

# PRIME Psychosocial Rehabilitation (PSR) Programme

Trainer's Manual

**2014  
PRIME  
edition**



Name





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## » PSR facilitators training workshop: Day 1

**PURPOSE:** The purpose of Day 1 is to create a safe environment for learning and to create a productive group learning environment for participants. By the end of Day 1, participants should be clear on their role within the PSR programme and have begun to gain information and skills to enable them to form and run groups.

The activities in this training programme are designed to give participants a chance to share experiences and learn from each other. This training follows an adult learning approach – where people learn best through being able to apply new concepts to what they already know and to their life experience.

Some of the topics discussed in this training may be sensitive, for example if people have a relative or friend who has a mental illness or if they have a mental illness themselves. Encourage participants to share their experience but clarify that no one should feel pressurised to share anything they are not comfortable with. Also make sure you have someone you can refer participants to for further support should they need it. It is important that they maintain their own mental health.

Sit together with your co-trainer/s, read through the programme and decide who will lead the various activities of Day 1. Discuss how you will support one another today.

### Materials checklist for Day 1

Materials	Notes	Checked
PSR Trainer's manual	Bring your own copy	
PSR Facilitator Guide	Bring enough copies for the number of participants	
Attendance register	Use usual register	
Flipchart and pens	Check with venue	
Prepared flipcharts to put up	Check in each session what needs to be prepared in advance	
Handouts	Prepare photocopies of handouts for the Day (see session outlines)	
Prestik	For hanging flipcharts	
Extra pens	For pre-training evaluation	

## 1.1 Preparation – Self & environment

30 mins

### ACTIVITY

- Prepare yourself and check in with your co-trainer.
- Prepare the venue.
- Greet everyone on arrival.

### AIM

- You feel prepared.
- Everyone feels welcomed.

### MATERIALS

- All the materials listed in the materials checklist.

### TIME MANAGEMENT

- Self- and room preparation – 30 mins.

### INSTRUCTIONS

1. First check in with your co-trainer to go through the main activities of the day.
2. Decide who will lead each activity if not decided previously. Write this in the relevant column in the programme.
3. Lay out name tags, marker pens, programmes and attendance register on your table.
4. Arrange seating so that everyone can see you.
5. Welcome participants as they arrive and ask them to write their name tags and complete the attendance register.

## 1.2 Welcome & group introductions

15 mins

### ACTIVITY

- Welcome everyone to the training.

### AIM

- Create a safe environment for learning.
- Encourage participants to feel comfortable sharing with the group.

### TIME MANAGEMENT

- Welcome – 1 minute
- Introductions – 10-15 minutes (depending on size of group)

### INSTRUCTIONS

1. Thank everyone for coming.
2. Introduce yourselves by giving your name and your role in the PSR training programme.
3. Allow participants to introduce themselves by saying their name, where they work and one interesting fact about themselves.
4. Provide an example for how to respond. For example; my name is Letta, I work at the Mental Health Society and I have a twin sister.
5. Acknowledge each contribution and move to the next person.

## 1.3 Addressing expectations & concerns

15 mins

### ACTIVITY

- Group discussion

### AIM

- Allow for safe expression and normalization of anxieties.
- Create a safe environment for learning.

### MATERIALS

- Flipchart, koki pens and Prestik.

### TIME MANAGEMENT

- 15 minutes

### INSTRUCTIONS

1. Invite the group to share their expectations and any concerns related to this training workshop.
2. As the group shares, acknowledge each contribution and keep on asking open-ended questions to ensure participation.
3. Normalise any concerns expressed by asking if anyone else feel the same as XXX, or ask whether anyone else in the group has similar concerns.
4. Give co-trainer/s an opportunity to express their expectations from the group (e.g. active participation).
5. Write the contributions on the flipchart and hang them up on the wall once completed.

## 1.4 Group norms

10 mins

### ACTIVITY

- Group discussion

### AIM

- Set out standards of behaviour for effective group work
- Encourage sharing of experiences and participation.

### MATERIALS

- Flipchart, koki pens and Prestik

### TIME MANAGEMENT

- 10 minutes

### INSTRUCTIONS

1. Invite the group to share ideas for some 'ground rules' or norms that will help them work together effectively.
2. Ensure that the following have been mentioned:
  - a. Everyone respects each other
  - b. Everyone listens to one another
  - c. One person speaks at a time
  - d. Everyone has a chance to speak
  - e. Time management and sticking to the topic at hand
  - f. Cell phones OFF
  - g. Respect confidentiality.
3. Write the 'group norms' on the flipchart and hang them up on the wall for the duration of the workshop.
4. Decide how the group wants to begin and end each day (some groups like to sing or pray).

## 1.5 Introduction to the programme

60 mins

### ACTIVITY

- Trainer presentation
- Group discussion
- Review of handout

### AIM

- Understand aims of PSR programme
- Understand Facilitator role
- Awareness of PSR Facilitator Guide

### MATERIALS

- Handout 1, Flipchart, koki pens and Prestik

### TIME MANAGEMENT

- See individual sections below

### INSTRUCTIONS

#### **Part 1: Orientation to the Psychosocial Rehabilitation Programme (15 mins)**

1. Ask some participants to share how they became involved in this programme.
2. Highlight that people have come from different backgrounds and everyone has something unique to bring.
3. Give a short explanation of the PSR programme:
  - a. It is a programme for supporting people with schizophrenia to function in their community
  - b. Participants will facilitate support groups for people with schizophrenia and separate support groups for caregivers
  - c. For this reason, they are known as 'PSR Facilitators' in the programme
  - d. In the programme, PSR Facilitators will set up and run 12 support group sessions for people with schizophrenia, and 5 sessions for caregivers, over a period of 3 months.
  - e. Emphasize that it is not just the support groups that take time. Planning the groups, finding people in the community and getting them to come to the groups also takes time and effort. There is a plan for how to do this and this is covered in the training.
4. If possible, at this point introduce someone who has participated in the groups previously, to share their experiences of how the group benefited them. Give a chance for participants to ask questions.

**Part 2: PSR Facilitators and Supervisors Roles (45 mins)**

1. Give out Handout 1 that covers Facilitators' and Supervisors' roles. Go through each of the roles and steps that enable the formation and running of the groups. Explain the need for confidentiality in the group and hand out copies of the forms required. Also explain the importance of the attendance list and hand out an example.
2. Ask for any question or clarifications. Encourage participants to keep this Handout as a reminder of their work process for the next few weeks. **(15 mins)**
3. Use the handout to introduce the process of supervision:
  - a. Ask participants what they think the purpose of supervision would be in this programme
  - b. Ask what the role of the supervisor would be
  - c. Summarize the role of the supervisor in providing supportive supervision **(15 mins)**
4. Explain that the training over the next 3 days will enable Facilitators and Supervisors to fulfill their roles. Give a brief outline of the training programme:
  - a. Use the programme outlines for Day 1 – 3 and give a synopsis of the topics to be covered.
5. Lead a discussion on some of the principles for effectively running groups. Ask participants for their experience and ideas on facilitating groups in the past. How do they make group members feel comfortable? How do they build trust and encourage participation. Compile a list on the flipchart. Give out Handout 2 and go through the points. Ask for participants ideas on these Top Tips.
6. Next hand out to each participant their copy of the Facilitator Guide.
7. Explain that this document contains outlines that will assist them in running PSR support groups. **(5 mins)**
8. If there are people in the group who have already worked on this programme, ask them to share some of their experiences **(10 mins)**

## Handout 1

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### PSR Facilitators and Supervisors Roles

#### 1 PSYCHOSOCIAL REHAB PROGRAMME INITIATION

Health Promoter arranges initial meeting with facility manager, nurses, community health workers, auxiliary social workers.

**Outputs:**

- Agree on date for start of programme (allowing time for initial meeting and tracing of users)
- Agree with facility manager on specified day for all schizophrenia patients to come to collect their medication and meet with Health Promoter.
- Health Promoter allocates date, time for each group session. Books clinic space as needed, creates programme with dates and times.

#### 2 SERVICE USER REFERRAL

Nurse informs patients about group at scheduled appointments, schedules following month's appointment for all on same day, introduces the support group, refers to Health Promoter and reminds about following months medication collection. Health Promoter collects contact details, first language information, gives date for first meeting.

