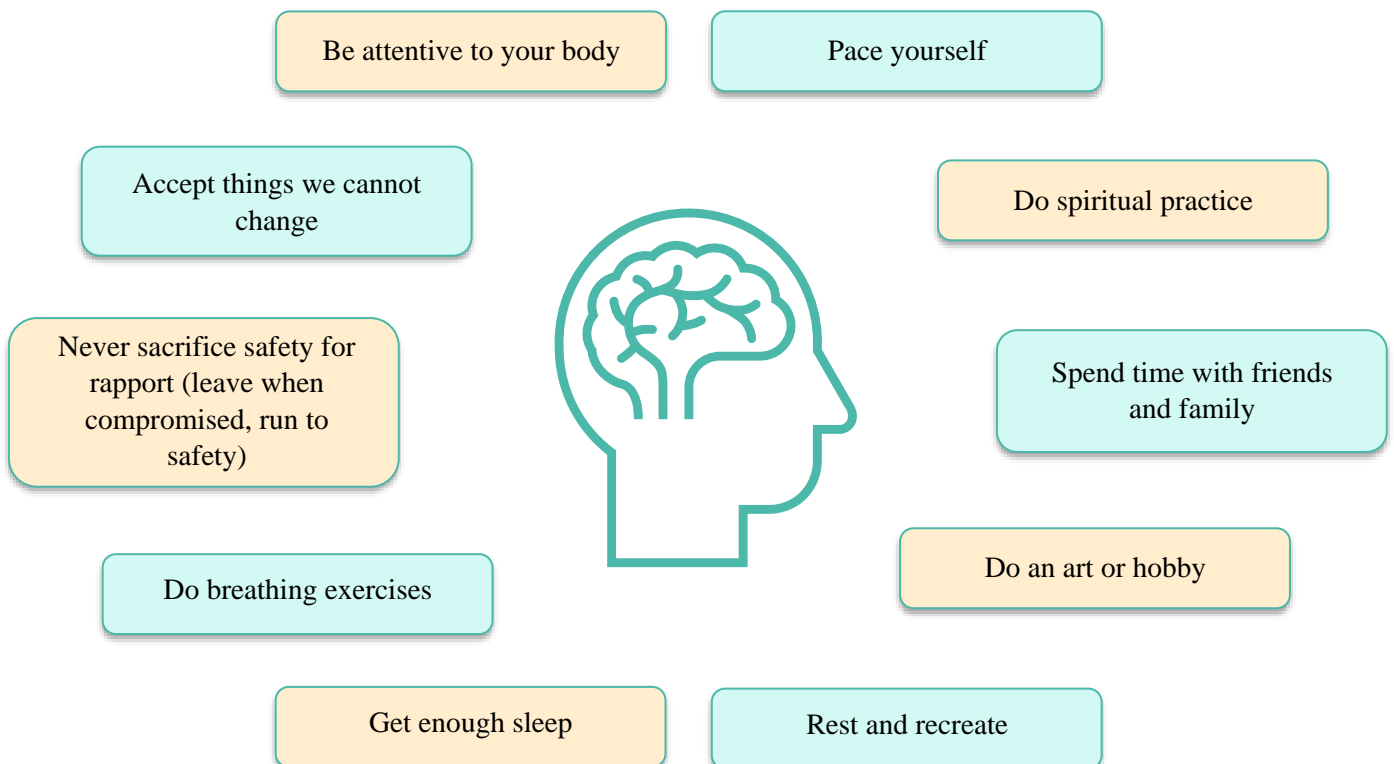
- A survivor from the collapse of a building due to earthquake
- Conflict between colleagues and/or supervisors
- A family member who was swept away by the flood earlier this year
- A barangay staff member who complains about lack of hazard pay/ benefits
- Sexual Abuse
- A government staff who had delayed salary
- Suicide attempt of a co-worker
- Food poisoning among students during a school activity
- Domestic Violence
- A person shouting in the middle of relief operation, causing conflict between neighbors and government staff

<b>QUESTIONS FOR DISCUSSION</b>
a. What are the emotions present in each scenario? Were there physical manifestations when these emotions are present? Was there a change in behavior towards self and others?
b. Who needs stress management? Who needs PFA?
c. When you are under stress, how do you cope?
d. How does your agency address the mental health needs of the staff? What are the programs that address duty of care?

## Summing Up/ Key Points:

1. Disasters such as typhoons, floods, pandemics, and earthquakes can cause stress not only to the affected population but also to carers. It affects people in many ways. Physical effects such as loss of loved ones, pain or physical disability, damage to or destruction of homes and property and cherished belongings are usually obvious. Short-term emotional effects like fear, acute anxiety, shock, emotional numbness, or grief are also very common.
2. Stressors may not only be disasters, but different events which may cause abrupt changes in how a person feels and behaves.
3. Stress is a condition or feeling experienced when a person perceives that the “demands exceed the personal and social resources the individual is able to mobilize” at a given time.
4. There are different effects of stress in the body. It has physical, emotional, and psychological effects on us and can initially create negative feelings, thinking, and behavior, and eventually push us to accept, adjust to, and modify our feelings, thinking and behavior.

5. Mental Health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.
6. Mental Health and Psychosocial Support is any type of local or outside support that aims to protect or promote psychosocial wellbeing. Psychological First Aid (PFA) is one form of MHPSS given as an immediate response to stress management, usually done right after a disaster or distressing event.
7. When stressed, how do we cope? Managing stress is an important management priority in enabling yourself to fulfill your duty well.
8. It is important to know and to recognize and build on the inner strength of the individual to cope with life's challenges and enable him/her to bounce back stronger and wiser. (See Resilient Attributes Guide in ANNEX)
9. It is important for carers to be aware and own their stress reactions. As a carer for others, how would you take care of yourself?

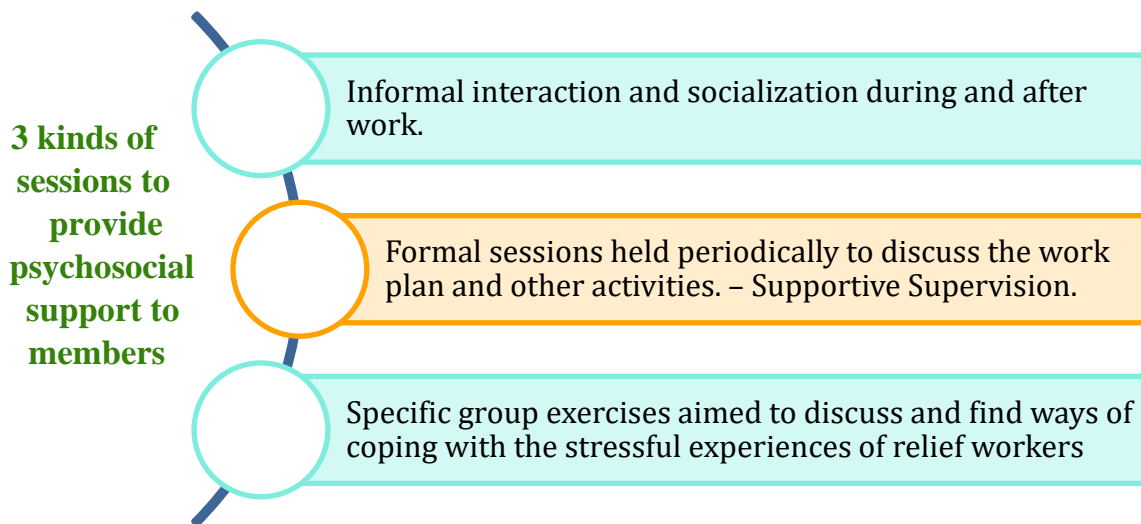


**(Alternative Self-help Tips)**

- Manage your time – Work Smart and Wise
- Always think positive – be proud of yourself for volunteering your service
- Laugh
- Talk to someone with whom you feel at ease
- Be aware of your tension and consciously try to relax. Practice deep breathing exercises for 10 to 15 minutes once or twice a day

