GUIDELINES FOR CONDUCTING SUPPORT GROUPS DURING HEALTH EMERGENCIES

EGYPT - NOVEMBER 2022

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EpiC Meeting Targets and Maintaining Epidemic Control

GUIDELINES FOR CONDUCTING SUPPORT GROUPS DURING HEALTH EMERGENCIES

Egypt
November 2022

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Table of Contents

Acronyms

COVID-19	Coronavirus Disease 2019
ENACT	Enhancing Assessment of Common Therapeutic Factors
EQUIP	Ensuring Quality in Phycological Support
Group ACT	Group Facilitation Assessment of Competencies Tool
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MHPSS	Mental Health & Psychosocial Support
NGO	Non-Governmental Organization
SEEC-II	Supporting Egypt's Efforts to Combat COVID-19 (Phase 2)

Acknowledgements

Support Group Definition

A Support Group is a community of individuals united by common struggles and working to deal with life's stresses together. Support Groups are an appropriate way to deliver psychological, emotional, and educational support to people affected by COVID-19 or other health emergencies. While this document will refer to COVID-19 throughout, its contents can be easily adapted for other epidemics, including Monkeypox and Middle East Respiratory Syndrome (MERS-CoV).

This Support Group guidance is designed for adults (18 and up) who were infected by COVID-19, their caregivers, and their families. It is appropriate for an individual to join a Support Group after they are no longer infectious.

"Mental health and psychosocial support should be a core component of any public health response [to the COVID-19 pandemic]. Understanding and addressing mental health and psychosocial considerations will be key to stopping transmission and preventing the risk of long-term repercussions on the population's wellbeing and capacity to cope with adversity."
IASC Interim Briefing Note, Addressing MHPSS Aspects of COVID-19 Outbreak

Purpose of Support Groups

To help individuals affected by COVID-19 understand and cope in a positive manner with what they are experiencing, through offering structured psychological, emotional, informational, and material support.This should be achieved through:

- Providing peer/social support – an opportunity to meet other individuals affected by COVID-19, share experiences, and meet in a supportive environment
- Offering culturally and linguistically appropriate emotional support in a safe space
- Providing a discussion ground for issues of interest for individuals affected by COVID-19, for example, information about prevention, treatment, health services, family life and relationships, life and career support, advocacy, and volunteering opportunities (such as Women's Empowerment Leaders or Outreach Team Members under the SEEC-II project)

Understanding Support Groups as Part of Mental Health Interventions

International guidance from the Inter-Agency Standing Committee (IASC) on addressing mental health concerns during COVID-19 or other emergencies notes that multiple levels of interventions will be needed to address mental health and psychosocial support (MHPSS) needs during the pandemic. Support Groups, which are a type of non-specialized support, may not be sufficient care for someone who needs a mental health specialist—for example, someone dealing with intense depression or suicidality—but are more structured than efforts that are entirely community- or family-led.

> *MHPSS is defined by IASC as "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat a mental health condition."*

Because Support Groups are not sufficient in some cases, this guidance document contains information on how to identify those

who may benefit from other support types and how to link these individuals to more intensive mental health support, or other types of economic empowerment, or health care support, as needed. SEEC-II offers a range of services. If individuals in the Support Group experience the following, talk to your supervisor about referring them to one-on-one counseling services or to a hospital or other facility in severe cases. Some referrals are urgent. Anyone suspected of contemplating suicide should be served immediately using the protocol in *Supporting Document A*. Please note, while it may feel awkward or scary to ask about suicide, this is an important intervention that could save a life.

Principles of Support Groups

- Provide a safe and comfortable meeting place.
- Respect the privacy and confidentiality of participants.
- Empower those affected by COVID-19 or other pandemics to make and implement positive decisions affecting their lives.
- Give peer support, as well as support from caregivers like family members and friends.
- Provide the latest information on treatment and medication through inviting experts in different fields to give lectures on related subjects.
- Provide stress reduction and relaxation.
- Differentiate between Support Groups and more advanced mental health care that may be necessary in some cases.

Principles for MHPSS Interventions
(From the IASC Guidelines for MHPSS in Emergency Settings)

As with all MHPSS interventions, core principles include:
- *Do no harm*
- *Promote human rights and equality*

Benefits Received

- Increasing hope
- Reducing stigma and isolation
- Forging new friendships and networks
- Gaining access to medical care and other services via referral (e.g., economic empowerment)
- Developing stress management strategies and problem-solving skills
- Acquiring support and donations from organizations concerned with COVID-19
- Receiving psychological, emotional, and educational support

Support Group Logistics

- Meetings are held twice a month with the possibility of extra meetings when needed.
- Each meeting will last for roughly two hours with a break of 15 minutes, during which food is shared.
- The location of the Support Group must be safe, private (no one will be overheard or seen), and welcoming with appropriate ventilation and opportunities for social distancing in conformation with local guidelines related to pandemic control. Adequate seating, temperature control, ventilation, and the removal of any images or language that might be offensive to members should be contemplated.
- The circle format is the preferred seating arrangement for an emotional Support Group as it allows everyone in the group

to see all the other members, their facial expressions, and their body language, as well as to listen to each other for an effective interaction. The circle format also allows eye-to-eye contact, which is important in establishing a sense of trust among members.

- The number of participants should range from 6-8 people (not including the facilitators).
- Groups should be homogeneous with the assistance of the facilitator; for example, separate groups should be formed for health care workers versus other affected individuals. It is not necessary to provide single gender groups, but if this is perceived as beneficial by the group members or facilitators, it can be arranged.
- Each round of Support Groups should run for 6 sessions. If specific issues arise and it is important to offer more or fewer sessions, facilitators should speak with their supervisor to make this decision.
- Each NGO may run more than one Support Group at a time.
- New individuals affected by COVID-19 should not drop into existing closed Support Groups to avoid confusion and disorientation; they should have their own Support Group that begins at a future date.
- Guest speakers can be invited to provide information on specific topics that are of interest to the participants.
- Privacy and confidentiality are of crucial importance for the success of the Support Group. All those joining should commit to keeping what they hear about others to themselves.
- Support Groups should have group guidelines and boundaries that are collectively established during the first session.

Motivating the Participants

- Food is always a good way to break the ice and establish bonding within the group. However, it is highly recommended that, if food is provided, it should not be eaten during the actual session so that the members can give their undivided

attention to one another.
- The Supporting Egypt's Efforts to Combat COVID-19 SEEC-II project should contribute to paying part of the transportation cost for the participants. Food can also be covered by the project.

Educational Materials

It is important to provide up-to-date and accessible information to those affected by COVID-19. Basic information on COVID-19 prevention and treatment, which can also help dispel inaccurate beliefs and reduce anxiety, can be found in *Supporting Document B*.

Support Group Participants

Support Group participants are individuals who:
- Are 18 or older
- Are referred by
  - a health-care worker
  - a civil society organization partnering with SEEC-II Project
  - peers or empowerment workers supporting the implementation of SEEC-II
- Need more information on COVID-19 and to manage changes in their lives that are the result of COVID-19
- Want skills to manage grief, stress, anger, or anxiety
- Want to improve their relationships or solve problems they are facing in their lives

Support Group Staffing

Technical Committee for SEEC-II

The technical committee consists of the heads of the NGOs,

FHI 360 and facilitators. It is responsible for making all decisions for anything related to Support Groups. Any decision that does not align with the guidance in this document has to be approved by this committee.

MHPSS Coordinator at the NGO

The MHPSS Coordinator is responsible for the management of the Support Group in the NGO (logistics). They help set up the Support Groups, organize everything, and manage issues that can be resolved at the NGO level.

Facilitation Team

Each NGO should have at least two Support Group facilitators and one supervisor. Support Group facilitators will ideally work together in each Support Group but can also work alone. These individuals make up the "facilitation team" at the NGO.