**Output:**

- Appointments for service users arranged for agreed day in following month
- Nurse keeps list of service users informed and communicates with Health Promoter

#### 3 INITIAL MEETING WITH GROUP MEMBERS & IDENTIFICATION OF NON-ATTENDERS

Health Promoter and auxiliary social worker conduct initial meeting, introducing programme, aims and benefits, collecting service user names, addresses and contact number or contact for a caregiver. Checks list of attendees at initial meeting with clinic records of patients with diagnosis of schizophrenia, compiles list of those needing to be traced.

**Outputs:**

- List of service users who did attend initial meeting for CHWs to follow up with caregivers and invite to attend caregiver group
- List of service users who did not attend initial meeting for CHWs to trace (and contact caregivers at the same time)

#### 4 SERVICE USER AND CAREGIVER TRACING & MOBILIZATION

Health Promoter informs CHWs of service users and caregivers to be traced and invited to attend group

**Output:**

- CHWs inform service users and caregivers of the programme, give information on the programme and written invitation as well as programme with dates and times for sessions.

#### 5 ALLOCATION TO SERVICE USER & CAREGIVER GROUPS

**Output:**

- Health Promoter develops attendance list based on those who have committed, and first languages of service users, allocates to groups if more than 10 participants, finalises programme/s accordingly.

#### 6 GROUP COMMENCEMENT & IMPLEMENTATION

Health promoter/Auxiliary social worker conduct group sessions as per programme. CHW follows up non-attenders (home visits).

**Outputs:**

- Attendance registers for each session
- Confidentiality agreements signed at beginning of first session
- Copies of any referral forms retained

#### 7 SUPERVISION

Supervisor attends first two sessions in programme, providing support and feedback. Supervisor and PSR Facilitator meet once a week for the first month and then twice a month for remainder of programme (face to face supervision meetings). PSR Facilitator 'buddies' provide feedback and support to each other following each session

**Outputs:**

- Peer to Peer supportive supervision form for each session

## Handout 2

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### Top Tips For Facilitating PSR Support Groups

- Be prepared. Review the topics and questions in the Session guidelines.
- As people begin arriving, be sure to make eye contact and say hello, greeting them by name.
- Start the meeting on time if possible to encourage other members to be prompt.
- Encourage members to listen to each other.
- Encourage members to offer support to one another. For example, you could say “Catherine, what can you say to Bonang that might help?”
- Encourage members to talk about themselves.
- Encourage an atmosphere where members feel comfortable talking about themselves and their experiences – this gives others the chance to give support, ideas and help.
- Emphasize the importance of confidentiality. So members feel safe to talk about their experiences and problems
- Help members solve problems. This is not the facilitator’s responsibility, but through discussion and sharing of experiences, members may be able to help each other solve problems they face.
- Try to help members focus on the positive aspects of their lives and how they can improve their lives.
- Don’t let one member dominate and use the meeting as a chance to air all their complaints and problems. Some people naturally like talking, others have to be brought out of their ‘shells’.
- Encourage outside contact among members. Members can offer support to each other outside of meetings. Members can share cell phone numbers and can contact and support each other outside of the meetings.

## 1.6 Introduction to mental illnesses

25 mins

### ACTIVITY

- Group discussion and sharing of experience

### AIM

- Introduce participants to mental illnesses

### TIME MANAGEMENT

- Discussion – 10 mins
- Sharing experiences – 15 mins

### INSTRUCTIONS

1. Use the following questions to guide a discussion around mental illness:
  - a. What are mental illnesses?
  - b. What causes mental illnesses?
2. Write responses on a flipchart.
3. Ask whether anyone has any experiences to share about working or living with someone with a mental illness. You could also share your own personal experience.
4. Some people are more vulnerable to mental illness than others. Ask the group to brainstorm what could make people vulnerable to mental illness. For example, being at risk of violence and trauma could make people vulnerable.
5. Summarise the activity by covering the key information below.

### DISCUSSION

- Common mental illnesses are problems such as excessive fear and worry (anxiety) or unusually sad mood (depression)
- More severe behavioural problems can involve suspiciousness, violence, agitation and other unusual behaviours or experiences.

Most mental illnesses are caused by a combination of factors:

- Stressful life events – e.g. family conflicts, unemployment, death of a loved one, money problems, violence
- Biological factors - genetics, brain injury, and chemical imbalance in the brain. Mental illnesses can run in families (genetic factors) but this is not the only factor and family members need not be 'blamed'
- Traumatic life experiences during childhood e.g. abuse, neglect, death of parents
- Poverty can place a person at risk of mental illness because of the stresses of living with poor housing and low income.
- Drug abuse can also make a person more vulnerable to mental illness.

## 1.7 What is schizophrenia?

35 mins

### ACTIVITY

- Analysis of scenario

### AIM

- Familiarise participants with schizophrenia as an illness

### MATERIALS

- Handout 3

### TIME MANAGEMENT

- Analysis of scenario – 20 mins
- Discussion – 15 mins

### INSTRUCTIONS

1. Ask participants whether they have worked with a client with schizophrenia. Ask anyone who has to share their experience and what symptoms the client had.
2. Explain that:
  - a. People with schizophrenia are said to have psychosis, which is a combination of hallucinations and delusions.
3. Ask whether people know what hallucinations and delusions are. After getting some ideas – give the definitions below:
 

**Hallucinations** - Hearing voices/seeing things that are not there

**Delusions** - False beliefs e.g. thinking others are trying to harm them
4. Share that other signs of schizophrenia include:
  - a. Strange behaviours e.g. talking to him/herself
  - b. Inappropriate emotions e.g. laughing at something sad
  - c. Loss of social skills
  - d. Restlessness, walking up and down
  - e. Aggression.
5. Ask participants if they have recognized these symptoms or behaviours in people they know or in their community. Allow time for sharing of experiences.
6. Divide the group into smaller groups/pairs.
7. Give them Handout 3 which has a scenario.
8. After reading the scenario, groups need to identify signs and symptoms of schizophrenia.
9. Trainers should spend time with each group, helping facilitate their discussion of symptoms. Ensure they understand the delusions and hallucinations in the scenario.
10. Ask each group to share their findings. Summarize and give the information points below.

### DISCUSSION

- Schizophrenia generally has its onset before the age of 30 years
- Both men and women are affected
- Hallucinations and delusions are common symptoms of schizophrenia
- People with schizophrenia may also commonly suffer from depression due to the way the illness impacts on their life and they can be at risk for suicide
- They may abuse alcohol or drugs as a way of coping
- There are effective treatments that can reduce the symptoms but they cannot be 'cured' as such.
- People often have the misconceptions that people with schizophrenia are always dangerous or criminals but this is not the case

## Handout 3

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### Schizophrenia Scenario

Dipuo is a 23 year old student who started locking himself in his room. He used to be a good student but failed his last exams. His mother says that his room is dirty and he refuses to open the curtains or windows. She tells you that Dipuo often spends hours staring into space and sometimes mutters to himself as if he were talking to an imaginary person. He was forced to come to the clinic by his parents, they are unable to get a good nights' sleep as Dipuo walks around the house at night, and he refuses to bath. At first he refused to talk to the nurse. After a while he admitted that he knew his neighbours were plotting to kill him, he said "they have sent spirits to take over my mind". He said he could hear his neighbours talk about him and say nasty things outside his door, and that he received a message from the radio warning him to be careful. He believes that he has been bewitched, and did not see why he should go to the clinic since he was not ill.

## 1.8 Understanding the experience of people with schizophrenia

30 mins

### ACTIVITY

- Review of examples of hallucinations and delusions
- Discussion in pairs
- NOTE: If there is a service user with schizophrenia who has been part of the programme who could come and share their experiences, this will be a powerful experience for Facilitators and Supervisors.

### AIM

- Build empathy for support group members

### MATERIALS

- Handout 4
- Flipchart with questions for discussion in pairs (see below)

### TIME MANAGEMENT

- Review of Handout – 5 mins
- Discussion in pairs – 15 mins
- Report back – 10 mins

### INSTRUCTIONS

1. Pass out the copies of Handout 4. Ask participants to individually spend several minutes thinking about what it would feel like to experience these symptoms.
2. Next, ask participants to pair up and together discuss these questions. Put up the flipchart you prepared:
  - a. What would it feel like to have schizophrenia?
  - b. How would people treat me?
3. Bring the group back together and ask some participants to share their discussions.

**TRAINER HIGHLIGHT:** The aim of this activity is to help participants build empathy. We all need to reflect on how we can see past the label of 'mental illness' and see people as valuable, capable individuals, rather than just as 'mentally ill'.

### DISCUSSION

- People with schizophrenia may retreat from social contact and lose meaningful relationships with friends and family
- They may stop being involved in their community (e.g. churches, community groups)
- Family, neighbours and community may not understand mental illness and may treat them poorly because of their strange behaviour.