- Try to find time to do something you enjoy e.g., listen to music, read a book, go for a walk or a jog, play with children, connect with a friend etc.
- If you cannot sleep or feel too anxious, discuss this with someone you can trust. Do not take sleeping pills, tranquilizers, alcohol or other drugs
- Stay actively engaged in day-to-day activities, if possible
- Avoid inflated or perfectionist expectations, either about yourself or others, lest you feel frustrated
- Practice meditation. This can be very helpful in coping with stress.
- Seek professional advice (if necessary)
- Take TIME OFF – Rest and Relax

10. In an organization, stress management is an important management priority in enabling the organization to fulfill its field objectives. Second, it is necessary to protect the wellbeing of individual staff members, their teams, and the communities/government they work with.



## SESSION 2.2

# Skills of a MHPSS Provider

### Learning Objectives

By the end of the session, participants will be able to:

1. Explain the characteristics and skills to be developed by a “carer”
2. Identify necessary communications skills for a MHPSS session
3. Demonstrate the skills of a “carer”

### Session at a Glance

TIMING	ACTIVITY	METHOD
15’	Pre-activity: Who can be a “carer” or a MHPSS provider?	Interactive Discussion
1hr 15’	PFA action principles (Prepare, Look, Listen, Link)	Input and Film Showing
30’	Good communication (Do’s and Don’ts)	Input Discussion

**Duration:** Online - 2 hours; Face to face - 3 hours

**Materials:**

Online session

- Session guide and presentation
- List of “strengths” during the actual MHPSS session
- Preliminary groupings of participants based on their offices and/or their present work (medical or non-medical)
- Paper / Whiteboard / meta-cards
- Video clips on PFA (in-case e-copy is not available, refer to the links)
  - Prepare: [https://www.youtube.com/watch?v=gD\\_NaQTn8sk](https://www.youtube.com/watch?v=gD_NaQTn8sk)
  - 3 L’s: <https://www.youtube.com/watch?v=ebabarx6t28&list=PLtWjmBOuKQBeSUApJoRyXND0C04zZovf&index=28>
- Handouts: do’s and don’ts on good communication
- Prior coordination to local organizations who can provide MHPSS services and serve as “link”
- (optional) Human body outline (unisex), manila paper, markers

For Face-to-face Session

- Materials from online session
- Manila paper, markers, paper, Masking tape

**Preparation:** Prepare session guides, MS PowerPoint Presentation, paper, and marker/ballpen

## Activity

### A. Who can be a “carer” or a MHPSS provider?

- Based on their experiences, ask participants what they think are good characteristics of a “carer”.
- Optional activities
  - Ask participants to draw / type in on an online whiteboard / write in a human body outline the characteristics they are thinking of.
  - Facilitator may refer to any “strengths” mentioned by the participants if an actual MHPSS session has been conducted
- Link the responses of the participants to the 4 PFA action principles

### B. PFA Action Principles

#### a. Prepare

- Play video link
- Emphasize that as an MHPSS provider, there should be prior preparations to know the following: Details of the event (what happened, who are affected), practical support services available (who, where, and how can these services be accessed), possible risks to safety and security
- Ask a question: What do you think can happen if an MHPSS provider was unable to adequately prepare prior providing MHPSS services
- \*After some discussion, proceed to the 3Ls. Play video if available

#### b. Look

- Emphasize that an MHPSS provider should be able to “Look” for the following: safety, urgent needs, serious distress reactions, services, and guidelines.

#### c. Listen

- During an actual MHPSS session, a facilitator should be able to “empathically listen” and “do” both verbal and non-verbal communication to facilitate the provision of psychosocial support
- “Empathic listening” is to be able to listen to the client in a non-judgmental manner and with a sincere aspiration to help the “client” help themselves clarify their feelings and priorities.
  - Verbal – some samples of verbal “empathic listening” skills include: Clarifying, Paraphrasing, Reflecting Emotion
    - Optional activity: With the help of prepared “scenarios”, practice paraphrasing / reflecting / clarifying with the participants.
  - Non-verbal – ask participants to observe their “listening posture” and characterize what they observe.

- Optional activity: Ask participants to “say” what the parts of our body (e.g., eyes, feet, brain, body etc.) wanted to say to someone distressed that we are talking to.

**d. Link / Ugnay**

- Emphasize that among the priority services that a MHPSS provider could gather prior information include reunification mechanisms for the immediate support network, basic needs, medical-related needs and legal services, among others.
- Facilitators should keep in mind that by having this information at hand, we are more prepared to help the persons to help themselves.
- Regarding mental health needs, mention “linkages” to referral systems (prioritize local networks):

<p>*List:</p> <p><a href="https://www.rappler.com/moveph/list-groups-providing-free-online-counseling-during-the-pandemic">https://www.rappler.com/moveph/list-groups-providing-free-online-counseling-during-the-pandemic</a></p>
<p>Government offices:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health (Local / Regional health offices)</li> <li><input type="checkbox"/> Education (DepEd) / academic institutions</li> </ul>
<p>Community-based organizations</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Trained barangay health workers (BHWs)</li> <li><input type="checkbox"/> Volunteers / organizations</li> </ul>
<p>Private</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sa lugar ng trabaho</li> <li><input type="checkbox"/> Mental Health organizations such as “In Touch”</li> </ul> <p>*Show In-Touch contact card</p>

- Ask participants what PFA action principle they are best at, needs to improve.
- Emphasize that a good carer should be able to have time, willingness, and talent (knowledge, skills, attitude) on the PFA action principles

**C. Good communication / What to SAY and DO**

- a. Play video if available
- b. What to SAY and DO
  - Try to find a quiet place to talk and minimize outside distractions
  - Stay near the person but keep an appropriate physical distance depending on their age, gender, and culture.
  - Let them know you hear them, for example, nod your head and say “hmmmm.”
  - Be patient and calm
  - Provide factual information IF you have it. Be honest about what you know and what you do not know. “I don’t know but I will try to find out about that for you.”
  - Give information in a way the person can understand - keep it simple.
  - Acknowledge how they are feeling, and any losses or important events they share with you, such as loss of home or death of a loved one. “I’m so sorry...”

- Respect privacy. Keep the person’s story confidential, especially when they disclose very private events.
- Acknowledge the person’s strengths and how they have helped themselves.