The facilitators and supervisor should be trained by SEEC-II and score a 3 or 4 on each of the skills described in the following selected *ENACT competencies, (Annex A)*:
• Non-verbal communication and active listening
• Verbal communication
• Exploration and normalization of feelings
• Assessment of harm to self, harm to others, and developing a collaborative response plan

The facilitator should also score a 3 or 4 on all of the skills that make up the *Group Act competencies (Annex B)*:
• Group guidelines and ground rules
• Group participation
• Fostering empathy
• Collaborative problem solving
• Addressing barriers to attendance
• Group confidentiality

- Time management, appropriate breaks, energizers, pacing

Facilitators can see the *basic helping/ facilitator skills* and tips on how to manage a group below.

Facilitators

The facilitators are responsible for implementing what the MHPSS Coordinator says, and all activities related to the Support Group. The facilitator should:
- Be competent (see selected ENACT and Group Act competencies in Annexes A and B) and passionate about mental health for their community
- Help the group achieve an emotional climate and a level of communication which will facilitate growth of all group members
- Model an attitude of support, caring, concern, and respect for all
- Help setting Support Group norms and boundaries that control behaviors between participants and limit the chance that participants will do harm to one another; these norms should include being open to unique experiences and perspectives, being respectful and kind even when disagreeing, and maintaining strict confidentiality
- Demonstrate respectful and caring behavior by listening to each group member carefully and addressing each one with respect and dignity
- Encourage participants to communicate with each other, express their concerns and ideas. The facilitator should ask questions and resolve disagreements between participants in a supportive, non-threatening way
- Determine topics according to participants' needs and requests
- Make sure the session runs on time
- Ask the technical committee to arrange for guest speakers to be invited to provide information on these topics

- Conduct monitoring and evaluation of Support Groups
- During breaks or before/after the session, speak individually with participants if requested or needed
- Remain the same individual throughout the course of the Support Group
- Be aware of and refer individuals to other services if needed
- Believe in their job, be able to sympathize, and listen in a positive way
- In the case of health care worker Support Groups, the facilitator should be a health care worker or psychologist/ psychiatrist/ social worker

Basic Helping/Facilitation Skills

Facilitation Do's and Don'ts	
Do's	Don'ts
• Be honest and trustworthy. • Respect people's right to make their own decisions • Be aware of and set aside personal biases and prejudices • Make it clear to people that even if they don't wish to access help now, they can still access it in the future • Respect privacy and keep people's stories confidential, if this is appropriate • Behave appropriately by considering a person's culture, age and gender	• Don't exploit your relationship as a helper • Don't ask people for money or favors for helping them. • Don't make false promises or give false information. • Don't exaggerate your skills • Don't force help on people, and don't be intrusive or pushy • Don't pressure people to tell their story • Don't share people's stories with others • Don't judge a person's actions or feelings

Introduction to Communication

The way you communicate with someone in a Support Group is very important. To communicate well, be aware of both your words and your body language, such as facial expressions, eye contact, gestures and the way you sit or stand in relation to other people.

Do's and Don'ts for Communicating	
Do's	**Don'ts**
• Try to find a quiet place to talk and minimize outside distractions • Respect privacy and keep the person's story confidential, if this is appropriate • Stay near the person but keep an appropriate distance depending on their age, gender and culture • Let them know you are listening; for example, nod your head or say "hmm…". • Be patient and calm • Provide factual information. • Be honest about what you know and don't know (e.g., "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	• Don't pressure someone to tell you anything they do not want to tell you • Don't interrupt or rush someone when they are speaking (for example, don't look at your watch or speak too rapidly) • Don't touch the person if you're not sure it is appropriate to do so • Don't judge what they have or haven't done or how they feel. Don't say: "You shouldn't feel that way", or "You should feel lucky you got out of that situation" • Don't make up things you don't know • Don't use terms that are too technical • Don't tell them someone else's story • Don't talk about your own troubles

• Acknowledge how they are feeling and any losses or important events they tell you about, such as loss of their home or the death of a loved one. (e.g., "I'm so sorry. I can imagine this is very sad for you.") • Acknowledge the person's strengths and how they have helped themselves. • Allow for silence.	• Don't give false promises. • Don't think and act as if you must solve the person's problems for them. • Don't take away the person's strength and sense of ability to care for themselves. • Don't talk about people in negative terms (for example, don't call them "crazy" or "mad")

Maintaining Confidentiality

Participants need to know that information they share will not be shared with anyone outside of your local facilitation team. This is especially true for survivors of physical or sexual violence. If there are limits to confidentiality, such as the risk of suicide, share this at the start of the group.

Since everyone in Support Group facilitation team is bound by the same confidentiality rules, it is okay to talk to your colleagues (e.g., supervisor or other facilitator) about participants if you are seeking help for someone or it is related to the Support Group.

If facilitators need to talk to a participant about personal issues, they should try to find a private, comfortable setting away from the rest of the group. Where this is not possible, facilitators should confirm that the participant feels comfortable talking in a less-than-private setting and/or, as much as possible, avoid discussing anything very personal at that time.

As part of confidentiality, it is also important that all information about participants (for example, questionnaires or assessment

results, and personal details) is kept in a safe and locked place (for example, a locking filing cabinet).

Acknowledging Emotions

When working with people who are experiencing high levels of distress, it is important to acknowledge their emotions. Facilitators can do this by naming the emotion that the participants might be experiencing. Examples are given below.
- *"It is very sad that this has happened to you."*
- *"I can see that this is frustrating for you."*
- *"I can see your situation is very stressful."*
- *"You have so many worries. I can see that it is difficult for you and that you are trying your best."*

As much as possible, facilitators should not say, *"I understand how you feel/I know how you feel"*. Instead, facilitators should use phrases such as, *"I can see this is…"*, or *"This seems really hard for you…"*, as this shows empathy but does not suggest that they know how the participant is feeling.

Praising Openness

To help a participant feel comfortable when talking about personal, difficult, or embarrassing topics, try to thank or even genuinely praise them for being so open. Some examples are shown below:
- *"Thank you for telling that to me/us."*
- *"You were very courageous in sharing those intimate feelings."*
- Use local proverbs or sayings: e.g., *"You double happiness and halve sorrow by sharing what's on your mind."*

Validating

Many participants will feel embarrassed talking about their

problems with strangers. They might think that no one else feels
`the same way as they do. They may also think that talking about
emotions or personal problems is a sign that they are becoming
ill or going crazy, or that they are weak. Some participants might
even blame themselves for how they feel. It is important that
throughout the intervention you help participants to dispel these
myths. You can do this by normalizing their problems by helping
them to understand that many other people experience the same
reactions and difficulties.

Some examples of validating are shown below:
- *"You have been through a very difficult experience and it's not surprising that you would be feeling stressed."*
- *"What you have just described is a common reaction for people to have in these situations."*
- *"The reactions you have described are very common."*
- *"Have you experienced similar things?"*

Putting Aside Your Personal Values

Demonstrating these basic helping skills will mean that you will
need to respect your participants' personal values and beliefs.
This can be challenging, especially when you do not agree with
their values or beliefs. Do not allow your own personal beliefs
or values to influence how you respond to participants. The
experience of having someone just listen without judgement
might be something that a participant has not experienced
before, and this can greatly help them to trust you.

Giving Advice

Facilitators should generally NOT give advice to participants.
Giving advice is different from giving your participants important
or helpful information (e.g., about community organizations that
might be helpful). Giving advice means telling a participant what
to do or what not to do (e.g., *"you should quit your job"*).

If the participant has been relying on your advice, they are unlikely to be able to manage their own problems in the future when they have completed the Support Group. Other participants may give advice to each other during the intervention, and this is okay. As a facilitator you do not need to tell other participants not to give advice. However, it is useful to remind participants that everyone should feel comfortable accepting or not accepting advice shared and that each person is the expert on their own life.