## Handout 4

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### What Does It Feel Like To Have Schizophrenia?

**Remember: To the person with schizophrenia, hallucinations and delusions are real, and can be extremely disturbing**

#### **Think about how it would feel to have delusions**

- Feeling that people are talking about you or looking at you
- Feeling that you are being watched, followed, and spied on (e.g. tracking devices, hidden cameras)
- Strong belief that someone is trying to poison your food
- Strong belief that people can read your mind or control your thoughts
- Strong belief your thoughts are being broadcast over the radio or TV
- Strong belief that random events have a special meaning to you. E.g. a newspaper headline has a message for you
- Thinking that you are Jesus, God or a prophet

#### **Think about how it feels to have hallucinations**

- Most people with schizophrenia hear voices – sometimes in their head or sometimes an actual voice. Sometimes they come from nowhere, but sometimes they come from real people who don't actually say anything.
- When people hear voices inside their heads, the voices can talk to each other, talk to themselves, or comment on the person's actions. Most of the time the voices say negative things. The voices may be insulting or abusive and sometimes command people to commit violent/destructive acts or suicide.

## 1.9 Understanding the experience of caregivers 30 mins

### ACTIVITY

- Sharing of family experiences
- Reflection on the experience of caregiving

### AIM

- Participants understand the challenges faced by family/caregivers and the reasons they too need support

### TIME MANAGEMENT

- Activity 1 or 2 – 30 mins (note there are two alternative activities depending on whether you have a family member who is willing to come and speak at the training)

### INSTRUCTIONS

1. Ask participants why they think it is important to involve caregivers in the programme.
2. Introduce the activity by saying that in South Africa people with schizophrenia are most commonly cared for by their families because there may not be other suitable accommodation options like 'half way houses'. A family is greatly affected by having a member or relative with schizophrenia. The symptoms of their illness can result in erratic or difficult behaviours, depletion of resources (e.g. because they are not working) and strained relationships.

#### **Activity 1: Sharing Family Stories**

If you are able to arrange this in advance, it can be powerful to have a family member of a person with schizophrenia come to share their experiences. After about 15 minutes, open up the floor for questions from participants. Ensure that all participants show respect and understanding for the family member's experience. Thank the family member for their input.

#### **Activity 2: 'Your hopes on a card'**

1. Hand out to each participant a piece of paper or card.
2. Explain that each person should write on their card one of their hopes for the future. For example 'I hope to build a house' or 'I hope to get married'. They should then fold the cards up, and exchange them with the person next to them.
3. Next ask everyone in the group to imagine that they are a person who is the primary caregiver for a person with schizophrenia. This may mean that they have to:
  - a. Help the person remember to take medication  
Accompany the person to the clinic, hospital or anywhere else they want to go
  - b. Manage the person's money
  - c. Ensure there is food and other essentials
  - d. Cook, clean etc for the person
  - e. Help them to maintain personal hygiene
  - f. Help look after their children if they have any

4. Now go round the group asking each person to share the 'hope' on their card, still imagining they are a caregiver for a person with schizophrenia. Would they be able to achieve this hope/dream? What challenges would they face? How would they feel?
5. Ask each person to now write on the back of the card they have, one of the 'fears' they would have as a caregiver of a person with schizophrenia. They should pass the cards around again, and then each person has a chance to share the 'fear' written on their card.
6. End the activity with the discussion points below.
7. Ask for two participants to volunteer to prepare a role play for the activity after the lunch break. See activity in Section 1.10 for guidance.

### DISCUSSION

- Families of people with schizophrenia may feel shock, denial, anger, loss and then eventually acceptance of the illness.
- The family is often socially and economically disadvantaged. This is particularly true if the caregiver has to stay at home and cannot work due to their responsibility in taking care of the person.
- Caregivers needs, hopes and dreams are often secondary to the day to day challenges of caring for the person
- These caregivers may also have others (e.g. small children) to care for
- Caregiving for a person with schizophrenia can be emotionally draining due to the way the illness affects the persons behaviour
- Caregivers also have to deal with high levels of stress as well as their own feelings of loss and sadness due to the challenges in their lives.

## 1.10 Schizophrenia & the family – the effect of conflict

30 mins

### ACTIVITY

- Role play and discussion
- Sharing of experiences in pairs

### AIM

- Participants know the role of family conflict in increasing risk of relapse and caregiver burden
- Participants have reflected on some ways families can reduce conflicts

### TIME MANAGEMENT

- Activity 1 – 15 mins
- Activity 2 – 15 mins

### INSTRUCTIONS

#### Activity 1: Role play – family conflict

1. Ask the volunteers to act out the role plays below that they prepared.
2. The role play should take about 5 minutes. After this, use the discussion questions below to guide a discussion on family conflict.

#### » Role Play: Family Conflict

<b>DINEO</b>	Is there some food for this evening. I am so hungry and I need to eat before I take my tablets.
<b>MALE RELATIVE</b>	My wife is not here today, why have you not cooked food? We come home from working all day and there is nothing for us. What have you been doing all day? Sitting under a tree? You are useless. What kind of a woman are you that you do not cook for the men who work?
<b>DINEO</b>	I'm sorry but there was no food in the house today and I could not take a taxi to go to try and buy food.
<b>MALE RELATIVE</b>	I don't care about your excuses. I think you are not sick at all you are just faking it, you are acting like that deliberately so that you can have others do everything for you.
<b>DINEO</b>	That is not true, I am sick, and I am trying my best to do what I can. If my aunt was here to help me we could have gone together and bought food, and she would help me to make it.
<b>MALE RELATIVE</b>	More excuses. I should just throw you out on the street, then you would see what a hard life is like. That would make things a lot easier for us here anyway. You better watch out or I might just do that.
<b>DINEO</b>	[very upset] Please....I'm sorry. I will try harder.

**Discussion Questions:**

- What do you understand by the term 'family conflict'?
- How could family conflict affect a person with schizophrenia?
- How could family conflict affect caregivers?

**DISCUSSION**

- Family conflict causes high levels of stress for caregivers, and can increase the risk that the person's illness will worsen
  - Family conflict can be caused by the difficult behaviour of the person with schizophrenia
  - But family members may also treat the person with schizophrenia very badly.
- 

**INSTRUCTIONS****Activity 2: Working on Family Conflict**

1. Ask participants to pair up, and share their experience of conflict within their own family. How have they dealt with it? What support could they give to caregivers in dealing with family conflict? Remind everyone to share only what they feel comfortable with.
2. After 15 mins let each pair have a chance to feedback their strategies for dealing with conflict and ideas for helping caregivers.

**DISCUSSION**

- Caregivers and family can encourage treatment adherence to get the person's symptoms under control, which may lead to less difficult behaviour
- Family members need knowledge on the illness so they can be supportive.
- Caregivers can also share their ways of coping with family conflicts in support group meetings
- If needed, the family can involve a social worker or other professionals, as well as trusted friends or extended family members in helping them to resolve the conflict
- Family members and the person with schizophrenia themselves should always avoid resorting to violence and all should treat each other with respect and dignity

## 1.11 Understanding stigma & discrimination

30 mins

### ACTIVITY

- Presentation of definitions
- Brainstorm and discussion

### AIM

- Enable participants to understand stigma and discrimination

### TIME MANAGEMENT

- Brainstorm – 15 mins
- Discussion – 15 mins

### INSTRUCTIONS

1. Ask a participant to read out the following quotes...

*Stigma is: '... a mark of shame, disgrace or disapproval, which results in an individual being shunned or rejected by others.'*

*Discrimination is the unfair treatment towards those who are stigmatised, whereby they are treated less favourably than those who are not stigmatised. For example, people may be discriminated against because of their race, age or gender (or because of having a mental illness).*

2. Lead a discussion about how these concepts are used in SeTswana. What are the literal translations? What words are used to describe the experience of stigma and discrimination?
3. Ask a participant to read the following story:

Bonang is a 45 year old mother of two boys. She has been diagnosed with schizophrenia for the last 10 years. Her husband passed away and she is not working. She used to work as a domestic worker but when she had a relapse and had to spend time in hospital her employer told her not to come back to work. Now that her boys are older they sometimes call her a 'mad old woman' and her neighbours avoid her in the street. She is taking her medication but sometimes she thinks this illness is her own fault that she brought it on herself because of the fight she had with her late husband just before he died. They didn't have the opportunity to reconcile and she thinks he is punishing her from the world beyond.