**D. Group activity: “What is your reaction?”**

Objectives:

- Practice and apply (re)learned skills of a good carer in the context of COVID 19

Mechanics:

- Group in 4-5 pax according to:

Medical Frontliners	a. Hospital-based
	b. Community-Based
Non-medical Frontliners	c. Province / City / Municipal / Barangay Hall
	d. School / Neighborhood / Home / Church

- a. Ask participants to identify who among them will perform the following roles:

“Client”	“Carer”	“Observer”
Act out scenario	Respond	Observe and share good practices on 4Ps (PFA action principles)

- b. Explain to the participants that:
- Pre-assigned scenarios will be given to pre-identified groupings.
  - 2 minutes will be given to discuss the scenario.
  - 2 minutes will be given to act out the scenario, if possible, **SIMULTANEOUSLY**.
  - 1 minute to share observations by the Observer
- c. Show groupings, scenarios, then give time for the group activity



d. Sample scenarios

Medical Frontliners	a. Hospital-based
	(1) During one of your rounds, one of the COVID patients in the wards broke down and cried. She said she felt so lonesome and feared that she would die soon. How can you intervene in this situation?
	(2) COVID patients are not allowed to be visited by families while patient-doctor or patient-nurse interaction in the critical care unit is also limited. How will you explain to the patient that they are not allowed to be visited and reassure that the care is given to him/her?
	b. Community-Based
Non-medical Frontliners	(1) People in the community refrained from having contact with community medical frontliners. Thus, they try to avoid them by not having conversations with them. As a medical frontliner, what steps would you do to address this situation?
	(2) You are a barangay health worker. A resident in your barangay, who is also a relative of a hospitalized COVID patient approached you. S/he is very desperate to find blood donors and is even willing to “buy” blood.
	c. Province / City / Municipal / Barangay Hall
	(1) Tons and tons of harvested vegetables rot and was disposed of because farmers refrained from selling it at very low prices. The lockdown and transport restrictions affected various enterprises. A representative from a small farmers cooperative sought help from your office regarding long-term solutions. The DA distributed seeds to them. But they are lobbying for price regulation / control as their cooperative saw this a just measure.
	(2) One of the community members went to your office and demanded an explanation as to what happened to the social amelioration subsidy. She was included in the initial list, and she was interviewed but she was not included in the final list. What is your response?
	d. School / Neighborhood / Home / Church
	(1) A neighbor approached you and is very concerned. That neighbor is a relative of 3 siblings whose father recently died of COVID 19, and whose

	<p>mother is currently in a quarantine facility. According to your neighbor, the ages of the siblings are 10, 8 and 6.</p> <p>(2) You are a teacher / teacher volunteer in your neighborhood. A parent approached you regarding the modality of school this year. S/he is a medical frontliner and admitted that s/he will not be able to dedicate time for the children.</p>
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## Summing Up/Key Points

- a. Anyone can be a MHPSS provider, as long as they have the time, willingness, and the necessary knowledge, skills and attitude (KSA) for the 4 PFA action principles, including good communication.
- b. Link to next session: As part of being a “good carer”, it is necessary that we are knowledgeable so we can apply the 4 PFA action principles to ourselves too.

## SESSION 2.3

# Exercises for self-care / “coping with stress”

### Learning Objectives

By the end of the session, participants will be able to:

1. Explain the importance of self-care
2. Identify the exercises for self-care
3. Describe the strategies on coping with stress

### Session at a Glance

TIMING	ACTIVITY	METHOD
10'	What to Do?	Interactive Discussion
10'	Mindful Stretching	Individual Exercise
20'	Other Self-Care Activities	Input Discussion

**Duration:** 40 minutes

**Materials:** Session guide, laptop, projector, MS PowerPoint Presentation

*(if virtual set-up):* Online video conference software, mobile phone/laptop, headphones

**Preparation:** Prepare session guides, MS PowerPoint Presentation

### Content

The facilitators will give each participant a scenario related to disasters/ pandemic/ unfortunate events which they will keep in secret.

#### Interactive Discussion

- What do we need?
  1. Time
  2. Comfortable chair (*Kumportableng upuan o mahihigaan*)
  3. Notebook and ballpen
  4. Water

### Individual Exercise: Mindful Stretching

- This is a simple stretching exercise you can do every single day. It is coordinating the breath and movement.
  - Instruct each participant to stand.
  - Beginning in a standing posture, getting a sense of the feet pressed into the ground. Hands on your sides. Your legs may be a foot apart to keep your balance.
- Stretching the chest by taking a deep in-breath ... making sure you breathe out in your own time. Letting the hands stretch downwards towards the floor. Ensuring the chin is tucked-in and the back straight.
- This is our starting posture ... breathing and noticing how the body is feeling.

Perhaps asking yourself, “how is my body feeling right now?”

Noticing ... being aware of sensations ... acknowledging if there is any pain or discomfort ... being aware of how things are in this moment.

In a gentle movement,

inhale ... stretch your arms on the side

exhale ... turn palms upward

inhale ... move the arms upward palms facing each other exhale ... slowly moving it on the

sides

inhale ... palms facing downwards, and

exhale ... hands moving to the side of the body.

Do this movement 3 times, each time try to stretch further.

### Other Self-Care Activities

1. Attitude of Gratitude - write three things you are thankful for that happened to your day.
2. Journal Writing - you may follow the WRITE method
  - a. W – What do you want to write about? Name it.
  - b. R – Review or reflect on it – close your eyes, take deep breaths, and focus.
  - c. I – Investigate your thoughts and feelings. Just start writing and keep writing.
  - d. T – Time yourself – write for 5 to 15 minutes straight.
  - e. E – Exit “smart” by re-reading what you’ve written and reflecting on it with one or two sentences
3. Meditation Technique
4. Letting-Go – a type acceptance and discontinuing a long struggle- by writing your burdens in a piece of paper, crumpling it and throwing it away in a trash bin.
5. Quick Heart Coherence

## Interactive Discussion

- Emphasize the importance of self-care, “take care of yourself so that you can best care for others”
- It is important to pay extra attention to your own wellbeing and be sure that you are physically and emotionally able to help others
- Take some time, if possible, to **rest and relax** before beginning your work and life duties again.
- Benefits our body, mind, social well-being
- Refuels our being
- Brings us back to our feet and allows us to continue what we do
- Make it a part of your everyday routine!

## SESSION 2.4

# MHPSS Facilitation Tips/Learning Exchange

### Learning Objectives

By the end of the session, participants will be able to:

1. Explain the general flow of a MHPSS session
2. Demonstrate facilitation activities and skills relevant to the sections of the MHPSS session

### Session at a Glance

TIMING	ACTIVITY	METHOD
40'	MHPSS Facilitation Tips	Interactive Discussion

**Duration:** 40 minutes

**Materials:** Session guide, laptop, projector, MS PowerPoint Presentation

*(if virtual set-up):* Online video conference software, mobile phone/laptop, headphones

**Preparation:**

**Self**

- Ready to listen
- Remember the characteristics of a good MHPSS worker

**Module**

- Module to guide the facilitator should be available and was already tested by the team.

**Presentations**

- Visual aids and other materials based on the module should be checked and prepared.