There is an exception to the rule about giving advice. One of the facilitator's goals is to help participants decide how helpful potential solutions are in managing their problem. Participants may suggest solutions or actions that are unhelpful (e.g., they cause harm to the participant's emotional or physical health, they are harmful or illegal acts, and so on). Therefore, the facilitator can help participants consider whether solutions are helpful or unhelpful. To discourage participants from focusing on an unhelpful solution, the facilitator can ask what the participant would have advised a close friend or family member (e.g., *"Would you have advised them to use this solution?"*).

Practicing Self-care

All facilitators should take care of themselves, so that they are able to take care of others. Facilitators can have many stresses, including long working hours, overwhelming responsibilities, and a sense of responsibility for participants' safety and care while, at the same time, feeling unable to help them sufficiently. Facilitators may hear about traumatic events, such as destruction, injury, violence, or death.

Some suggestions that may be helpful to facilitators who are managing stress:
- Discuss difficult issues with a supervisor.
- Think about what has helped you cope with stress in the past and decide what you can do now.

- Take time to eat, rest and relax, even for short periods. Exercise regularly, even in short 10-minute bursts, and try to get at least 7 hours of sleep per night.
- Keep to reasonable working hours so you do not become too exhausted.
- Minimize your intake of alcohol, caffeine, and nicotine, and avoid non-prescription drugs.
- Check in with fellow helpers and have them check in with you. Find ways to support each other.
- Talk with friends, loved ones or other trusted people for support. However, do not share identifiable information about individual participants when sharing.

How to Manage a Group

The following are necessary skills that a facilitator should feel confident in. Using basic helping skills is very important when managing a group. In addition, the facilitator should be:

Keeping to Time Without Cutting Short Valuable Group Discussion

- Remind participants about time schedules throughout the intervention.
- Break times can be used for discussions that you have needed to cut short.

Managing Participants Who Dominate Sessions

- A 'dominant' participant might be someone who talks a lot in the discussion, does not let other participants share their stories, talks over the top of others or rejects other participants' opinions.
- Be sure always to use your basic helping skills when managing dominant participants.

- During the group session, you can thank the person for their contribution and then invite others to share.

  - For example: "*Thank you (name). What you are saying is very interesting, but I'd also like to hear from others in the group. Has anyone else had a similar or a different experience?*"

- If a participant is causing problems in the group and not responding to your management, you should
- speak to them on their own during a break or at the end of a session. Explain to them that it is important that everyone has a turn to talk or have their problems managed in the group.

  - For example: *"You have been very engaged in the programme, which is good. However, it is very important that everyone in the group has an opportunity to speak. This might mean waiting and letting someone else talk first when there is a discussion. Does this sound okay to you?"*

There can be reasons that someone dominates the group (e.g., they or other participants believe that they should be dominant or speak for others because of their position in the community or their age). It would be helpful to understand what these reasons are and to help the participant and the group to manage them.

  - Consider asking the individual this question in private: *"Are there any problems you are having in the group that are causing you to talk over the top of other participants? I would like to be able to help you manage these if this is possible."*

Managing Distressed Individuals

- Communicating concern and validating a participant's distress is the best first response. For participants presenting with acute needs and/or risks related to violence, it is advised that you respond initially with first-line support (*Supporting Document C*). You may also refer the person to another service which can provide more appropriate assistance.
- Giving the participant time to calm down is also important. Being quiet and not moving the discussion on or moving on to another topic is one way of doing this. Often, other participants will help the distressed person (e.g., by putting an arm around them, acknowledging their distress).
- If a participant's distress is very strong and is interfering with the group, ask the group to take a 10-minute break, and sit with the participant on their own. After 10 minutes, the participant might decide to rejoin the group or take some time to be alone. If they do not come back, check on them after 10 minutes.

Addressing Feelings of Hopelessness

Participants who are depressed or who are feeling excessively hopeless may have a lot of difficulty imagining that their lives could improve. This is because they often think that nothing will get better, and they have a lot of doubt about their abilities to change their situation. You can use different questions to encourage responses from the participant, including:

- Asking them to think of solutions that might work for a friend in a similar situation, but who does not
- feel depressed.
- Asking them what they have tried in the past (regardless of whether it has worked or not).
- Giving broad or vague ideas: e.g., *"Some people have found that talking to others can be helpful. Does this sound like a solution you could use? Who could you talk to? What could you say or ask that might help solve part of the problem?"*

Encouraging Discussion in a Quiet Group

- Case examples are helpful for encouraging group discussion. You can ask the group to talk about the case example if they are not talking about personal problems.
- Sharing other examples you are familiar with (e.g., from the community, from previous groups you have led) can help participants feel more comfortable about joining discussions. When giving examples, be sure not to include real people's names or stories that might identify who they are (this would break confidentiality).
- Talking individually to participants to help them participate in the group can be helpful.

  - For example: *"I have noticed you are very quiet in the group. Is there anything I can do to help you engage more in the discussions?"*

Managing Group Discussions That Go Off-topic or Identify Unhelpful Strategies

  - For example: *"I can see this is an interesting discussion, but we have moved away from the focus of this session. Let's come back and we can discuss this topic during the break."*

  - For example: *"This strategy sounds like it was helpful for you, but before raising it with the group I would like to talk to you about it further. You are welcome to discuss it with me outside of the session."*

Preventing Participants from Disclosing Too Much Information

- Sometimes participants will share very personal information. This can make other participants uncomfortable. It will be your job as facilitator to decide if the information being shared in the group is not appropriate or is too personal.
- If you decide that a participant is sharing too much information or it is too personal, you can do one or all of the following:
    - Individually ask the participant to monitor how much they are sharing and try to reduce it by themselves.
    - Decide on a secret sign you can give to the participant if they are sharing too much information (e.g., raising your hand).
    - Agree that you will gently cut them off when they are sharing too much information.
    - Consider whether this person might benefit from one-on-one support.

Acting if a Participant Drops Out or Attends Late or Irregularly, Etc.

- Be sure to speak with participants who are not engaging in the intervention by regularly showing up late or leaving early or missing sessions. Find out the reason(s) for their disengagement.
- You can review the discussion about reasons for joining the group and decide whether the group is helping them meet their goals. If a participant drops out, this is okay. Support Groups will not be suitable for everyone, and participants should not be forced to stay if they do not want to. If this happens, write their reasons for leaving in your notes.
- You should not ask a participant to leave the group. If you believe that a participant is disrupting the group a lot, talk with your supervisor about this.

Responding if a Participant Is Experiencing Ongoing Violence

- You might discover that a participant is being physically harmed by someone (e.g., Gender-Based Violence (GBV) perpetrated by a partner). A participant could tell you during the group, or another participant could tell you that it is happening to someone in the group.
- It is important, if you learn from others that a participant is experiencing violence, that you ask the participant if this is happening to them.
- Use first-line support (*Supporting Document C*) skills to support the individual.
- Always talk to your supervisor about participants who are experiencing ongoing violence or those who have experienced violence in the past to help you decide what further action needs to be taken.
- For participants who are not currently being harmed or tell you they are not fearful for their safety, it is important that you tell them who they can contact if they do become fearful for their safety (e.g., authorities or agencies, specific protection agency or informal network, yourself or your supervisor).

Support Group Structure

The **first session** should cover the following themes. Remember to include a break for a meal in the middle of this session.