4. Explain that there are several types of stigma in this story.
5. Ask participants if they can identify these. They may easily identify stigma from the family members and the neighbours. But the less well known form of stigma is self-stigma or internal stigma – stigma the person with the illness feels towards them self.
6. Use the points below to round off the activity.

## DISCUSSION

- Not knowing the facts about mental illness sometimes makes people afraid of those with mental illnesses. People often think that those with mental illness are acting deliberately
- A person with mental illness may be rejected by friends, relatives, neighbours and employers.
- Stigma also affects the family and caregivers and may lead to isolation and humiliation
- Self (internal) stigma can lead to low self esteem, feelings of worthlessness and withdrawal from social/community life
- Because of the labelling and shame associated with schizophrenia, self stigma may be especially strong.

## 1.12 Management of schizophrenia

30 mins

### ACTIVITY

- Description of the basics of the SA Mental Health Care Act
- Brainstorm on the care of a person with schizophrenia

### AIM

- Participants know the different service providers involved in care for those with schizophrenia

### MATERIALS

- Handout 5

### TIME MANAGEMENT

- Brainstorm – 20 mins
- Review of Handout – 10 mins

### INSTRUCTIONS

1. Explain that the South African Mental Health Care Act of 2002 outlines what care people with severe mental illness should get:
  - a. A Person with severe mental illness who is a danger to themselves or others can be hospitalised (voluntarily or involuntarily) where they will be observed for 72 hours and receive treatment from a psychiatrist
  - b. Once stabilised they are entitled to leave hospital and continue to receive medication from their clinic or doctor
  - c. They are entitled to rehabilitation to integrate them into their communities after leaving hospital
  - d. Mental health review boards exist in all the provinces. A caregiver or service user themselves can appeal to this board if they feel they do not need to be hospitalized or have been hospitalized without good reason
  - e. Ask for any questions or clarifications on the Mental Health Care Act.
2. Explain that people with schizophrenia and other severe mental illnesses are entitled to a disability grant based on their psychiatric disability. This is a recognition by the government that the illness makes it difficult for them to work and function in their community. These grants are administered by SASSA and often the Mental Health Society administers the grant if there is a service users who mismanages their grant, or whose family do so.

3. Ask for representatives from the Mental Health Society to share their experiences on administration of grants.
4. Next ask a participant to read out this story to the whole group:

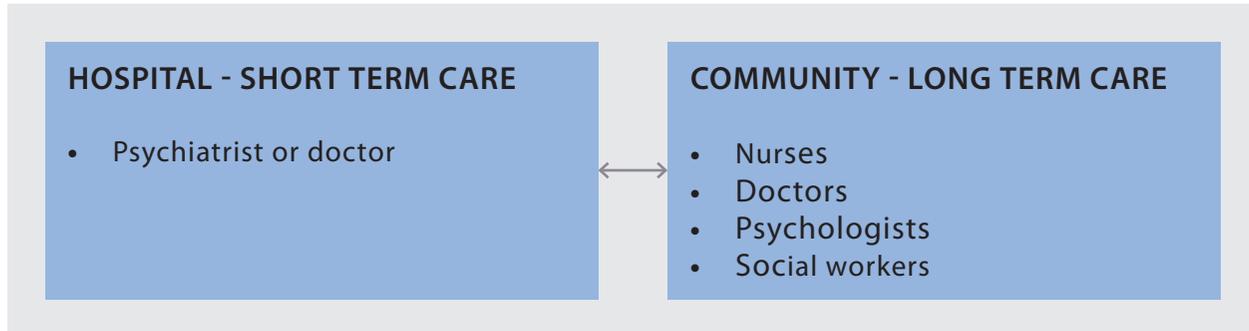
Michael is a 27 year old factory worker. At a point in time his family started to notice changes in him. He stopped going to work and would walk the streets all day, he would talk loudly to himself and point to things that no one else could see. Eventually he lost his job and his family were called late one evening to go to the police station as Michael had been arrested, he had tried to set fire to a neighbour's shack. After being arrested Michael was admitted to hospital, the police said this was what they had to do because of the Mental Health Act.

5. Ask the participants to divide into small groups/pairs.
6. Using the questions below, groups should brainstorm:
  - a. What care does Michael need in the short term?
  - b. What care would Michael need in the long term?
7. Bring the groups together to report back on their brainstorm. Ask a volunteer from each group to share what they discussed.
8. Hand out to participants Handout 5 - use the information to add to the groups discussions.

## Handout 5

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### Service Providers Involved in Care for Schizophrenia



**Psychiatrist** provides diagnosis and medication. If no psychiatrist available, doctor provides diagnosis and medication.

**Psychologists** provide counselling and support

**Nurses** do monthly checkups and provide ongoing medication

**Doctors** check that medication is working and change medication if there are side effects

**Social workers** help with accessing disability grants and provide support to the patient and family

**Occupational therapists** can help with rehabilitation and recovery

## 1.13 Closure

15 mins

### ACTIVITY

- Summary and time for questions/clarifications

### AIM

- Participants are clear on key learning points from Day 1 training.

### TIME MANAGEMENT

- 15 minutes for closure and questions

### INSTRUCTIONS

1. Thank participants for their energy and participation today.
2. Summarise the key learnings for the day:
  - a. Schizophrenia can affect anyone and is difficult for individuals and families to cope with
  - b. Stigma and discrimination and poverty add to the challenge
  - c. PSR Facilitators and Supervisors role is to help people with schizophrenia to function better in their community.
3. Ask if anyone has any questions or anything to clarify from the Day 1 training.
4. Remind participants of the start time for Day 2 training and to bring their copy of the PSR Facilitator Guide.
5. End the Day's training in the way the group discussed in the first session e.g. with a song or prayer.

### Trainers reflection tool: Day 1

Some questions for today's reflection ...

What worked?

What did not go so well?

What aspect of training do we think we need to support tomorrow?

Who are you worried about in the group? What can you do to support this participant?

What do you appreciate about your co-facilitator?

What assistance do you need from him or her tomorrow?

## » PSR facilitators training workshop: Day 2

**PURPOSE:** The purpose of Day 2 is to begin to build participants' skills for working with people with schizophrenia. The format is similar to Day 1 - there is a lot of information that can be shared by the trainer (e.g. in summary discussions at the end of an activity). It is important to get participants to share their ideas and experiences and to build on what they learned in Day 1.

Sit together with your co-trainer, read through the programme and decide who will lead the various activities of Day 2. Discuss how you will support one another today and incorporate what you learned and experienced in Day 1.

### Materials checklist for Day 2

Materials	Notes	Checked
PSR Trainer's manual	Bring your own copy	
Attendance register	Use usual register	
Flipchart and pens	Check with venue	
Prepared flipcharts to put up	Check in each session what needs to be prepared in advance	
Handouts	Prepare photocopies of handouts for the Day (see session outlines)	
Prestik	For hanging flipchart notes	

## 2.1 Introduction to recovery & psychosocial rehabilitation

55 mins

### ACTIVITY

- Recap
- Introduction to Recovery and Psychosocial Rehabilitation (PSR)

### AIM

- Participants know the overall aim of the programme in promoting recovery

### MATERIALS

- Handout 6

### TIME MANAGEMENT

- Recap – 10 mins
- Activity 1 – 25 mins
- Activity 2 – 20 mins

### INSTRUCTIONS

#### Recap

Recap what was covered in Day 1 by going round the group asking each person to share the most important thing they learned.