**Team**

- Team members must know their main roles (lead facilitator, mini-session facilitators, documenters, technical, “yes” person, host of the virtual set-up, etc.) and back-up roles (e.g., catering to possible participants who may be “triggered” by the experience and may need a separate accommodation, co-

facilitator, co-documenter, virtual co-host) in cases when main facilitators encounter any problem.

- Prepare PFA needs assessment and post-session feedback forms.

**Technical**

- Check accessibility of all participants to a stable network connection.
- If a participant gets triggered in any part of the session (e.g., inconsolable crying, wailing, etc.) needing extra support, we can activate a Zoom Breakout Room and move the affected participant accompanied by a team member. When ready, both can return to the plenary room to join the group. Another option is to call the participant over the phone.

**Referral networks**

- Check local service providers as mental health and referral networks.
- Ensure that numbers of local government agencies are at hand (e.g., women’s desk, nearest hospital, etc.)

**Content**

**A Brief Guide for the mini sessions:**

	<b>Mini Session</b>	<b>Time</b>
1.	Technical Check, Introduction & House rules	10 mins
2.	Energizer	5 mins
3.	Breathing Exercise	5 mins
4.	Self-introduction	15 mins
5.	Mini activity (e.g., Show me)	10 mins
6.	Expressing my situation ( <i>Awitin mo ang kalagayan mo</i> )	15 mins
7.	Stories of resilience ( <i>Kwentuhan ng katatagan</i> )	40 mins
8.	Resilient attributes of the group	5 mins
9.	Tips on strengthening mental health (Self-Regulating Technique) & referral networks	5 mins
10.	My post-pandemic hopes	15 mins
11.	Closing	5 mins
		<b>2 hours</b>

### Introduction and House Rules

<i>Preparations:</i>	1. Script for introduction and house rules may be helpful.
<i>Procedures:</i>	1. Acknowledge all groups / individuals present. 2. State the house rules and ask participants if they have questions and/or suggestions for additional house rules.
<i>Tips</i>	1. Participants must observe physical distancing. 2. Ask them if it is okay for them to have observers around. 3. If an online session is conducted, it is encouraged for participants to take off their masks for the facilitators and other participants to see each other's faces/facial expressions.

### Energizer & Breathing exercise

<i>Preparations:</i>	1. For the energizer, if videos will be used, check the stability of internet connection for the one who will play it. 2. It will also help if someone from the team can demonstrate the 'energizer moves' so that participants can still follow even if the network connection may be limited.
<i>Procedures:</i>	1. See tips below.
<i>Tips</i>	1. Other options / variations for the energizer and breathing exercise may be done. 2. Options of Activities: (choose 1 only per session) <ul style="list-style-type: none"> <li>• 4 - 6 Counts Breathing Exercise</li> <li>• Diaphragmatic Breathing Exercise (see demo in In Touch website)</li> <li>• One moment meditation (see demo in In Touch website)</li> <li>• Mental Focusing exercise - Where we will ask them to come up with a phrase that will encourage or motivate or calm them in the execution of their jobs. For example, if I am manning the checkpoints and I find the demanding hours of checking the body temperatures of people passing through, I can formulate a phrase like "<i>Lahat para sa ating kabutihan.</i>" Say this phrase repeatedly for 3 minutes in the mind. Do this at least 3x a day.</li> </ul> 3. Important to do these breathing exercises as regularly as possible. Do not wait for the stress or panic to hit you. But helpful when these situations happen.

### Self-introduction

Can choose at least one activity either Superpowers or Animals

#### A. Superpowers

<i>Preparations:</i>	Depending on the context of the participant group, options to identify their inner strengths may be done.
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<i>Procedures:</i>	Ask participants to state their name, position, then let them describe what superpower they would like to have, especially in a disaster situation.
<i>Tips</i>	1. Highlight their hopes. 2. Ask them why those are their identified superpowers.

**B. Animals**

<i>Preparations:</i>	Depending on the context of the participant group, options to identify their inner strengths may be done.
<i>Procedures:</i>	Ask participants to state their name, position, then let them describe what animal they would most likely want to have or relate themselves to, especially in a disaster situation.
<i>Tips</i>	1. Highlight their inner strengths. 2. Ask them why they choose their animals.

**Mini activity (e.g., Show me)**

<i>Preparations:</i>	1. List of things to ask from participants. 2. Prizes; main and consolation.
<i>Procedures:</i>	1. An option is to ask participants to first raise both hands in the air (to ensure they are not holding onto any item). 2. Ask participants to show the item being asked for, in front of the video, as fast as they can.
<i>Tips</i>	1. (If possible) Provide budget for prizes. 2. Do not give games that are too hard for participants. 3. Options for things to ask: <i>Cell Phone Charger, Power bank, Suklay, Alcohol, Band aid, Tubig, Notebook or papel, Pencil/ballpen, Panyo/face towel, Belt, Medyas, Something color pink, Something color green, Something color silver</i>

**Expressing my situation (*Awitin mo ang kalagayan mo*)**

<i>Preparations:</i>	Give TNA in advance. If cannot be achieved, prepare for a back-up plan during the actual session that will enable participants to express their situation.
<i>Procedures:</i>	Ask participants to try to sum-up their situation and share it with a group through 1-2 lines in a song, or thru a ‘rap’ presentation
<i>Tips</i>	Prevent participants from dwelling too much on the concerns, instead acknowledge the things they are doing to cope. - For sessions that will require a shorter period, the facilitator may integrate the guide questions onto the introduction discussion.

**Stories of resilience (*Kwentuhan ng Katatagan*)**

<i>Preparations:</i>	Prepare the documenter (and alternate) to take down notes for sharing with the facilitator through google document if it is online.
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<i>Procedures:</i>	<p>Ask participants:  <i>“Ano ang mga nakakatulong sa iyo para malampasan mo ang mga pagsubok o hamon (challenges) sa panahong ito?”</i></p> <p>Alternative Question:  <i>“Ano na ang mga nagawa ninyo mula noong mangyari itong lumalaganap na dami ng covid-cases hanggang ngayon para maging physically o emotionally safe kayo.”</i></p>
<i>Tips</i>	<ol style="list-style-type: none"> <li>1. Remember the Objectives of this activity: (1) to make participants recognize their already existing resilient attributes/coping mechanism and, (2) through some processing work, enhance their understanding of and identify other ways of using their resilient attributes/coping mechanisms.</li> <li>2. Take note of any coping mechanisms already mentioned by the participants on the earlier mini sessions.</li> <li>3. Acknowledge their coping mechanisms. Provide a psychological validation of their shared coping skills.</li> <li>4. Ask processing questions to deepen understanding of their resilient attributes/coping mechanism. Make use of a list of processing questions.</li> <li>5. While the sharing happens, a teammate lists down the salient attributes/coping skills picked-up from the stories; may be grouped thematically and flashed on shared-screen at the appropriate time.</li> </ol>