1. Participant and facilitator introductions
2. Setting ground rules, including around confidentiality (see below)
3. Setting expectations for the Support Group (see below)
4. Participants share their goals for the group
5. Stresses caused by COVID-19 (see Annex C) and information about COVID-19 (*Supporting Document B*)

6. Managing stress (See Annex D)
7. Selecting topics for future groups (see Annex E)
8. Session closing (each session should have a clear closing activity, this could include: a summary of the main points of the session, participants sharing something they are taking with them from the group, something they look forward to in the future, or another activity determined by the facilitator)

Starting in **the second session and continuing through session five**, begin with open time (roughly 45 minutes) to share issues that participants faced. This is a time for participants to share what came up for them since the Support Group last met and how they managed stress during these events. Next, share food together. Then, go to the topic selected by the group (for information on presenting these topics, see Annex E). Remember to end with a closing activity.

In **session 6**, the final session, maintain the format of sessions two-five. However, end with an activity that asks participants how they want to maintain the relationships they have formed during the Support Group (for example, by forming their own WhatsApp group) and asking them to share a reflection on how their participation in the Support Group has impacted their lives.

For health care workers, participants will have the opportunity to select from additional topics (Annex F). In addition, when describing the stresses caused by COVID-19 during the first session, refer to Annex G for health care workers' specific concerns.

Setting Ground Rules

For a community to thrive, it must enact certain rules to govern the community. In many ways, a Support Group can be compared to a community, and-like a community-it must have certain ground rules. Without them, group meetings could

become chaotic, and the members may not feel safe enough to talk about personal issues or offer advice to others. Setting the ground rules is one of the most important steps to take. A draft list of ground rules should be discussed at the first meeting by both the facilitators and the members, creating a unique set of criteria for each group.

Potential ground rules include the below. Others not mentioned here can be added by the group. When you agree on ground rules, write them up on a large sheet of paper and keep them on the wall during each group meeting.

1. This is a space for you to share about yourself, as much as you want to. If sharing about others (friends, neighbors), do not use identifying information.
2. Pay attention and listen respectfully to all members.
3. Whatever is shared in the Support Group should remain in the group, not be shared with others.
4. Wait until the Support Group is over to contact Support Group members for individual or small group gatherings. (While this may seem counter intuitive, since the point of a Support Group is to build up social support, small tight-knit groups forming inside a larger group may feel exclusive to members who are not included).
5. Share your own perspectives and stories but do not tell others what they SHOULD do. Acknowledge that each person is an expert on their own life.
6. Leave phones off and put away while in the Support Group.
7. Do not take photos of Support Group members without explicit permission. Do not post photos without explicit permission.

Discussion of Confidentiality

- Tell participants any limits to confidentiality: For example, if someone's life is believed to be at risk, e.g., a participant has plans to end their life in the near future, instances of child abuse, or a participant is being seriously harmed by someone else. Be clear that in these circumstances, information may need to be shared to avoid harm to the participant or others.
- Explain that the facilitation team, including your supervisor, will know information about participants and what happens in the group. Explain that the supervisor is a trained professional and their role is to make sure that participants are receiving the best care.
- The whole group is responsible for keeping confidentiality, including group facilitator(s) and participants (e.g., participants should not talk to each other about other participants outside of the group, they should not talk to family or friends about participants in the group).

Setting Expectations for the Support Group

Emphasize to participants that they are all "experts". The participants are the experts on their own lives, which the facilitators will only know a little about. The participants are also experts on their problem and how it affects their lives. This is important for building the confidence of the participants and dispelling any myth that the facilitators' task is to "fix" their problems. The facilitator is an expert at creating a conducive environment for people to learn from and support one another. The participants and facilitators bring their expertise together to create a positive and enriching experience.

Monitoring and Evaluation

- At the end of each session, a satisfaction questionnaire form will be distributed to the participants to get their feedback on how the session went, what they liked and didn't like, using Form 1 in *Supporting Document D*.
- After each session, the facilitator is responsible for compiling participant feedback and documenting how the session went and the topics covered, using Form 2 in *Supporting Document D*.
- After all Support Group sessions are completed, the facilitator should submit a final Support Group report, using form 3 in *Supporting Document D*. It will include how many sessions were carried out, how many people attended, any referrals made throughout the period, any negative feedback from beneficiaries.
- The final reports and supervisor feedback are presented regularly to the technical committee to keep them updated with the overall progress of the sessions and customer satisfaction.
- Supervisors will speak regularly to facilitators. As needed, they will perform direct monitoring to evaluate the sessions and observe the required competencies.

SUPPORTING DOCUMENTS

Supporting Document A, Managing the Risk of Suicide

If participants mention wanting to harm themselves or you suspect they may have tried to harm themselves or could try to harm themselves, follow the protocol below.

Ask direct, clear questions:

- Ask the questions as they are written (see document below)
- When asking questions about suicide, avoid using less direct words that could be misunderstood.
- Direct questions help participants feel that they are not being judged for having suicidal thoughts or plans or for having made attempts in the past.
- Some people may feel uncomfortable talking with you about suicide, but you can tell them that it is very important for you to clearly understand their level of safety.
- Asking questions about suicide will not put ideas in a person's head to end their life if they had not thought about this before.

Responding to a participant with a plan to end their life in the near future:

- Always contact your supervisor.
- Create a secure and supportive environment.
- Remove means of self-harm if possible.
- Do not leave the person alone. Have someone stay with them at all times.
- If possible, offer a separate, quiet room while waiting.
- Attend to the person's mental state and emotional distress with your basic helping skills (see main Support Group guide for these skills).

Asking About Suicide

"Many people avoid asking direct questions about suicide even if they suspect a person has these troubling thoughts. This is often because they are afraid that talking about suicide will put ideas in the other person's head and that if they had not considered suicide previously, they might now. This is a very common but incorrect belief. And unfortunately, one of the upsetting consequences of keeping silent about suicide is that the person suffering from these thoughts will remain alone and without support. So, as a helper, it is important for you to feel comfortable talking openly about suicide and to show your client that you are not shocked by anything they might say. Lastly, because suicide can be such a sensitive topic, it is important that you put aside any personal beliefs you might have about suicide and communicate very clearly that you do not judge the client for their thoughts, plans or any previous attempts."

– Taken from Problem Management Plus, WHO generic field-trial version 1.1, 2018

Assessment of Thoughts of Suicide

"We have just been talking about different emotional difficulties that people can experience. Sometimes when people feel very sad and hopeless about their life, they have thoughts about their own death or even ending their own life. These thoughts are not uncommon and you should not feel ashamed about having such thoughts if you do. The following questions I have for you are about these kinds of thoughts. Is that okay with you? Can we continue with the interview?"

1. In the past month, have you had serious thoughts or a plan to end your life?	YES	NO
	If yes, ask the participant to describe their thoughts or plans. Write details here:	

If the participant responded "no" to Question 1, thank them for answering your questions and you can end this part of the assessment.
If the participant responded "yes" to Question 1, please continue with Question 2.

2. What actions have you taken to end your life?	Please write details here:	

	YES	NO	UNSURE
3. Do you plan to end your life in the next two weeks?	If yes or unsure, ask participant to describe their plan to you. Write details here:		

If the participant answers "yes" to Question 3, they have a plan to end their life in the near future and you must contact your supervisor immediately. Stay with the person while you do this. (See script below if needed)
If you are unsure whether the participant will end their life in the near future, tell them you would like to contact your supervisor to ask them follow-up questions.

Script for People With a Plan to End their life in the Near Future

> *"From what you have described to me, I am concerned about your safety. As I mentioned at the beginning of this interview, if I believe you are at risk of ending your life I must contact my supervisor. This is very important so we can get you the best kind of help for these problems as soon as possible. I am going to do this now, okay?"*

Supporting Document B, Information to Inform and Reduce Anxiety About COVID-19

One of the issues that occurred often during COVID-19 was anxiety from a lack of information or from disinformation. Sharing accurate information on how to protect yourself from COVID-19 and what to do if you fall sick can help alleviate these anxieties.

Share the following and ask for questions or comments.