#### Activity 1: Recovery from schizophrenia

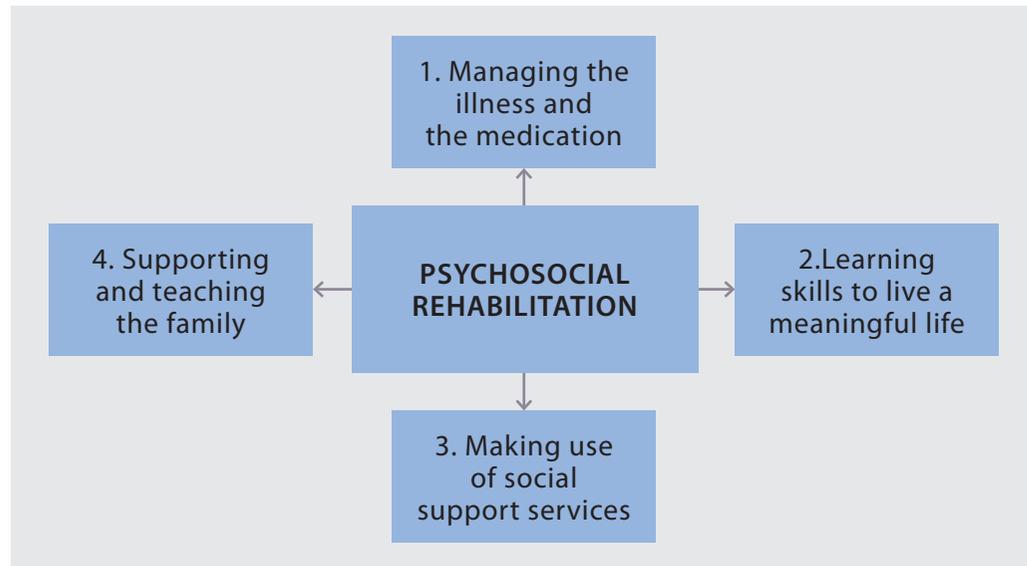
1. Explain that people with schizophrenia may have long periods when they are well, but then they may experience times when their symptoms reoccur. This is known as a relapse.
2. Explain that people with schizophrenia can also recover. But in this case recovery does not mean they are cured. Rather it means regaining a level of functioning that enables the person to find meaning and fulfillment in their life.
3. Highlight that 'Recovery' is the ultimate goal of this programme.
4. Divide participants into two groups. Assign each group to one of the stories in Handout 6.
5. Ask the groups to discuss the story answering the question 'what could 'recovery' mean to this person?'
6. After 15 mins bring the groups back together for a report back.
7. Note on a flipchart their ideas on what recovery means in these two situations.

#### Activity 2: Psychosocial Rehabilitation

1. Explain that to 'recover' people need support to manage their condition. This support is what we refer to as psychosocial rehabilitation.
2. Provide this definition of PSR using the flipchart you prepared:

*Psychosocial rehabilitation is ..... a process that enables people with mental illness to set and achieve goals for independent functioning in their own communities....*

3. Explain that in this PSR programme, the support groups will fulfill this role. Draw up the diagram below on the flipchart, explaining each of the 'pillars' of PSR as you go along.
4. Ask participants for examples of what each pillar could mean, and how they could see themselves contributing.



5. Explain that in South Africa, where many people with schizophrenia are living in poverty, income generating activities are also an important part of PSR. Brainstorm with participants some of the income generating activities that support groups could be involved in. Highlight that income generating projects can take much time and commitment to get going, but they are an important goal of the PSR programme.
6. To end this session, emphasize that rehabilitation and recovery is an individual journey for each person. Being empowered to take up that journey is an important aspect of recovery. Ask participants to spend a few minutes quietly reflecting on how they will approach their role as facilitators. This questions will guide their reflection:
  - a. How can I work to empower the people I work with?
7. Ask each participant to privately write down their own personal commitments to empowering people in their support groups and encourage them to remember this as they progress through the training.
8. Summarize with the discussion points below.

### DISCUSSION

- Recovery can mean very different things for different people
- Different people will have different levels to which they can recover. For example, not everyone will be able to recover to a point where they can be employed in a mainstream job
- It is important to be realistic about the level to which a person can improve.
- Often working or earning an income may be the most important part of recovery
- Each person will decide their own personal goals for recovery and facilitators are there to support them to reach those goals.
- Support group facilitators can act as a positive influence and help people to recover as far as possible
- They should avoid the temptation to use coercion, for example to force someone to be involved in a particular activity or to share personal experience.

## Handout 6

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### Recovery Scenarios

#### Story 1

Sibonelo is a 45 year old man with schizophrenia. He was diagnosed 12 years ago, when he was arrested and hospitalised after damaging a shop. He has been in and out of hospital since then and for the last 5 years has been abandoned by his family. He has been homeless since then. He has had times over the years when he has taken medication and his symptoms have been better. But after they gave him pills his hands started to shake, his mouth became dry and he had a strange trembling in his legs. He is now convinced that the doctors and nurses are trying to poison him.

Discuss: What could recovery mean to Sibonelo?

#### Story 2

Patricia is a 30 year old mother of two young children. She worked as a secretary until she had an episode of psychosis and was hospitalised and diagnosed with schizophrenia 6 months ago. While hospitalised her mother in law took care of her children. Since being in hospital Patricia has been prescribed medications by her doctor and she has been taking them as directed. Her symptoms have greatly reduced and she is able to do most of the household tasks she used to. Her children have remained with her mother in law as she believes Patricia cannot deal with the stress of looking after two small children.

Discuss: What could recovery mean to Patricia?

## 2.2 Using the PSR facilitator guide

290 mins

*NOTE: break for lunch according to programme*

### ACTIVITY

- Trainer presentation of Session Format
- Review and feedback on session content for each session

### AIM

- Participants are familiar with the session format used in the Facilitator Guide

### TIME MANAGEMENT

- Trainer presentation of Session format – 15 mins
- Review and presentation of session content by participants – 275mins

### INSTRUCTIONS

#### Activity 1: Session Format (15 mins)

1. Ask the group to look at their Facilitator Guides. Explain that there is background information in the beginning. This can be a useful reminder of what they have covered in the training.
2. Next present the format of the sessions. Explain what is covered in each step. Ask: Why is each step important?
  - a. Step 1: Introduction and welcome
  - b. Step 2: Sharing of information by facilitator
  - c. Step 3: Sharing of experiences and group discussion
  - d. Step 4: Activity
  - e. Step 5: Closure
3. Make sure that participants understand the importance of members sharing experiences and not just hearing information from the Facilitator.

#### Activity 2: Getting Familiar With The Sessions

1. Explain that there are 17 sessions – 12 sessions for service users (patients) and 5 sessions for caregivers. There are fewer sessions for caregivers because they often have other commitments (e.g. work, childcare) that mean they don't have time to come to a group.
2. Allocate sessions to review to each participant (depending on how many participants you have, each one may have two or more sessions to review). Sessions 1 and 4 for caregivers are similar to the service users sessions so there is no need to repeat, only do Sessions 2, 3 and 5.
3. Their task is to review the session/s and give a brief presentation of what is covered to the rest of the group.
4. Allow 20 minutes for participants to review their sessions and then start the presentations (make a flipchart available for those who wish to use it). Run presentations in sequence according to the Facilitator Guide. Each participant has 10 minutes to present, 5 minutes for discussion/questions.
5. Thank each participant after their presentation. Use the summary points below for each session to add to the presentations.

6. Explain how Handouts are to be used in the sessions. These are available in SeTswana, and the Facilitator should explain slowly and clearly how each handout should be used to group members. They can then answer any questions and help the members to use the Handouts.
7. Ask whether there are any issues that need clarification. If you have participants (e.g. Health Promoters) who already run support groups for other chronic illnesses, ask them: How will these groups be different from those you already work on?
8. Round off the activity by highlighting the importance of facilitators preparing for each session in advance using the Facilitator Guide.

### DISCUSSION

Summarise key points for each session after the participant's presentation.

#### **Service User Session 1 Introduction to the PSR Programme and Goal Setting**

- Session 1 sets the tone for the rest of the programme. We want members to feel comfortable, supported, motivated and interested
- It gives group members a chance to set goals they can work towards, to build their self esteem and help recovery

#### **Service User Session 2 Understanding Our Schizophrenia Diagnosis**

- This session aims to build members insight into their illness
- Through knowing correct information about the illness they can begin to take charge of managing the illness
- Understanding that hallucinations and delusions are part of the illness is important for insight

#### **Service User Session 3 Understanding Medication**

- Adhering correctly to medication is the first crucial step for helping members recover
- Knowing about side effects and that a doctor can help reduce these can help members to adhere to their medication. They will have to take medication for the rest of their lives
- While traditional medicine cannot reduce the symptoms of schizophrenia, traditional healers can be an important source of support and can help people understand their illness
- Group members should make sure that they consult a legitimate traditional healer rather than someone who may take advantage of them to make money.

#### **Service User Session 4 Income Generating Activities**

- The value of income generating activities is not only in the money they provide for members. It is also valuable for them to be doing something productive with their time
- It may not be possible for groups to get an income generating activity up and running in the duration of the programme, but Facilitators can support them towards doing this over a period of time.