**Resilient attributes of the group**

<i>Preparations:</i>	<p>List of resilient attributes highlighted in the earlier mini sessions. (See reference “Resilience Attributes Guide” in ANNEX.)</p>
<i>Procedures:</i>	<p>We need the stored knowledge of the Common Resilient Attributes then we try to identify from their sharing the resilient attributes and/or coping skills that were expressed. We then highlight these and expound on them by finding new and creative ways to use them. This is done with your contribution but mostly by gathering their own ideas.</p>
<i>Tips</i>	<p>It will be helpful to assign a co-documenter in case there will be limitations on the side of the main documenter at any time during the session.</p>

**Tips on strengthening mental health & referral networks**

<i>Preparations:</i>	<p>Samples of self-regulating techniques.</p>
<i>Procedures:</i>	<ol style="list-style-type: none"> <li>1. Highlight self-care methods already mentioned in the earlier discussion on coping mechanisms.</li> <li>2. Share available resources should they think they / or someone they know is really in need of an advanced support system, they can always tap on the network of MHPSS providers.</li> </ol>

<p><i>Tips</i></p>	<p>Options of Self-Care Activities: (choose 1 only per session)</p> <ul style="list-style-type: none"> <li>• Practicing Gratitude</li> <li>• Journal writing</li> <li>• Meditation Technique</li> <li>• Letting Go – a type of acceptance and discontinuing a long struggle – by writing your burdens in a piece of paper, crumpling it and throwing it away in a trash bin</li> <li>• Quick Heart Coherence</li> <li>• Mental Focusing exercise - Ask participants to come up with a phrase that will encourage, motivate, or calm them as they carry out their jobs. For example, if I am manning the checkpoints and I find the demanding hours of checking the body temperatures of people passing through, I can formulate a phrase like “<i>Lahat para sa ating kabutihán.</i>” Say this phrase repeatedly for 3 minutes in the mind. Do this at least 3x a day.</li> <li>• Yes-But Exercise</li> <li>• Personal Mantra</li> <li>• Active Breathing Exercise / Stretching Exercise</li> </ul>
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**My post-pandemic hopes**

<p><i>Preparations:</i></p>	<p>Facilitator can prepare his/her own answer as an example.</p>
<p><i>Procedures:</i></p>	<p>Ask participants what the first thing/s is/are they would do post-COVID (e.g., when there is already a vaccine, or upon lifting of quarantine)</p>
<p><i>Tips</i></p>	<ol style="list-style-type: none"> <li>1. Encourage the participants to recall places/ things/ events that bring them happiness.</li> <li>2. This should end the sessions on a light note. A simple reference that may be useful:</li> </ol> <div data-bbox="762 1294 1189 1899" style="text-align: center;"> </div>

**Closing**

<i>Preparations:</i>	Prepare feedback questions / forms, and if possible, disseminate those earlier than the scheduled activity
<i>Procedures:</i>	<ol style="list-style-type: none"> <li>1. Since the main purpose of the activity is to somehow provide relief to the participants, ask them how well the activity has helped, what they learned (even one word that struck them)</li> <li>2. Encourage feedback</li> </ol>
<i>Tips</i>	<ol style="list-style-type: none"> <li>1. Always remember the linear connection of the sessions.</li> <li>2. Closing prayer may be done per individual especially if the group is small.</li> </ol>

# ANNEXES

## RESILIENT ATTRIBUTES GUIDE

Reminder: This list shall simply serve as a guide as there are a lot more resilient attributes that can be culled from every *Kumustahan* session.

### Common Resilient Attributes

Attributes	Definition	Sample Statements
<b>Altruism</b>	Interest in helping others.	“I wanted to make sure that everyone was ok.”
<b>Decisiveness</b>	Determines a course of action and commits to it.	“I knew I had to stay on track and be here.”
<b>Faith/Spirituality</b>	Often religious in nature, the belief on something of higher purpose.	“I prayed to God.”
<b>Hardiness</b>	A personality structure combining a sense of commitment, control, and challenge in the face of stress.	“It’s not easy to put me down.”
<b>Humor</b>	Finding a way to laugh.	(Watch for nervous laughter.)
<b>Mindfulness/Self-awareness</b>	Living in the present. Knowing what we need, what we do not need and when it’s time to reach out for some extra help.	“Staying in the moment.”
<b>Mission in life</b>	Self-assigned purpose that creates a sense of meaning.	“It’s my responsibility to be strong.”
<b>Morale compass</b>	An inner guide that distinguishes right from wrong.	“Even if he’s my friend, I had to let him know that there are policies to be followed.”

<b>Optimism</b>	Able to reappraise situations and their impact on them that initially appear to be negative.	“This will turn around for the best.”
<b>Perseverance</b>	Maintain a source of action despite its challenging conditions.	“I just went back to work because things had to move on.”
<b>Problem solving</b>	Solution finding	“I tried to focus on what I could do to move on.”
<b>Pursue meaning/growth</b>	Searches alternative explanations, meaning and understanding to enhance adaptability and outcome.	“This leads me to value life more.”
<b>Role model</b>	Exhibits behavior emulated by others.	“I want to be calm for my team members.”
<b>Self-efficacy</b>	Belief in one’s own ability to exercise control in a meaningful and positive way.	“I felt safe because I immediately started my breathing exercise.”
<b>Sociability</b>	Comfort in engaging and connecting to other people.	“I immediately called my best friend to tell him the story.”
<b>Training</b>	External guidance that formulates roles and boundaries.	”How I act in challenging situations come from the learnings/experiences I went through.”

## Historical Timeline of the Development of Mental Health and Psychological Support Services (MHPSS) in the Southeast Asia

COUNTRY	YEAR	DETAILS
Association of South East Asian Nations (ASEAN)	2011	<ul style="list-style-type: none"> <li>The 6th Senior Officials Meeting on Health Development (SOMD) held in July 2011 supported the establishment of an ASEAN Mental Health Task Force (AMT). The task force was responsible for the implementation of ASEAN Strategic Framework on Health Development (2010-2015) that was endorsed by the 10th ASEAN Health Ministers Meeting (AHMM) in Singapore in July 2010.</li> </ul>
	2011-2015	<ul style="list-style-type: none"> <li>The AMT formulated the ASEAN Work Plan on Mental Health (2011-2015) with identified lead countries. A workshop on developing ASEAN Policy Advocacy on Mental Health was organized from 4 to 5 June 2013 in Bangkok, Thailand and facilitated the development of a policy brief that captured mental health situation and gaps in the ASEAN. It also proposed key strategies and ways forward for stakeholders including policy makers in addressing mental health issues. The document was tabled for the review and concurrence of the 2<sup>nd</sup> ASEAN Task Force on Mental Health in Brunei Darussalam from 4 to 6 July 2013.</li> </ul>
	1981	<ul style="list-style-type: none"> <li>Formation of the Asian Federation for Psychiatry and Mental Health (AFPMH)</li> </ul>
Brunei Darussalam	2014	<ul style="list-style-type: none"> <li>Stand-alone Mental Health Legislation/Law</li> <li>Stand-alone Mental Health and Policy/Plan</li> </ul>
Cambodia	2011	<ul style="list-style-type: none"> <li>Stand-alone Mental Health Policy/Plan</li> </ul>
Indonesia	2014	<ul style="list-style-type: none"> <li>Stand-alone Mental Health Legislation/Law</li> <li>Stand-alone Mental Health and Policy/Plan</li> </ul>