Prevention Including Vaccinations

- Masks, Social Distancing, frequent handwash
- Available vaccines, doses
- Vaccine safety and efficacy

Testing Information

- Types of available tests
- When to get tested

Referral

- Treatment
- MHPSS

Supporting Document C, First-line Support

Anyone who discloses violence should be offered immediate, compassionate first-line support. The LIVES model for first-line support is described in detail in *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook.* While the focus of the handbook is cisgender women experiencing intimate partner violence, the five tasks in the LIVES model—which are informed by psychological first aid—are largely appropriate for all. The letters in the word "LIVES" can remind you of these five tasks

Task	Explanation
Listen	Listen closely with empathy and no judgment
Inquire about needs and concerns	Assess and respond to various needs and concerns-emotional, physical, social, safety
Validate their experiences	Show you believe and understand, assure survivor that they are not to blame
Enhance safety	Discuss a plan to protect the survivor from further harm if violence occurs again
Support	Support the survivor to connect with additional services

Form 1: Support Group Exit Satisfaction Questionnaire

To be completed by participants after each session.

Support Group Exit Satisfaction Questionnaire

- Location:
- Date:
- Time:

- Name of Facilitator:
- Group Number:
- Session Number:

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
The location was comfortable and safe					
I trust that my information will be kept confidential					
The facilitators were well prepared					
The facilitators seem to genuinely care about my health					
Group interaction					
Group homogeneity					
I feel better now than I did before the session.					
Today's session was useful to me					
I am satisfied with the Support Group					

What did you like about today's session?

_____

_____

_____

_____

_____

What would you like to see changed or improved in future
sessions?

_____

_____

_____

_____

_____

Form 2: Support Group Session Report

To be completed by the facilitator after each session.

Support Group Session Report

- Location:
- Date:
- Time:

- Name of Facilitator:
- Group Number:
- Session Number:

Number of Males	Number of Females	Total Number of Participants

Topics Discussed?

_____

_____

_____

_____

_____

Do you have any additional feedback or comments?

_____

_____

_____

_____

_____

What issues from today's session would you like to discuss with your Support Group supervisor?

_____

_____

_____

_____

_____

Are there any individuals who you recommend for one-on-one counseling (do not share specific names, but do share rationale for referral)?

_____

_____

_____

_____

_____

Form 3: Support Group Round Final Report (Six Sessions)

To be completed by the facilitator after the end of the round (six sessions).

Support Group Round Final Report (Six Sessions)

- Location:
- Name of Facilitator:
- Period From: To:

Total Number of Sessions	Number of Males	Number of Females	Total Number of Participants

Participants Feedback / Requests / Comments

_____
_____
_____
_____
_____

Facilitator Feedback / Comments

_____
_____
_____
_____
_____

Are there any individuals who you recommend for one-on-one counseling (do not share specific names, but do share rationale for referral)?

_____

_____

_____

_____

_____

ANNEXES

Annex A, ENACT Competencies

NON-VERBAL COMMUNICATION & ACTIVE LISTENING

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Engages in other activities (e.g., answers mobile, completes paperwork) ☐ Laughs at client ☐ Uses inappropriate facial expressions ☐ Inappropriate physical contact	☐ Allows for silences ☐ Maintains appropriate eye contact ☐ Maintains open posture (body turned toward client) ☐ Continuously uses supportive body ☐ language (head nod) and utterances (uh huh) ☐ None of the above	☐ Completes all Basic Helping Skills ☐ Varies body language during the session in relation to client's content and expressions

Check the level that best applies (only one level should be checked)			
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:			

VERBAL COMMUNICATION SKILLS

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Interrupts client ☐ Asks many suggestive or leading closed-ended questions (e.g., You didn't really want to do that, right?) ☐ Corrects client (what you really mean...) or uses accusatory statements (you shouldn't have said that to your husband) ☐ Uses culturally and age-inappropriate language and terms	☐ Open ended questions ☐ Summarizing or paraphrasing statements ☐ Allows client to complete statements before responding ☐ None of the above	☐ Completes all Basic Helping Skills ☐ Encourages client to continue explaining (tell me more about...) ☐ Uses clarifying statements in first person (I heard you say, I understood...) ☐ Matches rhythm to clients, allowing longer or shorter pauses based on client
Check the level that best applies (only one level should be checked)		
☐ **Level 1** ☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour *no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:		

EXPLORATION & NORMALISATION OF FEELINGS

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Makes statements that client's response is unusual or atypical for others in similar situations (e.g., people don't usually react this way) ☐ Minimizes or dismisses client's feelings or emotions ☐ Forces client to describe emotions	☐ Appropriately encourages client to share feelings ☐ Explain that others may share similar symptoms, reactions, and concerns, given similar experiences ☐ Asks client to reflect on the experience of sharing emotions ☐ None of the above	☐ Completes all Basic Helping Skills ☐ Explores potential reasons for hesitance to share emotions ☐ Comments thoughtfully on client's facial expression to encourage emotional expression ☐ Validates emotional responses while also reframing potential harmful emotional reactions

Check the level that best applies (only one level should be checked)			
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:			

ASSESSMENT OF HARM TO SELF, HARM TO OTHERS, HARM FROM OTHERS & DEVELOPING COLLABORATIVE RESPONSE PLAN

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Does not ask about self-harm ☐ Lectures client with religious or legal reasons against self-harm (e.g., this is sin, or this is against the law) ☐ Expresses disbelief (e.g., accuses client of discussing self-harm to get attention; states that others would not actually harm the client or client's children) ☐ Encourages client not to tell anyone else about self-harm or harm to others	☐ Asks about self-harm or harm to others, or explores harm if raised by client ☐ Asks about current intent, means, or prior attempts ☐ Asks about risk and/or protective factors ☐ None of the above	☐ Completes all Basic Helping Skills ☐ If current risk is high or low, helps client to develop safety plan (e.g., coping strategies and help seeking)
Check the level that best applies (only one level should be checked)		
☐ **Level 1** / ☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour / *no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:		

Annex B, Group Act Competencies

"Group facilitation Assessment of Competencies Tool"

GROUP GUIDELINES AND/OR GROUND RULES

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Violates group guidelines (e.g., answers phone in-session, interrupts members) ☐ Allows members to violate guidelines without correction or acknowledgement	☐ Introduces concept of group session guidelines in first session or recaps and explains why were relevant in subsequent sessions ☐ Establishes ground rules (e.g., respect, listen, and pay attention to each other, "everything that gets discussed stays here", no phones) ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Asks for agreement from the group on guidelines ☐ Elicits group feedback, providing interpretations and reflections ☐ Adjusts rules depending on need or context
Check the level that best applies (only one level should be checked)		
☐ **Level 1**	☐ **Level 2**	☐ **Level 3** ☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills* *all basic helping skills plus any advanced skill*
Notes:		

GROUP PARTICIPATION

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Displays favouritism to specific members ☐ Excludes other members (e.g., ignores input) ☐ Forces unwilling participant to join discussion ☐ Scolds participant(s) for under-or-over sharing	☐ Uses timely techniques (e.g., turn taking; 'gentle prompting') to encourage fair participation ☐ Clarifies discussion points for members struggling with literacy, numeracy, or tech skills ☐ Addresses participation barriers (e.g., interruptions) ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Provides reflection on discussion ☐ Discusses ways members can support one another to participate ☐ Checks-in on comfort of sharing for all members

Check the level that best applies (only one level should be checked)			
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:			

FOSTERING EMPATHY AMONGST GROUP MEMBERS

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Does not intervene when group members are not empathetic, hurtful, or hostile towards one another ☐ Shares member information from private session as an example of empathy or non-empathy	☐ Encourages and fosters empathy amongst group members (e.g., points out displays of empathy towards one another) ☐ Demonstrates empathy for others to follow (e.g., nods head, says 'uh-huh') ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Provides summarising statements and interpretations ☐ Uses prompts (e.g., "How do you feel after you shared with us?")
Check the level that best applies (only one level should be checked)		
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:			