**Service User Session 5 Coping with Schizophrenia**

- In this session group members can share their experience to help others recognize their warning signs and triggers
- Members also need to understand which warning signs indicate that they can cope on their own, and which ones mean they need to get help from a doctor or nurse

**Service User Session 6 Substance Abuse**

- People take drugs or alcohol for many reasons, often because they want to forget the difficulties in their life (e.g. poverty, unemployment)
- People with schizophrenia may feel that drugs or alcohol help to relieve their symptoms (e.g. help them to forget about the voices)
- It is not advisable to drink alcohol or take drugs whilst taking medication for schizophrenia
- Some people with schizophrenia stop drinking and taking drugs because they realize it has a negative effect on them
- Drug addiction is a disease of the brain, not a lack of will power
- People with addictions need support and people with schizophrenia who are also dependent on drugs need particular support. Blaming the person is not productive, the main thing is to help them to find a way out of their addiction.

**Service User Session 7 Knowing Ourselves**

- Knowing and understanding themselves better can help people to make better decisions and reach their goals.
- It helps people know their strengths, weaknesses, likes and dislikes
- Knowing your strengths and building your self esteem gives you hope and optimism to help face life's challenges
- People can get to know themselves better by observing and being aware of their moods, reactions and responses to what is happening around them.

**Service User Session 8 Managing Anger, Stress and Conflict**

When people don't know how to handle conflicts, communication breaks down and they blame each other. The most important things to remember about handling conflicts are:

- Choose the right time and place
- Say how you feel
- Listen to the other persons' side of the story
- Try to find a solution that suits both you and the other person

**Service User Session 9 Dealing With Stigma and Discrimination**

- Unfortunately, people with mental illnesses and their families suffer ill treatment from people in their community or even family members
- Group members cannot change the way other people act, but they can change the way they react to ill treatment and can try to keep up a positive self image
- Ill treatment of people with mental illness is often due to lack of understanding of what the illness is all about

**Service User Session 10 Contributing to the Household**

- Contributing to the running of our households is a way that we can all show love and care for our family members
- Some of the chores support group members can help with include:
  - Cooking
  - Cleaning
  - Gardening – e.g. looking after vegetables if they are grown
  - Running errands
  - Helping look after children

**Service User Session 11 Money Management**

- Managing their own money is an important way that group members can build their independence and self esteem
- This may not be possible for every group member and often a trusted family member is a good person to manage their money

**Service User Session 12 Closure Session**

- The closure session is a chance to thank members for their participation throughout the programme. It is also a chance to encourage them and motivate them to keep working towards their goals
- It can be a good time for members to reflect on their journey and how they, and their lives, have changed during the programme.
- They can continue to meet as a group, even if the facilitator is not there, and this is to be encouraged. They can also support each other in other ways by staying in contact.

**Caregivers Sessions**

Family/caregivers of people with schizophrenia play an important role in helping to care for their family members. But providing this care can also be stressful and place a burden on the caregiver. For this reason, they too need a space such as a support group where they can come and share experiences and coping strategies.

Caregiver Sessions 1 Understanding Our Relative's Illness and 4 Dealing with Stigma and Discrimination are similar to service users sessions 2 and 9, and do not need to be repeated.

**Caregiver Session 2 Coping With Caring for A Person With Schizophrenia**

- With the challenges they face, caregivers find different ways of coping
- This session is a chance for caregivers to realise they are not alone and that others face the same challenges
- Sharing experiences and ways of coping can help motivate caregivers to keep going

**Caregiver Session 3 Family Conflict**

- Knowing ways to help reduce conflict in the family can reduce the stress and burden caregivers face
- They can share and learn skills for being more supportive of their family member with schizophrenia, and knowing when they need to get help

**Caregiver Session 5 Caring for the Caregiver**

- Women usually have the majority of the caregiving role. This can place a great additional burden on them especially in families that already face hardships such as poverty.
- Increasing the role of men in caregiving means changing the way society views the caregiving role, but men too can find fulfilment from caregiving and this can reduce the burden on women in families
- One of the most important ways for caregivers to get a break is to ask for and accept help from people they trust
- Mental health is especially important to help caregivers cope with the day to day tasks of caregiving. Without good mental health the demands of caregiving can lead to stress, anxiety, depression and burnout
- Each person will develop their own ways of coping with their caregiving role
- One of the most important things in caregiver support groups will be for caregivers to have a chance to share their coping strategies with others
- Some ways that caregivers can take care of themselves include:
  - Doing something that gives them enjoyment and peace, even if it's only a 10-minute break.
  - Knowing when it is time to ask for help and asking before they find themselves in a crisis.

## 2.3 Accessing resources in the community

30 mins

### ACTIVITY

- Discussion around need for accessing other resources
- Participant creation of local resource list

### AIM

- Participants are able to link support group members to resources in the community

### TIME MANAGEMENT

- Activity 1 – 30 mins

### INSTRUCTIONS

#### Activity 1: Resources in the community

1. Explain that psychosocial rehabilitation links people to resources available in their community.
2. The first step is identifying the key resources which enable the person to manage their illness.
3. Explain that resources in the community may include family members, clinic staff, hospital staff, staff from the Department of Social Development and others.
4. In pairs, task the participants with coming up with a list of resources they could link group members with in their community.
5. After 20 minutes ask participants to share their ideas. Use this to create a list on the flipchart. Encourage participants to use this to create their own list in the space provided in their Facilitator Guide. Also introduce participants to the list of contacts already provided.

### DISCUSSION

- Possible resources in the community include Businesses/Churches/Schools/Voluntary/Other Organizations
- For each resource, group members will need to know where it is, if they person can get to it on public transport and the name of the contact person.
- People with schizophrenia are very sensitive to stress. Standing in a queue for a long time, or not being able to understand directions is very stressful. It is important for them to know exactly what is to be expected.
- Facilitators can build up their Community Resource List through their own knowledge, by talking to people in the community, and by speaking to family members and the clinic sister.

## 2.4 Knowing when & where to refer

30 mins

### ACTIVITY

- Group discussion on scenarios
- Orientation to referral forms

### AIM

- Help participants to reflect on situations beyond their scope of influence
- Ensure participants know referral pathways to access in these cases

### TIME MANAGEMENT

- Activity 1 – 30 mins

### INSTRUCTIONS

#### Activity 1: Knowing when and where to refer

1. Introduce the activity by saying that a vital skill for PSR facilitators will be to know when a problem is beyond their ability to deal with and to refer appropriately.
2. There are some situations that participants will not be able to manage. In these cases they will need to refer the person to the appropriate service provider who is trained to deal with the issue.
3. Ask a participant to read out the following scenarios and ask for the group's ideas on what they could do if they were in the situation. (The advised action is given in brackets).

A member of your support group confides in you that he is being abused by his family. (Refer to social worker)

A member of your support group complains that she is unable to sleep at night and is suffering from chest pains. (Refer to nurse at clinic)

A member of your support group has seemed quiet and depressed for some weeks. When you ask what is wrong he says he feels like his life is not worth living anymore and is thinking seriously about ending his life. (Refer to nurse/doctor at clinic. **SUICIDE IS AN EMERGENCY. Take the patient to the nurse immediately**)

A female member of your support group who is a single mother of two children is struggling to feed them since she has been unable to get a child support grant. **(Refer to social worker)**

A member of your support group says since taking a new medication that they were prescribed, they have not been feeling good and have had shaking in different parts of their body. **(Refer to doctor or nurse at clinic)**

While walking one evening you see a male member of your support group breaking windows and throwing stones at people. **(Call police if the person is a danger to themselves or others)**

4. After these scenarios, hand out copies of the referral forms (Medication check referral form, Suicide Prevention referral form) and explain how these are used.

#### DISCUSSION

End this activity by emphasizing these points:

- Forming personal contacts with nurses at clinics, or social workers in the local community, will be helpful in ensuring easy referrals.
- It may be difficult to access a psychologist, but facilitators can still refer those in need to their local clinic who may then be able to refer them on to a psychologist.

## 2.5 Closure

15 mins

### ACTIVITY

- Summary and time for questions/clarifications

### AIM

- Participants have time to raise any issues or concerns

### TIME MANAGEMENT

- Questions and clarifications – 15 mins

### INSTRUCTIONS

1. Thank participants for their energy and participation today.
2. Ask if anyone has any questions or clarifications.
3. Go round the group asking each participant to share what is the most important thing they will be taking away with them today.
4. Go round the group asking them what they think will be the most challenging part of facilitating the sessions they have covered today. Which sessions do they think will be tricky? How will they deal with this?
5. Ask for 4 volunteers to prepare role plays for the first activity tomorrow. Give the volunteers information on the role play and allow them to look at the manual to prepare.
6. Remind participants of the start time for Day 3 training.
7. End the Days training in the way the group discussed.

### Trainers reflection tool: Day 2

Some questions for today's reflection ...

What worked?

What did not go so well?

What aspect of training do we think we need to support tomorrow?