Lao PDR	2007	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Malaysia	2001	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	2012	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Myanmar	1912	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	1993	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Philippines	2018	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	2016	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Singapore	2010	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law (revised; most updated version)</li> </ul>
	2006	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan (revised; most updated version)</li> </ul>
Thailand	2008	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	2017	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Viet Nam	1999	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>

COUNTRY	YEAR	DETAILS
South Asian Association for	2002	



Regional Cooperation (SAARC)		<ul style="list-style-type: none"> <li>• Conduct of the South Asian Forum for Psychiatry and Mental Health (SAFPMH) attended by India, Pakistan, Sri Lanka, Bangladesh, Nepal, Bhutan</li> </ul>
	2004	<ul style="list-style-type: none"> <li>• Formation of the SAARC Federation of Psychiatry (SFP)</li> </ul>
Afghanistan	1987	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	2016	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Bangladesh	2007	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Bhutan	2000	<ul style="list-style-type: none"> <li>• An officially approved mental health policy exists or most recently revised.</li> </ul>
	2009	<ul style="list-style-type: none"> <li>• A mental health plan exists and was approved, or most recently revised.</li> </ul>
India	2017	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	2014	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Maldives	2017	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Nepal	1996	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>
Pakistan	2001	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
Sri Lanka	2017	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Legislation/Law</li> </ul>
	2002	<ul style="list-style-type: none"> <li>• Stand-alone Mental Health Policy/Plan</li> </ul>

## **MHPSS (Mental Health and Psychosocial Support Services) Key Messages on COVID-19 in the Philippines**

The Inter- Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings recommend that multiple levels of intervention are integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions that range from embedding social and cultural considerations in basic services to providing specialized services for individuals with more severe conditions. Core principles include: do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities, and adopt multi-layered interventions and work with integrated support systems.

### **Psychosocial Stressors and COVID-19**

Stress is common. It is common and normal for individuals to feel stressed and worried in response to any emergency, disaster, or disease outbreak. Specific stressors particular to the COVID-19 pandemic are:

- Rumors and misinformation (social media);
- Closure of schools and children's activity spaces;
- Travel restrictions;
- Possibility of or actual physical isolation and quarantine;
- Deterioration of trust in government agencies and social networks;
- Avoidance of health facilities;
- Risk of relapse in pre-existing health conditions (including mental health), and
- Common symptoms of other health problems can lead to fear of infection.

### **Be Kind to All People Affected**

There is a social stigma associated with people affected by COVID-19. Social stigma may happen:

- As discrimination towards persons who have been infected and their family members;
- Towards those treating and caring for patients; and
- Towards specific ethnic groups, populations, or nationalities.

### **Messages to the General Public:**

1. People who are affected by COVID-19 have not done anything wrong. They deserve our support, compassion, and kindness.
2. To reduce the social stigma, do not label people as COVID-19 patients. This is to ensure that they are not defined by COVID-19.
3. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts. Avoid rumors and misinformation. Gather information at regular intervals from the World Health Organization (WHO) website in order to help you distinguish

facts from rumors. You may also get information from local health authorities such as the Department of Health (DOH) website. Facts can help minimize fears.

4. Protect yourself and be supportive of others. Assisting others in their time of need can benefit the helper as well as the person receiving the support.
5. COVID-19 has affected, and is likely to affect, people from many countries and in many geographical locations. Do not attach a label of COVID-19 to any ethnicity or nationality. Be empathetic to all those who are affected, in and from any country.

Do not refer to people with the disease as “COVID-19 cases”, “victims”, “COVID-19 families” or “the diseased”. They are “people who have COVID-19”, “people who are being treated for COVID-19” or “people who are recovering from COVID-19”. After recovering from COVID-19, their lives will go on with their jobs, families, and loved ones. Minimize watching, reading, or listening to news that causes you to feel anxious or distressed. Seek information only from trusted sources and mainly in order to take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice a day. For example, check in by phone on neighbors or people in your community who may need some extra assistance. Working together as one community can help to create solidarity in addressing COVID-19 together.

### Messages for Children

1. Children feel relieved if they can express and communicate their feelings in a safe and supportive environment.
2. Keep children close to their parents and family, if it is considered safe for the child. Avoid separating children and their caregivers as much as possible. If a child needs to be separated from their primary caregiver, ensure that appropriate alternative care is provided and that a social worker, or equivalent, will regularly follow up on the child.
3. Maintain familiar routines in daily life as much as possible, or create new routines, especially if children must stay at home. Provide engaging age-appropriate activities for children, including activities for their learning.

Help children find positive ways to express feelings such as fear and sadness. Every child has their own way of expressing emotions. Sometimes engaging in a creative activity, such as playing or drawing, can facilitate this process. Further, ensure that during periods of separation, regular contact with parents and caregivers is maintained such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child). As much as possible, encourage children to continue to play and socialize with others, even if only within the family, when advised to restrict social contact.

### Messages for Healthcare Workers

1. Managing your mental health and psychosocial wellbeing during this time is as important as managing your physical health.
2. Try and use helpful coping strategies such as ensuring sufficient rest and respite during work or between shifts, eating sufficient and healthy food, engaging in physical activity, and staying

in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol, or other drugs. In the long term, these can worsen your mental and physical wellbeing.

3. Turn to your colleagues, your manager, or other trusted persons for social support. Your colleagues may be having similar experiences to you.
4. Use understandable ways to share messages with patients with intellectual, cognitive, and psychosocial disabilities.

For most health workers, feeling under pressure is a likely experience for you and many of your colleagues. It is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. This is a unique and unprecedented scenario for all workers. Even so, using strategies that have worked for you in the past to manage times of stress can benefit you now. You are most likely to know how to de-stress and you should not be hesitant in keeping yourself psychologically well. This is not a sprint; it's a marathon. Some healthcare workers may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation far more difficult. As far as possible, stay connected with your loved ones; digital methods are one means of maintaining contact.

### Messages for Older Adults

1. Provide practical and emotional support through informal networks (i.e., families and peers) and health professionals.
2. Share simple facts about what is going on and give clear information about how to reduce the risk of infection in words that older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful, and patient way.
3. Be prepared and know in advance where and how to get practical help if needed, such as calling a taxi, having food delivered, and requesting medical care.
4. Keep regular contact with loved ones (e.g., via phone or other means).

Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak or while in quarantine. It may also be helpful for information to be displayed in writing or pictures. Engage their family and other support networks in providing information and helping them to practice prevention measures (e.g. handwashing and wearing face masks). Make sure to have up to two weeks' supply of all the regular medicines that you may require. Keep to regular routines and schedules as much as possible or help create new ones in a new environment, including regular exercising, cleaning, daily chores, singing, painting, or other activities.

### Messages for Team Leaders and Managers

1. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have better capacity to fulfil their roles.
2. Ensure that good-quality communication and accurate information updates are provided to all staff. Rotate workers from higher-stress to lower-stress functions. Implement flexible schedules

for workers who are directly impacted or who have a family member impacted by a stressful event. Ensure that you build in time for colleagues to provide social support to each other.

3. Facilitate access to and ensure that staff are aware of where they can access mental health and psychosocial support services.