COLLABORATIVE PROBLEM SOLVING

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Gives direct suggestions without group input ☐ Does not intervene or address harmful or unrealistic solutions (e.g., 'Quit job,' 'Avoid husband') ☐ Judges solutions created by group ☐ Allows judgement from members (e.g., 'That will never work,' 'That's stupid')	☐ Equally encourages all members to share how they addressed similar problems ☐ Encourages members to praise and support each other for positive and challenging experiences ☐ Unrealistic and unhelpful solutions are eliminated ☐ Encourages brainstorming of solutions in the group ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Solicits feedback from group to ensure solutions are attainable, realistic, and timely ☐ Addresses potential barriers ☐ Validates challenges (e.g., 'Not all solutions work for everyone') ☐ Suggests member pairing to support each other (if applicable to the intervention)

Check the level that best applies (only one level should be checked)			
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*

Notes:

ADDRESSING BARRIERS TO ATTENDANCE

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Actively excludes members' attendance (e.g., does not make schedule adjustments) ☐ Ignores feedback on barriers to attendance ☐ Rejects/ignores sociodemographic and minority barriers (e.g., religious observances, menstrual practices, disabilities)	☐ Actively solicits information to address potential barriers to attendance (e.g., work/ farming schedule, transportation) ☐ Works to reschedule sessions or adjusts schedules accordingly ☐ Encourages members to attend even if previous sessions were missed ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Engages group in problem- solving ways that all members can attend sessions ☐ Encourages group members to support one another in attending group sessions ☐ Supports access to sessions (e.g., convenient session locations, traveling together)
Check the level that best applies (only one level should be checked)		
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*

Notes:

GROUP CONFIDENTIALITY

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Shares a member's confidential information with the group (e.g., a member's trauma history disclosed in private) ☐ Threatens to share group information with community or family members ☐ Targets or blames members when confidentiality is broken ☐ Does not intervene when others break confidentiality)	☐ Explains rationale for confidentiality, including situations when confidentiality can be broken ☐ Confidentiality issues are addressed when unexpected/ uninvited individuals arrive ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Explains issues of respect, valuing others' experiences, and feelings associated with violation of confidentiality ☐ Appropriately addresses times when confidentiality is broken during group

Check the level that best applies (only one level should be checked)			
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*
Notes:			

TIME MANAGEMENT: APPROPRIATE BREAKS, ENERGISERS & PACING

Check all behaviours that are demonstrated in each category		
Unhelpful or potentially harmful behaviours	**Basic helping skills**	**Advanced helping skills**
☐ Prevents participants from taking a break ☐ Forces group to continue when emotionally exhausted or distressed ☐ Targets or blames participant(s) when requesting breaks or energisers	☐ Reviews schedule for the day ☐ Includes and explains timed breaks with instructions for start/stop signals ☐ Includes time for questions in schedule ☐ None of the above	☐ Completes all Basic Helping Skills (Level 3) ☐ Consolidates participants learning (e.g., has well-spaced summarizing) ☐ Elicits feedback and check-ins with learning (e.g., "checking-in" activities) ☐ Checks-in with group to see when breaks are needed/preferred ☐ Appropriately conducts group energisers to encourage participation

Check the level that best applies (only one level should be checked)			
☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*

Notes:

Annex C, Stresses Caused by COVID-19

(Taken from Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, IASC 2020)

When you discuss the rationale for the Support Group, link it back to the stresses of the COVID-19 pandemic. During the pandemic, many people experienced difficulties with their mental health. They had increased stress, anxiety and relationship issues. Ask the group about their experiences and touch on the below as appropriate if these issues don't come up on their own.

In any epidemic, it is common for individuals to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:

- Fear of falling ill and dying
- Avoiding approaching health facilities due to fear of becoming infected while in care
- Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work
- Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g., racism against persons who are from, or perceived to be from, affected areas)
- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
- Fear of being separated from loved ones and caregivers due to quarantine regime
- Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine
- Feelings of helplessness, boredom, loneliness and depression due to being isolated

- Fear of reliving the experience of a previous epidemic

Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect the population. Stressors include:

- Risk of being infected and infecting others, especially if the transmission mode of COVID-19 is not 100% clear.
- Common symptoms of other health problems (e.g., a fever) can be mistaken for COVID-19 and lead to fear of being infected.
- Caregivers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support. School closures may have a differential effect on women, who provide most of the informal care within families, with the consequences of limiting their work and economic opportunities.
- Risk deterioration of physical and mental health of vulnerable individuals, for example older adults and people with disabilities, if caregivers are placed in quarantine if other care and support is not in place.

The constant fear, worry, uncertainties and stressors in the population during the COVID-19 outbreak can lead to long-term consequences within communities, families and vulnerable individuals:

- Deterioration of social networks, local dynamics and economies
- Stigma towards surviving patients resulting in rejection by communities
- Possible higher emotional state, anger and aggression against frontline workers
- Possible anger and aggression against children, spouses, partners and family members (increase of family and intimate partner violence)

- Possible mistrust of information provided to them
- People with developing or existing mental health and substance use disorders experiencing relapses and other negative outcomes because they are avoiding health facilities or unable to access their care providers

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of lack of knowledge, rumours and misinformation.

Annex D, Stress Management

During the first session, introduce the topic of stress management. Note that we all experience stress and that the Support Group is designed to help us cope with stress more. In addition, stressful topics could come up during the Support Group. For all these reasons, it's important that we begin the Support Group by being equipped to manage stress.

Talk About What Stress Is and How It Affects the Body

- Ask participants to give their definitions of stress.
- Remind participants of the case example: stress caused (name) to have severe headaches.
- Ask participants how stress affects their body (if they have not stated this in their definition previously). E.g., headaches, pains in the body, stomach aches, tingling, dizziness, racing heart, difficulties breathing.
- Ask participants (if they are comfortable) to share examples of times they have felt stressed and what happened.
- Sometimes people experience physical problems and this can increase their stress. Regardless of whether the physical problems are or are not caused by stress, learning ways to reduce stress may also help alleviate the physical problem.

Key points Of Discussion

- Stress is a common reaction to adversity.
- Stress can affect our body in the short term (e.g., our breathing and heart rate can quicken in a situation where we feel stressed) and in the long term (e.g., over time stress can cause us to experience headaches, pain or discomfort in the body).
- Option of using a metaphor: Use a prop when giving metaphor (e.g., a ball of wool). *"These sensations can be like*

a tangled ball of wool (show). If we ignore these sensations and continue with life, the wool can become even more tangled (tangle the wool up a little more). This can cause discomfort and other physical problems. The strategy I'm going to teach you today will help you unravel the tangled ball of wool."

Breathing Activity

- Invite all participants (including group facilitators) to count the number of breaths they take in one minute (one facilitator will keep time). One breath = breathing in and out. Tell participants not to change their breathing.
- Start timing for one minute and participants count their breaths in their heads.
- After one minute, invite participants to tell you their number of breaths and write these on a board or a large sheet of paper. Do not be concerned about the differences in these numbers or if any seem unusual.
- 10–12 breaths per minute is the optimal number for feeling relaxed – you may comment on this given participants' scores

Teach Managing Stress

Steps To Follow

1. Managing Stress helps relax the body and calm the mind to reduce stress.
2. Ask participants to stand up to complete this exercise.
3. Invite participants to release any tension in their bodies (shake arms and legs, roll shoulders back, rock head from side to side, etc.).
4. You will teach them a slow breathing exercise.
5. Imagine a balloon inside the stomach, and their job is to blow the balloon up (demonstrate with a real balloon).
   - That is, when they breathe in the stomach will expand.

