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TRAINING MODULE: COMMUNITY ENGAGEMENT FOR MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING



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Cover photo:

Social worker, Alimatou Berthé, working with UNICEF's partner NGO COOPI, smiles at children before starting a session of games in the informal settlement in Banguétaba, Sévaré town, Mopti region of central Mali, April 2019. There are more than 100 displaced children in Banguétaba informal settlement. Alimatou provides psychosocial support to children who have fled the increasing violence in central Mali. © UNICEF/UN0313250/Dicko

Acknowledgments

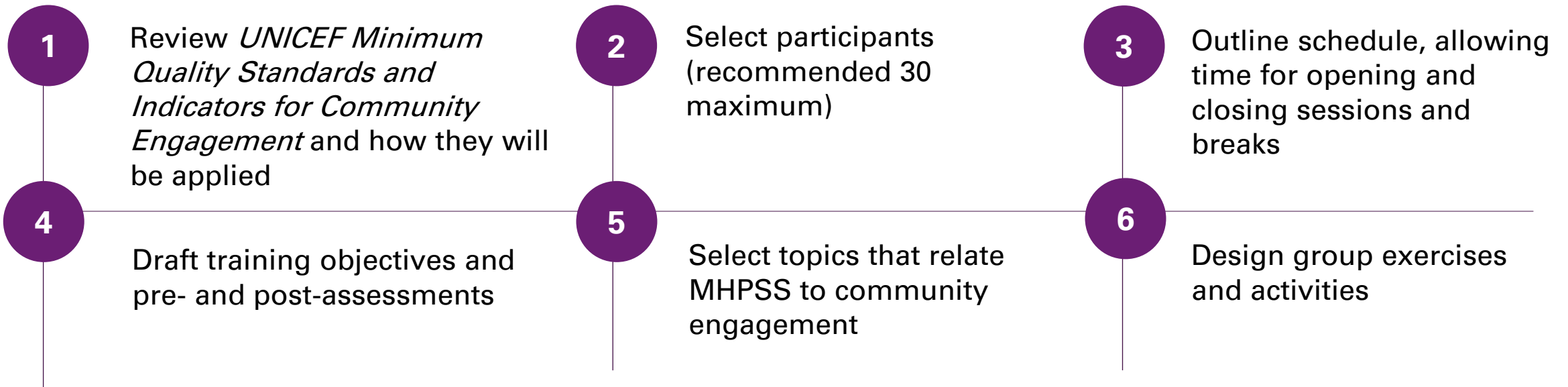
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Overview for a one-day training workshop

Workshop preparation and staffing by coordinator and lead trainer/facilitator:



Who should use this training module?

This training resource is tailored to a global and diverse set of change-makers committed to improving mental health and psychosocial support (MHPSS), including:



MHPSS practitioners



Government agencies, NGOs, CSOs and other organizations working in the field



Humanitarian aid workers



Public health professionals



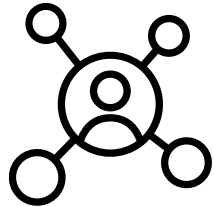
Educators



Policymakers

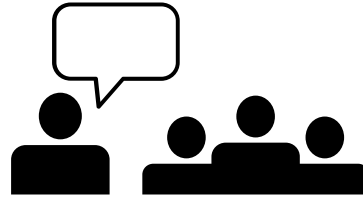
Workshop staffing

1



Coordinator, responsible for planning, administration and budget, coordination with stakeholders, communication with participants

2



Lead trainer/facilitator (ideally an SBC or Community Development Specialist) to develop methodology and design, deliver content and facilitate group work

3



Rapporteur to document participant input and ideas, and conduct assessments

Checklist for training coordinator

Before the training:	During the training:	After the training:
<ul style="list-style-type: none">✓ Plan logistics and budget, identify venue and purchase materials and supplies✓ Identify and contract with lead trainer and rapporteur✓ Work with trainer to design workshop, session topics, group work and activities, pre- and post-assessment✓ Identify and invite participants, at least two weeks in advance✓ Undertake a training dry run with lead trainer and check venue and equipment	<ul style="list-style-type: none">✓ Provide logistical and learning support for trainer and participants	<ul style="list-style-type: none">✓ Process payments and reimbursements✓ Summarize assessment and prepare training reports to be shared with stakeholders and participants