Highlight that this information is for team leaders and managers of healthcare workers and workers in non-health sectors. Be sure to keep in mind that the current situation will not go away overnight and that you should focus on longer-term occupational capacity rather than on repeated short-term crisis responses. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress, and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs. Initiate, encourage, and monitor work breaks. Managers and team leaders are facing similar stressors as their staff, with potential additional pressures in the level of responsibility of their roles. It is important that the above provisions and strategies are in place for both workers and managers, and that managers can be a role model for self-care strategies to mitigate stress.

### Messages for People in Isolation

1. Try as much as possible to keep to your personal daily routines or create new ones. Engage in healthy activities that you enjoy and find relaxing activities. Exercise regularly, maintain regular sleep routines, and eat healthy food. Keep things in perspective and use information technology to connect with loved ones.
2. If health authorities have recommended limiting your physical contact to contain the outbreak, you can still stay socially connected via e-mail, social media, video conferencing, and telephone.

Minimize watching, reading, or listening to news that causes you to feel anxious or distressed. Seek information only from trusted sources and mainly in order to take practical steps, or to prepare your plans and protect yourself and loved ones. Seek information updates only at specific times during the day, once or twice a day. Get the facts. Avoid rumors and misinformation. Gather information from WHO webpage on COVID-19 to help you distinguish facts from rumors. Facts can help to minimize fears. Check WHO webpage on Myth Busters. Assisting others in their time of need can benefit the helper as well as the person receiving the support. For example, check in by phone on neighbors or people in your community who may need some extra assistance. Working together as one community can help to create solidarity in addressing COVID-19 together.

### Reference:

Mental health and psychosocial aspects of the COVID-19 pandemic by the IASC and WHO and social media cards from the Philippine Council for Mental Health (PCMH)

- IASC MHPSS RG Co-Chairs : [mhpss.refgroup@gmail.com](mailto:mhpss.refgroup@gmail.com)

Please find attached MHPSS approved messages by the Philippine Council for Mental Health (PCMH) during COVID-19. The Philippine Council for Mental Health (PCMH) as mandated by law is the council chaired by the Department of Health (DOH) Philippines. It serves as a policy-making advisory body to implement the Mental Health Act and spearheads activities in all mental health strategic plans of the Philippines.

- Mental health and psychosocial support recommendation during COVID-19 outbreak from the Philippine Council for mental Health.
- Promote psychosocial wellbeing in everyone.
- Promote psychosocial wellbeing among the team of frontline workers and their agencies and supervisors.
- Promote psychosocial wellbeing in children.
- Promote psychosocial wellbeing in older adults, the elderly.

## List of Centers Offering Free Online Psychological Support Services During the COVID-19 Pandemic

\*Note: This list is not an endorsement. The Psychological Association of the Philippines (PAP) is providing this information so that the public may decide and choose to avail these services in this time of crisis. The PAP has no information about the quality or extent of the services provided by these centers. The list is adapted from a post-dated 08 April 2020 in the Facebook page of Healthy Pilipinas by the Department of Health (DOH). The original post may be found here: <https://www.facebook.com/DOHhealthypilipinas/posts/119294856388371>.

### National Center for Mental Health Crisis Hotline (NCMH-USAP)

Provides mental health support for all affected by COVID-19

Mobile: 0917-899-USAP (8727) or 0917-989-USAP (8727)

<https://www.facebook.com/ncmherisishotline/>

### Philippine Mental Health Association, Inc. (PMHA) Online Support

Provides mental health support for all affected by COVID-19

Mobile: 0917-565-2036

Email: pmhaacds@gmail.com or pmha.eard@gmail.com

<https://www.facebook.com/PMHAofficial>

### UP Diliman Psychosocial Services (UPD PsychServ)

Provides telepsychotherapy services for healthcare frontliners

Mobile: 0906-374-3466

<https://www.facebook.com/updpsycserv/>

[https://docs.google.com/forms/d/e/1FAIpQLSfBzNIOFg8smpk25FVEhQ\\_djE5TN0r0S3--vhvqUyA-BAASHw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfBzNIOFg8smpk25FVEhQ_djE5TN0r0S3--vhvqUyA-BAASHw/viewform)

### Ateneo Bulatao Center for Psychological Services

Provides online counseling and psychological first aid with priority given to frontliners

Phone: 02-8426-5982

Email: bulataocenter.ls@ateneo.edu

<https://www.facebook.com/BulataoCenter/>

<http://ateneobulataocenter.com/>

**PsychConsult, Inc.**

Provides online counseling for all affected by COVID-19

Phone: 02-8421-2469

<https://www.facebook.com/PsychConsultInc/>

<http://www.bit.ly/PCI-COVID-19>

**GrayMatters Psychological and Consultancy, Inc. Philippines**

Provides online counseling for all affected by COVID-19

Mobile: 0917-709-6961 or 0997-561-8778

Email: info@graymattersphilippines.com

<https://graymattersportal.ph/>

**Circle of Hope Community Services, Inc.**

Provides telemental health services to promote effective coping and resilience for healthcare workers

Mobile: 0917-822-2324 or 0925-557-0888

<http://www.circleofhopecommunity.com>

Sign up: [bit.ly/SCbreak](http://bit.ly/SCbreak)

**Mental Health First Responders (MHFR)**

Provides free online peer and family support

Email: telehealth@mhfirstresponse.org

<https://www.mhfirstresponse.org/>

<https://forms.gle/DN49AwPw4X4VwvFR7>

**In Touch Community Services, Inc.**

Provides 24/7 crisis line for the mental wellness of all health and safety frontliners

Phone: 02-8893-7603

Mobile: 0917-800-1123 or 0922-893-8944

<https://www.facebook.com/InTouchCrisisLine/>

<https://www.in-touch.org/>

**The Masters Psychological Services**

Provides psychosocial support services

Mobile: 0926-783-3143

<https://www.facebook.com/theMastersPsych/>

**Philippine Sports Commission (PSC)**

Provides psychosocial services for national athletes

Mobile: 0948-359-2401

<https://www.facebook.com/pscspportpsychology/>

**PGCA-Pampanga Chapter: Online Counseling for CoVid-19 Frontliners**

Provides free online counseling services for frontliners

<https://www.facebook.com/groups/pgcapampanga/>

**SLU-Sunflower Children and Youth Wellness Center (Baguio City)**

Provides mental health support for all affected by COVID-19

Mobile: 0915-541-550 or 0928-832-6372

Email: slusunflower@slu.edu.ph

<https://www.facebook.com/slusunflowerchildrencenter/>

**University of San Carlos (USC) Mental Health Support for Covid-19 Frontliners (CEBU)**

Provides mental health support for all affected by COVID-19

<https://www.facebook.com/USCMHR/>

**Western Visayas Psychosocial Support for COVID-19**

Provides psychosocial support services for all affected by COVID-19

<https://www.facebook.com/westernvisayas.psychosocial/>

**Camp Navarro General Hospital, Health Service Center, Health Service Command AFP**

Provides telepsychology services for all affected by COVID-19 (Calarian, Zamboanga City)