Who are you worried about in the group? What can you do to support this participant?

What do you appreciate about your co-facilitator?

What assistance do you need from him or her tomorrow?

## » PSR facilitators training workshop: Day 3

### 3.1 Working with people with schizophrenia

75 mins

#### ACTIVITY

- Analysis of case study and role play
- Group discussion on traditional and religious beliefs

#### AIM

- Participants know how to respond to and help someone who is experiencing a relapse
- Participants know how to work with people with strong religious and traditional beliefs

#### MATERIALS

- Handout 7

#### TIME MANAGEMENT

- Recap – 10 mins
- Activity 1 – 20 mins
- Activity 2 – 15 mins
- Activity 3 – 25 mins

#### INSTRUCTIONS

##### Recap

Recap what was covered in Day 2 by going round the group asking each person to share the most important thing they learned.

##### Activity 1: Special Skills for Working With People With Schizophrenia

1. Introduce the activity by giving participants this background information:
  - a. In group meetings they may encounter members who are experiencing a relapse
  - b. Hearing voices that are not really there is often a symptom
  - c. The person may be quite frightened because the voices are very real to him/her.
  - d. Emphasize that there is a very small chance of this happening as they will be working with stable patients who are on medication.
  - e. However, it is important that they know how to deal with it should someone become violent. This applies not only to patients with mental illness but to anyone they work with.
2. Ask participants to get into group/pairs and discuss what they would do should someone in their group seem to be having a relapse and showing unusual/aggressive behaviour.
3. Ask for feedback from the pairs and refer participants to Handout 7
4. Go through the points on this page, discussing any items that did not come up in the group discussion. Highlight the importance of facilitators assessing whether there is a risk of violence and responding accordingly.
5. Also highlight to participants that it can be helpful for them to recognize when someone is hearing voices (e.g. if they mutter or talk to themselves) so that they can refer them for help before they get to the stage Lionel is at in the case study.

**REMEMBER:** It is very unlikely that facilitators will be faced with this scenario and they should not be fearful.

**Activity 2: Role plays**

1. The aim of this exercise is to show that the type of response can make a difference for the person with schizophrenia. Some can make the situation better and some will make it worse.
2. Ask the participants who volunteered to role play to come forward. Allow for discussion after each role play. Each one should take about 5 minutes.
  - a. Ask the participants to watch the actions of the person responding to Lionel
  - b. Ask participants to watch how Lionel responds.
  - c. After the role play ask the group to discuss how the person responding to Lionel behaved and what happened to Lionel.
3. After the second role play, ask participants which seemed to be the most helpful way of responding to Lionel and why?

» **Role Play 1 – Unhelpful response**

**PSR FACILITATOR** Good morning Lionel how are you feeling?

Lionel appears distracted and doesn't answer

**PSR FACILITATOR** (louder) Lionel, I said how are you feeling today?

**LIONEL** I feel frightened, he's trying to harm me again.

**PSR FACILITATOR** Who is trying to harm you Lionel? I don't see anyone.

Lionel looks fearful and says,

**LIONEL** You know who it is, everyone knows who it is, he's just told me so.

**PSR FACILITATOR** (appearing irritated) Lionel I don't have a clue what you are talking about, who told you they are going to harm you, I can't hear anyone. Stop talking like this people will think you are mad.

Lionel begins to look distressed

**LIONEL** Of course you know what I am talking about you can hear him, everyone can hear him, they must be able to hear him shouting so loud.

**PSR FACILITATOR** (shouting) I have had it with you Lionel and your stupidity, you pretend to hear voices and you say they are trying to harm you when anyone can see that nobody is trying to harm you. Just stop being silly and pull yourself together.

Lionel becomes distressed and begins to cry and gets up and leaves.

**PSR FACILITATOR** Good morning Lionel how are you feeling?

Lionel appears distracted and doesn't answer

**PSR FACILITATOR** (speaking softly) Lionel you appear to be a little distracted are you feeling ok?

**LIONEL** I feel frightened, he's trying to harm me again.

**PSR FACILITATOR** (again speaking softly) Who is trying to harm you Lionel?

Lionel looks fearful and says,

**LIONEL** You know who it is, everyone knows who it is, he's just told me so.

**PSR FACILITATOR** Lionel are you hearing the voices of someone other than me talking to you at the moment?

Lionel looks puzzled

**LIONEL** yes I am and he is threatening to kill me! Can't you hear him?

**PSR FACILITATOR** No Lionel I can't hear the voice but I do believe that you can hear it and it sounds as though the things that the voice is saying to you are very frightening.

**LIONEL** Yes they are frightening! I try to tell myself that he can't hurt me but sometimes the voice is so loud I feel certain that he is going to get me.

**PSR FACILITATOR** That must be very distressing Lionel, you know it isn't uncommon for people to hear voices when there is nobody there talking to them.

**LIONEL** Isn't it? I thought I was the only one that heard voices like this.

**PSR FACILITATOR** No Lionel I have met lots of people that have heard voices like yours and many of them have been able to learn ways of making the voices less distressing.

**LIONEL** I wish I could stop this voice from bothering me, can you help me to do that?

**PSR FACILITATOR** I can't promise that I can make the voices stop completely but I can help you to cope with the voices to make it less distressing, would you like me to tell you more about how we might be able to do this?

Lionel appears less tense and more hopeful.

**LIONEL** Yes, I'd like you to tell me more about that.

## DISCUSSION

Helpful things to do when someone is hearing voices, suspicious of others or expressing unusual beliefs:

- Listen to him/her.
- Talk calmly to him/her.
- Recognize that hearing voices and having strange beliefs are symptoms of schizophrenia, and can be very distressing for the person
- Encourage the person to do something that makes him/her feel more relaxed such as moving to a quieter place.
- Refer him/her to professional help (doctor, nurse, psychiatrist).

## INSTRUCTIONS

### Activity 3: Working With People Who Have Strong Religious and/or Traditional Beliefs

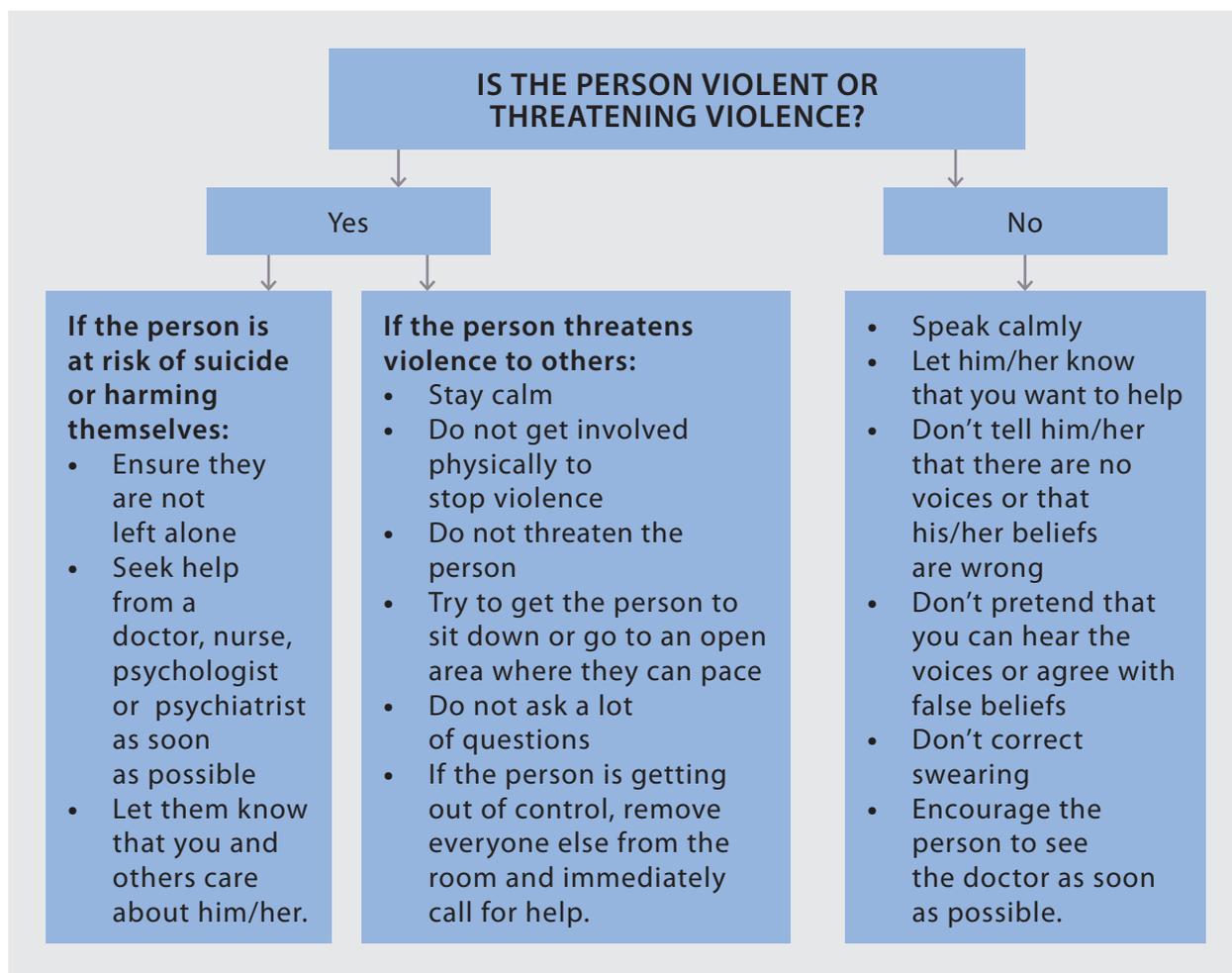
1. Spend 10 minutes discussing with the group what the common beliefs are around mental illness in their community. What do people believe causes mental illness? What do they believe can help/cure the illness? What is the role of traditional healers?
2. Next spend 10 minutes discussing with the group what religious beliefs may be held in the community around mental illness. Do people believe it is a result of possession by evil spirits? Do people believe that only God can heal them?
3. Thank the participants for sharing their ideas and experience. Summarise the discussion points below.
4. To end this activity ask participants to reflect quietly on the personal qualities of facilitators that would help them be accepting of other's beliefs. They should each write some of these down. Encourage them to make a commitment to bring these qualities to their work.