- We are aiming to not breathe with the chest (our breaths are shallower from the chest).
- Placing one hand on the stomach and one hand on the chest can help participants make sure they are breathing from the stomach and not the chest.

6. The facilitator demonstrates stomach breathing and then asks participants to try for one minute.
7. Invite participants to focus on slowing their breathing down once they can breathe from their stomachs.
   - Count 1, 2, 3 (timed with seconds) to breathe in and 1, 2, 3 to breathe out.
8. Practice for one minute while counting aloud for the group.
   - Continue to practice for two minutes without counting aloud (ask participants to count in their heads or follow the sound of a clock or other rhythm)
9. Ask participants to share how the exercise went for them. If anyone in the group has recommendations on other ways to relieve stress, give space to share those during the group.

Annex E, Topics for Support Groups

The following topics were developed in response to the Egyptian context. During the first session, ask participants which topics they want to cover. You may choose to ask about only the next session's topic or about the topics for all the Support Group sessions. You can always change topics if new or urgent needs arise from the participants.

Please review the information on each topic before presenting on them. You may not choose to share this information directly, but it could be a helpful reference for you. If you feel unsure how to cover this content or simply want to discuss a topic further, speak to your supervisor. You may also decide to invite a guest speaker if you and your supervisor decide that this is appropriate.

In any session, it's important to first ask the group what experiences they have had with the topic, including ways that it has impacted their lives and what has helped them to deal with the relevant issue (e.g., anger). Then, you may decide to share some of the information below.

It's also important that all feelings are seen as tools. Our feelings alert us to something important, such as who and what in our lives feels safe, which relationships make us feel connected and energized, and when we need to make a change. No feeling is wrong (i.e., *"it's not wrong to be angry"*). Instead, we can learn how to be informed by and manage our feelings by talking about them in the group.

Anger Management

- The first step is knowing that we feel angry. Ask the group how their bodies feel when they are angry. This could include hot, explosive, knotted, tense, constricted, energized, or many other descriptors. You can also ask people where they feel these feelings in their bodies. E.g., *"I can feel a tightness in my chest. I feel myself clenching my jaw."* There are no wrong answers to these questions.
- Next, it's important to share that anger is normal. It's an emotion that we all feel. It lets us know that there is something about a situation that feels wrong or that something is in the way of a desired outcome. Often people feel anger along with other emotions, like betrayal, grief, injustice, or fear.
- It's also helpful to know that anger is an emotion of action. We want to do something when we feel it.
- While anger, like all emotions, can give us important information and can catalyze us to make important changes, it can also result in actions that cause more harm, to individuals, property, or relationships.
- Managing anger is easier if we know what is behind it. Am I also scared? Jealous? Embarrassed? Disappointed? Guilty? But before we can get to the point where we think about what is behind our anger, we have to pause and avoid reacting in a way that could cause further harm.
- Ways to manage anger are:
  - Wait until calm to express concerns
  - Get exercise
  - Remove yourself from the situation for a brief period
  - Use "I" statements to talk about your feelings (this allows you to avoid insulting another person; for example, *"I am upset that you didn't help cook dinner."* Instead of *"You never help with anything."*)
  - Use humor to release tension
  - Practice deep breathing (or do another calming activity, like listening to music or praying) to become calm
  - Ask the group if they use any of these or have used others

Shame and Guilt

- The first step is knowing that we are feeling guilt or shame. Ask the group how their bodies feel when they are guilty or shameful. They might say jittery, tense, sinking, frozen, or other descriptors. You can also ask people where they feel these feelings in their bodies. E.g., *"I can feel a sinking feeling in my stomach. My face feels hot."* There are no wrong answers to these questions.
- Next, it's important to share that shame and guilt are normal. We all have values; that is a good thing. When we don't feel that we're living in line with some value that we have, we can feel guilt or shame.
- However, guilt and shame are different. Guilt is the feeling, *"I did something bad."* Shame is the says, *"I am bad."* In guilt, the focus is on the behavior. In shame, the focus is on the self.
- Guilt can help inspire us to make changes (e.g., *"My parents told me to study and I didn't. I got a bad grade. This feels awful. Next time, I'll study."*). Shame makes us feel that we can't make change (e.g., *"I got a bad grade because I'm stupid."*). Feeling shame often means feeling unworthy of love or belonging.
- Shame often comes from our own judgement of ourselves, plus secrecy and silence. The less we talk about what we feel ashamed of, the more we think we're the only ones who feel/experience something. Talking about what we feel ashamed of and receiving empathy from others, is one of the best ways to get rid of shame.
- You can ask the group if they have ever had moments where sharing something that embarrassed or pained them lead to connections with others. You can invite individuals, who feel safe doing so, to share something that they are struggling with now.

Grief

- Many losses can result in grief. Some losses might be: the death of a loved one; divorce or separation; family trauma or abuse; losing your job; losing your home; losing functionality because of illness or injury.
- Grief is often described as a strong sorrow. While there are some generally known stages of grief—denial, anger, bargaining, depression, and acceptance—these might not happen in a linear order.
- The first step, as with any emotion, is knowing that we are feeling grief. Ask the group how their bodies feel when they experience grief. They might say numb, heavy, thick, dull, drained, or other descriptors. You can also ask people where they feel these feelings in their bodies. E.g., *"It feels hard to breath because my chest is so tight. My shoulders ache."* There are no wrong answers to these questions.
- Grief is normal. It means we have experienced loss, longing, or that we feel lost. Loving someone or something and losing it often results in grief. Feeling grief means that we have felt connection.
- People experiencing grief can't just *"get over it."* They often need someone else to witness their grief and be present for them.
- Feelings of grief can last for months or even up to a year. This is also normal.
- Support Groups can be a really important way to share stories of those we have loved and lost and/or or our experience of missing/losing them. Others in the group who have experienced something similar can help us be seen and heard, which can support healing.
- While grief is normal, sometimes we need professional help dealing with it. Group members could be good candidates for one-on-one counseling if their grief is:
  - overpowering someone to the point where they cannot function for a long period of time

- causing them to isolate themselves from others,
- they blame themselves for what happened
- they are having thoughts of hurting themselves

• Sometimes people are afraid to stop grieving because they think it means forgetting the person/thing they have lost. Ask the group ways they continue to remember someone or something that is no longer in their lives.

• You can also ask the group if anyone wants to share something they have grieved, including a story about that person or thing. They may also be willing to share how they were able to grieve and when they felt supported in their grief, if at all.

Self-acceptance

• The first step is knowing how self-acceptance feels in our bodies. Ask the group how their bodies feel when they like themselves or some aspect of themselves. They might say full, light, energetic, stimulated or other descriptors. You can also ask people where they feel these feelings in their bodies. E.g., *"My chest feels expanded. My body feels at ease all over."* There are no wrong answers to these questions.

• Next, it's important to share that self-acceptance is essential to our mental and physical well-being, but it's also something that we all struggle with and is a continual process. To be human is to need to belong to the larger group, and especially if we have been told that something about us means we don't belong, self-acceptance can be very very difficult.

• But self-acceptance is something we can pursue even if others don't change their minds about us. It's something important that we can give to ourselves. Accepting ourselves doesn't mean that we think we are done growing or changing as a person. It means we accept that we are human and that we have value.

• Some ways to practice self-acceptance are:
  - Embracing what makes you unique and considering what

these unique traits mean you can give to the world
- Identifying your strengths
- Being kind to yourself in your own mind (e.g., not repeating the unkind things that others have said, but having something positive that you can say to yourself when others' unkind remarks are heard or remembered)
- Setting realistic goals and praising yourself when you meet them
- Talking with others who have similar experiences and who have accepted themselves or are actively working to accept themselves

Dealing with Long-term Changes from COVID-19 (Disability/Changes in Family Structures/Economic Concerns)

- Dealing with change is difficult for many people. It's especially difficult if those changes have created economic, relational, or health problems. Normalize feeling angry, sad, fearful or other emotions in the face of change.
- Ask participants if they have allowed themselves to feel their feelings about change, or has it all happened so quickly that they must just continue adapting without thinking about how they are doing. Create space for them to describe how they are feeling and where these feelings manifest in their bodies.
- Ask participants to think about how they have coped with changes in the past. Are there things they can employ now that helped them get through earlier times?