Phone: 062-933-1204

Mobile: 0917-305-1891 or 09666916116

**Psycli-nik psychological assessment and intervention services**

NZUE Building third floor, room 303, Tomas Claudio Street, Zamboanga City

Provides telepsychology services for all affected by COVID-19

Phone: 062-955-8103

Mobile: 0917-305-1891 or 0997-563-2669

Email: psyclinik06@gmail.com or lolina\_bajin@yahoo.com

<https://www.facebook.com/Psycli-Nik-522750847890139/>

**The De La Salle University Dasmaringas Center for Applied Psychology**

Provides online mental health and wellbeing support services to everyone affected by COVID-19

Mobile: 0935-751-9227 or 0919-499-8381

<https://www.facebook.com/DLSUDCAP/>

**The HOFFEN CLINIC (Center for Mental Health and Psychosocial Development)**

Adventist Hospital Davao

Provides telepsychology services for all affected by COVID-19

Mobile: 0951-815-HOPE (0951-815-4673)

Phone: 082-297-2761 loc. 269

Email: centerformentalhealth@adventisthealth-dvo.com

<https://www.facebook.com/The-Hoffen-Clinic-Center-for-Mental-Health-104266697638037/>

**Covid-19 Mental Wellness Professional Resources (Bicol Region)**

Provides telecounseling and professional resources to affected individual of COVID-19

Email: ameliaquiapon@yahoo.com

<https://www.facebook.com/Telecounselors/>

**Knox Cube Behavioral & Mental Health Center (Olongapo-Zambales)**



Provides counseling to healthcare workers in the Olongapo-Zambales area primarily and the community

<https://www.facebook.com/knoxassessments/>  
<https://doxy.me/0811>

**Psycore Neuro Testing Center (Isabela)**

Provides telepsychology services for all affected by COVID-19

Mobile: 0977-288-4563

<https://www.facebook.com/Psycore-Neuro-Testing-Center-101727717981256/>  
<https://psycore-neuro-testing-center.business.site/>

**UP Tacloban Mental Health and Psychosocial Support**

Provides online psychosocial support with priority given to frontliners

<https://www.facebook.com/uptacmhps/>  
<https://forms.gle/y1SVfTQ9xvvqwRaa6>

**Telepsychology for the Lasallian Community**

Provides telepsychology services to all with priority given to frontliners and members of the Lasallian community

Mobile: 0915-200-1294 (MWF) or 0999-202-4612 (TThS)

Email: [tlc.dlsu@delasalle.ph](mailto:tlc.dlsu@delasalle.ph)

<https://www.facebook.com/tlc.dlsu/>

**University of Santo Tomas: Thomasian Mental Health Responders**

Provides online mental health support

Mobile: 0917-152-1817

<https://www.facebook.com/ThomasianMHResponders/>

**OJ Fortune Psychological Services (Ilagan City, Isabela)**

Provides tele-counseling to help individuals and families cope with the impact of difficult life phases and challenges

Mobile: 0977-804-0482

<https://www.facebook.com/OJ-Fortune-Psychological-Services-City-of-Ilagan-207210499689882/>

**Project Bohol: Mental Health Awareness (*Pagpakabuhi*)**

Provides tele-counseling

Mobile: 0938-089-0081

<https://www.facebook.com/projectboholmha/>

**New Day Recovery Center (Davao)**

Provides online psychological services

Mobile: 0923-081-3854 or 0906-494-1686

<https://www.facebook.com/ndrcPH/>

**Psychstart Psychological, Academic and Art Services**

Provides online psychological services

Mobile: 0999-708-9531  
<https://www.facebook.com/psychstartservices/>

**MOH-BARMM COVID-19 MHPSS/PFA HOTLINE**  
Provides mental health and psychosocial support services and psychological first aid  
Mobile: 0956-816-1066 or 0939-152-9219  
<https://www.facebook.com/ministryofhealthbarmm/>

**Western Visayas Medical Center – Department of Psychiatry**  
Provides mental health support for frontliners/healthcare workers  
Mobile: 0996-707-7580 or 0931-025-1276  
<https://www.facebook.com/wvmcpsych/>

**ConvoCare Behavioral Health Services (Cebu City)**  
Provides free telepsychology services and spiritual direction  
Phone: 032-383-6466  
Mobile: 0927-367-3762 or 0933-393-2816  
<https://www.facebook.com/convocarebhs/>  
<https://www.convocarebehavioralhealthservices.com/>

**The Mind Nation**  
Provides free psychological consultation  
<https://www.facebook.com/themindnation/>  
<http://bit.ly/freemindnation>  
<https://themindnation.com/>

**Milestone Health and Wellness**  
Provides free phone assessment focused on identifying current stressors related to substance use / gambling / internet / mental health  
Mobile: 0919-000-9188  
<https://www.facebook.com/milestonehealthandwellness/>  
<https://milestonehealthcenter.com/>

**Camp Coco Wellness Alternatives**  
Provides online individual well-being consultations every Tuesday/Thursdays of the week for the month of April.  
Email: [campcocowellness@gmail.com](mailto:campcocowellness@gmail.com)  
<https://www.facebook.com/campcocoph/>  
<https://www.campcocowellness.com/>

**Polytechnic University of the Philippines Psychosocial Support and E-Counseling**  
Provides E-counseling for those affected by COVID-19  
Mobile: 0921-711-8684  
<https://www.facebook.com/PUPGuidanceOfficial>

# REFERENCES

## Global:

- [https://www.who.int/gho/mental\\_health/reports/en/](https://www.who.int/gho/mental_health/reports/en/)

## ASEAN:

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- [https://asean.org/wp-content/uploads/2012/09/AMT-Policy-Brief\\_Endorsed-by-12th-AHMM.pdf](https://asean.org/wp-content/uploads/2012/09/AMT-Policy-Brief_Endorsed-by-12th-AHMM.pdf)
- [http://asean-law.senate.go.th/en/law-detail-en.php?law\\_id=587&country\\_id=9](http://asean-law.senate.go.th/en/law-detail-en.php?law_id=587&country_id=9)

## SAARC:

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- [https://www.researchgate.net/publication/49729349\\_Mental\\_Health\\_Issues\\_in\\_South\\_Asia\\_Region](https://www.researchgate.net/publication/49729349_Mental_Health_Issues_in_South_Asia_Region)
- <http://www.saarcpsychiatry.com/viewText?chapter=c3>
- <http://www.saarcpsychiatry.com/viewText?chapter=c2>
- <https://www.facebook.com/SAARC-Psychiatric-Federation-SPF-674023549380799/>
- <https://www.savethechildren.net/sites/www.savethechildren.net/files/Joining%20Forces%20Asia%20Joint%20Statement%20200420.pdf>

## Philippines:

- [https://www.researchgate.net/publication/343771917\\_Filipino\\_help-seeking\\_for\\_mental\\_health\\_problems\\_and\\_associated\\_barriers\\_and\\_facilitators\\_a\\_systematic\\_review](https://www.researchgate.net/publication/343771917_Filipino_help-seeking_for_mental_health_problems_and_associated_barriers_and_facilitators_a_systematic_review)
- <https://www.alnap.org/system/files/content/resource/files/main/mhpss-philippines-mapping-final-version.pdf>