## DISCUSSION

- In South Africa many people hold traditional beliefs about ancestors and the spirit world
- Because of the symptoms of schizophrenia often people believe it is caused by bewitching, curses or not performing rituals
- Traditional healers cannot effectively treat schizophrenia but they can be an important source of support
- Strong religious beliefs and ideas can sometimes be a symptom of the illness. For example a person may believe that God has spoken to them
- But faith in God and belonging to a religious group can also be an important way that people cope with their illness. We should not immediately think that a person's religious ideas are delusions.
- PSR Facilitators can emphasize the importance of taking medication even if people have different beliefs on what causes their illness

## Handout 7

How to help a person who is hearing voices, suspicious of others, or expressing unusual beliefs



## 3.2 Schizophrenia in SeTswana

30 mins

### ACTIVITY

- Group discussion

### AIM

- Participants have begun to think about the language they will use when facilitating groups
- Participants will feel comfortable talking about schizophrenia and related issues in their home language

### TIME MANAGEMENT

- Activity 1 – 30 mins

### INSTRUCTIONS

#### Activity 1: Schizophrenia and SeTswana language

1. Introduce the activity by saying that in some languages there are not direct translations of many of the biomedical/Western medical terms people use when talking about schizophrenia.
2. Ask participants, from what they have learned, what are the most important words they will need to use in SeTswana for facilitating the support groups. What are the direct translations of these words? Why are they the most appropriate words to use?
3. If they don't come up, ask for ideas on what to use for these words:
  - a. Schizophrenia
  - b. Mental illness
  - c. Hallucination
  - d. Delusion
  - e. Relapse
  - f. Recovery
  - g. Early warning signs
  - h. Triggers
  - i. Coping
4. End the activity by encouraging participants to begin thinking about the language they will use in the sessions so they are comfortable and confident.

### DISCUSSION

- For some English words relevant to schizophrenia and PSR there may not be a direct translation
- Its important to find the words that most strongly convey the same meaning and to be able to explain the English words to group members

### 3.3 Taking care of yourself

30 mins

#### ACTIVITY

- Group discussion
- Pairing up with 'buddy's'

#### AIM

- Participants have a 'buddy' facilitator who they can share experiences and challenges with, and gain support from

#### MATERIALS

- Prepared flipchart – Taking Care of Ourselves

#### TIME MANAGEMENT

- Activity 1 – 30 mins

#### INSTRUCTIONS

##### Activity 1: Taking Care of Ourselves

1. Ask participants why the role of a PSR facilitator might be challenging.  
Reasons include:
  - a. Working with people who face many challenges in their lives, especially poverty
  - b. Working with people who have had difficult life experiences, for example they may have experienced violence or neglect
2. Lead a discussion around emotional labour – what does emotional labour mean? How does it affect people?
3. Highlight that they are not expected to deal with these challenges alone. In addition to the supportive supervision structure of the programme, they can also use strategies to take care of themselves.
4. Ask the group for ideas of what they need to do as PSR Facilitators to take care of their own emotional wellbeing. Next put up the flipchart you prepared (see below)  
Flipchart – Taking Care of Ourselves
  - a. Try not to take on people's problems
  - b. Accept what you can change, work on that
  - c. Speak to your supervisor to see if there is a way they can help
  - d. Take time to relax, do something you enjoy
  - e. Speak to a nurse or counsellor
  - f. Talk to friends and family
5. In the next part of the activity, participants should find a 'buddy'. This means everyone should pair up, it could be with someone they know, or with someone they don't know well yet. They will be 'buddy's' for the duration of the PSR programme. Use this opportunity to introduce the PeertoPeer feedback form and explain how it will be used and its benefits.
6. Beyond this, 'buddies' can act as a friendly ear to listen and support each other. They can also share cell phone numbers and keep in contact in this way. In their pairs, ask 'buddy's' to share around these issues:
  - a. How could we support each other as 'buddies'

### 3.4 Next steps for starting the programme

40 mins

#### ACTIVITY

- Group discussion and agreement on actions

#### AIM

- Participants are clear on the immediate actions they need to take to begin the programme

#### TIME MANAGEMENT

- Discussion of logistics – 15 mins
- Questions from group – 15 mins

#### INSTRUCTIONS

##### Activity 1: Logistics Discussion

1. Ask participants – what is the very first thing they need to do after completing the training?
2. What will be the next steps? Refer back to the diagram with the Facilitator roles and outputs.
3. It may help to prepare a flipchart with the following points in advance. You can then elaborate on these points in the discussion.

##### Support Groups Logistics

- Clinic contacts – working with nurses and community health workers
  - Date for initial meeting (all group members to be given appointment to collect medication on same day)
  - Tracing patients and/caregivers who do not come
  - Venue/s
  - Day, time, duration
  - Number of members
  - Number of groups
  - Supervisors and contact details
  - Tea/refreshments
4. After you have presented this information, ask the group if they have any questions or concerns.
  5. Address these as far as possible or if you are not able to answer them immediately, commit to clarifying the issue and getting back to the participants.

### 3.5 Closure of training

15 mins

#### ACTIVITY

- Sharing of feelings in relation to new role
- Feedback to participants
- Closure

#### AIM

- Participants feel confident and motivated for their new roles.

#### TIME MANAGEMENT

- 15 minutes for closure

#### INSTRUCTIONS

1. Go ground the group asking everyone to share one thing they are looking forward to in their new role and one thing they are apprehensive about. Try to normalise these concerns and help them address these.
2. Prepare cards with each participant's name on. Handout to each participant and ask them to keep it secret for now. Give them all 2 minutes to write something positive they have learned about this person, and why they will be a good PSR facilitator. Go round the group asking each participant to share what they wrote.
3. Thank participants for their energy and participation over the 5 days.
4. Share these take-home messages
  - a. Schizophrenia is a serious long term illness that has symptoms that make dealing with the daily challenges of living difficult for people with schizophrenia and their caregivers
  - b. There are effective treatments that can reduce the symptoms, but schizophrenia cannot be cured.
  - c. Patients and families need to learn to live with the challenges it presents, and still find meaning and fulfilment in their lives. This is what psychosocial rehabilitation is all about.
  - d. People with schizophrenia and their caregivers need to understand their diagnosis, their treatment programme, how to reduce their risk of relapse and how to deal with stigma and discrimination they may experience
  - e. Support groups provide a chance for patients and family members to share their experiences and coping strategies
  - f. They are also a chance for them to form friendships and offer and receive support
  - g. PSR Facilitators' role is to provide information and to guide the process of group members sharing experiences and supporting each other
5. Remind participants of the positive impact they can have on the lives of people with schizophrenia and their families, and motivate them to begin the programme.
6. End the training in the way the group discussed in the first session e.g. with a song or prayer.