Building on/Identifying Resilience in Preparation for the Next Pandemic

- We have all learned so much about what it means to make dramatic and difficult changes quickly during COVID-19. Ask participants to consider what they have learned about their own strengths during the pandemic. What have the learned about the strengths of those in their families or communities?

- What would they want to see people do again if another pandemic occurred? What would they want to do again or do differently if another pandemic occurred?

Stigma and Discrimination Around Mental Health

- In many places, mental health conditions are stigmatized. People are considered "crazy" or "unstable" or "weak" if they acknowledge that they are struggling.
- In fact, mental health issues are incredibly common and growing more common with COVID-19 and the stresses that it has brought. Rates of already-common conditions such as depression and anxiety went up by more than 25% in the first year of the pandemic, adding to the nearly one billion people who were already living with a mental disorder.[1]
- Stigma harms those struggling with mental health issues because they do not seek help and feel shame about their struggles, only exacerbating the issue they face.
- Seeking mental health support is courageous and can help people cope with issues that many of us face. It can also help de-stigmatize mental health issues when we feel comfortable talking about our own.

Stigma and Discrimination Around COVID-19

- Stigma is a powerful social process that is characterized by labeling, stereotyping, and separation, leading to status loss and discrimination. Discrimination, as defined by the Joint United Nations Programme on HIV/AIDS (UNAIDS), is the unfair and unjust action towards an individual or group on the basis of real or perceived status or attributes, a medical condition (e.g., HIV), socioeconomic status, gender, race, sexual identity, or age.
- Some groups, such as immigrants or gay men, were erroneously blamed for COVID-19 and were stigmatized

1   WHO. World Mental Health Report. 2022

during the pandemic. In some countries, Asian immigrants were particularly targeted with stigma and discrimination.

- People with COVID-19 could be stigmatized as belonging to a group that was wrongly blamed for COVID-19 or they could be treated as dangerous, even when they were taking precautions not to infect others or even once they had recovered.
- We know that stigma makes it harder to seek services and causes mental health issues. Ask the group if they experienced stigma during their illness and the impacts of such stigma.
- At the same time, some behaviors—such as social distancing or masking—were necessary to protect the public. These could make those with COVID-19 feel isolated even as they were not done because those with COVID-19 were seen as lesser. Ask the group how they coped with short-term isolation that may have felt difficult and sad, but was important for public health.

Annex F, Support Group Topics for Health Care Workers

If the group is for health care workers, offer the topics above in addition to:

Identifying Burnout

Burnout is a state of mental, emotional, or physical exhaustion resulting from workplace stressors. The International Classification of Diseases 11th Revision definition states that "Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by 3 dimensions:

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy"

We know that burnout is increasing among health care workers. Here are some things you can look for in yourself or your colleagues to know if you might be experiencing burnout:

At Work

- Exhaustion
- Trouble focusing
- Making more mistakes than normal
- Getting upset or sad without knowing why
- A lack of enthusiasm for work
- Absent-mindedness (e.g., forgetting appointments)
- Irritability (e.g., becoming frustrated easily)
- Inefficiency
- Resignation/reductions in hours

In Everyday Life, we may also feel the impacts of burnout in our bodies:

- Trouble falling asleep
- Feeling worried/anxious
- Becoming disturbed by noises or crowds
- Chest pain or heart palpitations
- Stomach pain

Ask the participants if they have observed this among their co-workers or in themselves. Ask what other signs they have seen of burnout.

Operating in High Stress Environments

Responding to health emergencies is rewarding and challenging work. You can only help others if you take care of yourself. Taking care of your health, making time for activities you enjoy, and making time to connect with friends and family are all important ways to stay strong (physically AND emotionally!) during this pandemic.

Stay Mentally Strong

1. Focus on what you can control - including your thoughts and behaviors.
2. Remember that you are resilient, and so is humankind. We will get through this.
3. Take comfort that you are caring for yourself and others.
4. Focus on the good stuff – the helpers, time with family, and ways that people have come together. Write down three things you are grateful for each day.

Nurture Your Emotional & Spiritual Health

1. Know that it is okay to draw boundaries and say *"no."*
2. Be gentle with yourself and others.
3. Write in a journal or diary.
4. Limit exposure to news or social media updates. Use reputable sources of news and avoid rumors.
5. Practice breathing, meditation, yoga, or tai chi. Find apps online to guide your practice.
6. Nurture your spiritual self. Visit a temple, reflect and pray.
7. Connect with others often. Be creative and use technology to connect with loved ones, friends, and neighbors from a distance.
8. Reach out if you need to talk or need support.

Stay Active

1. Make time for activities you enjoy. Cook a meal, start a sewing project, dance, draw.
2. Create a regular routine, especially for children and for working from home. Have regular times for waking meals, work, activity/exercise, and sleep. Consistent, predictable days reduce stress.
3. Spend time in nature. Go to the countryside. Take a walk, do some gardening
 .

Work Smart

1. Work in teams and limit amount of time working alone.
2. Talk to your colleagues and receive support from one another. A crisis can isolate people in fear and anxiety. Tell your story and listen to others.

Prioritize Your Health

1. Do what you can to reduce your risk of contracting COVID-19

and other health problems. Practice the 5Ks.
2. Maintain a healthy diet and exercise routines to help your immune system and mental health.
3. Add short bouts of cardiovascular, strength, and stretching exercises throughout the workday.
4. Avoid or limit caffeine and alcohol.
5. Prioritize sleep.

Identifying Useful Changes at the Facility (To be Conveyed Back to Facility by SEEC-II Staff)

Burnout is driven by both internal and external factors. There are 5 levels of influence on health behaviors and health outcomes (e.g., burnout). Individuals both influence and are influenced by

1. **Individual** - attitudes, beliefs, knowledge, self-efficacy, skills, behaviors
2. **Interpersonal** - (primary groups) – close social networks and support systems, such as friends and family
3. **Organizational** - organizations and institutions
4. **Community** - where an individual lives, works, and broader social connections
5. **Public Policy** - local, state, and national laws and policies

We often learn about things that we can do to reduce burnout and stress that are actions we can take as individuals or with our friends and families. This is important, but it's not the only important work to be done.

We want to think about what could happen at our organizations. This session is to brainstorm ideas about what could be changed at your workplace to make it feel less stressful. We can brainstorm anything that we'd like to and then decide at the end what you'd like us to share (without any identifying information about who said what) back to local facilities.

Annex G, Health Care Worker Concerns

(Taken from Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, IASC 2020)

Furthermore, frontline workers (including nurses, doctors, ambulance drivers, case identifiers, and others) may experience additional stressors during the COVID-19 outbreak:

- Stigmatization towards those working with COVID-19 patients and their remains
- Strict biosecurity measures: - Physical strain of protective equipment - Physical isolation making it difficult to provide comfort to someone who is sick or in distress - Constant awareness and vigilance - Strict procedures to follow preventing spontaneity and autonomy
- Higher demands in the work setting, including long work hours, increased patient numbers and keeping up-to-date with best practices as information about COVID-19 develops
- Reduced capacity to use social support due to intense work schedules and stigma within the community towards frontline workers
- Insufficient personal or capacity to implement basic self-care, especially among people living with a disability
- Insufficient information about the long-term exposure to individuals infected by COVID-19
- Fear that frontline workers will pass COVID-19 onto their friends and family as a result of their work