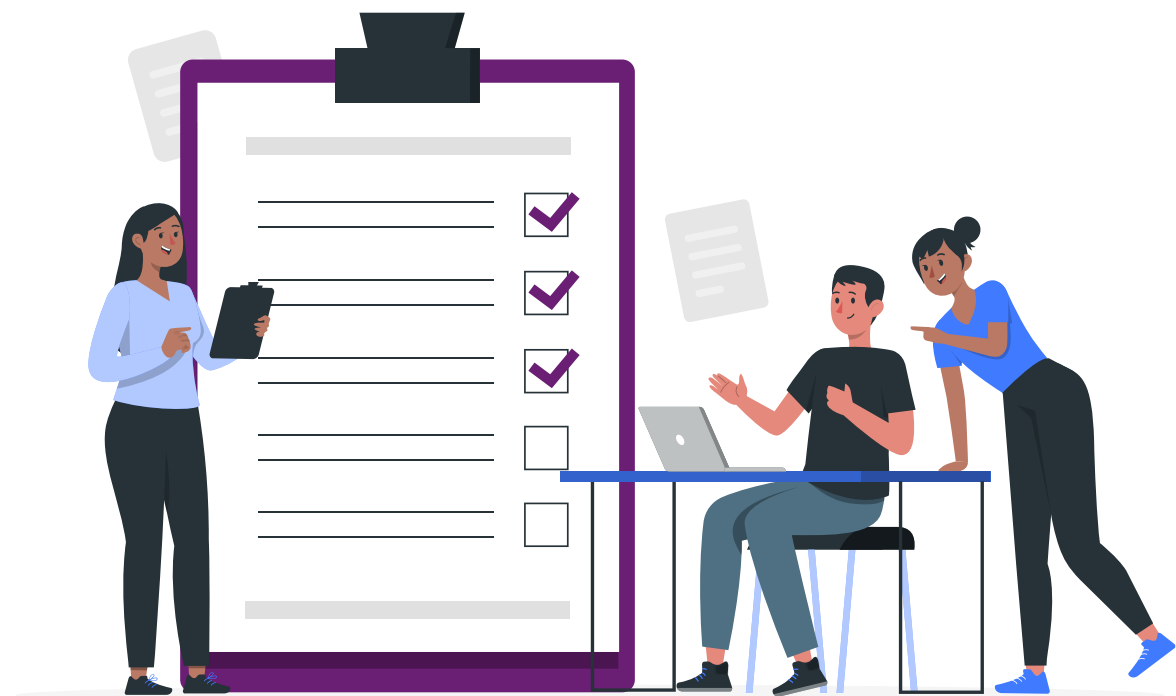
Training objectives

By the end of this training module, participants will be able to:



Pre- and post-learning assessments

- Lead trainer and coordinator design a pre-assessment based on the training objectives
- Pre-assessment may consist of up to 20 closed-ended questions
- Participants can be required to complete the assessment online *before the* workshop or during the first session of the day
- Post-assessment can include the same topics as the pre-assessment, but question phrasing and/or type should be changed, i.e., a true/false question in the pre-assessment should be a multiple choice



Generic programme: One-day training

Opening: Community engagement in action

Why community engagement and MHPSS

Break

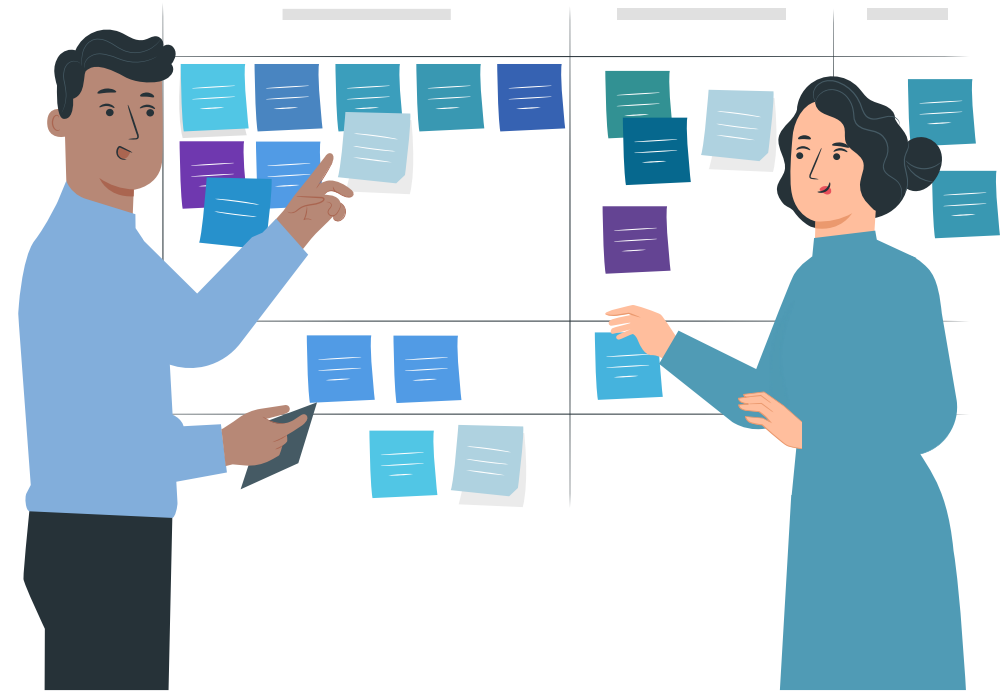
Who to engage and how

Lunch

Community engagement for mental health and wellbeing during emergencies

Break

Takeaways and closing



Opening

Community engagement in action:

Opening participatory activity

Find a partner or two:



1

Introduce yourself and share your experience(s), if any, with MHPSS and/or community engagement

2

What is one thing you would like to learn from this training?

3

What is a burning question that you have about MHPSS and community engagement?

Why community engagement and MHPSS

The importance of **community engagement** for mental health and psychosocial wellbeing

Community engagement:

A way of working with traditional, community, civil society, government, and opinion groups and leaders that facilitates their active participation in addressing the issues that affect their lives.

- UNICEF SBC Guidance



Community outreach vs. engagement

Community outreach

- Short term
- Marketing
- Messaging
- Campaigning
- What can the organization do for the community?
- One group benefits the most
- Transactional
- Periodic

Community engagement

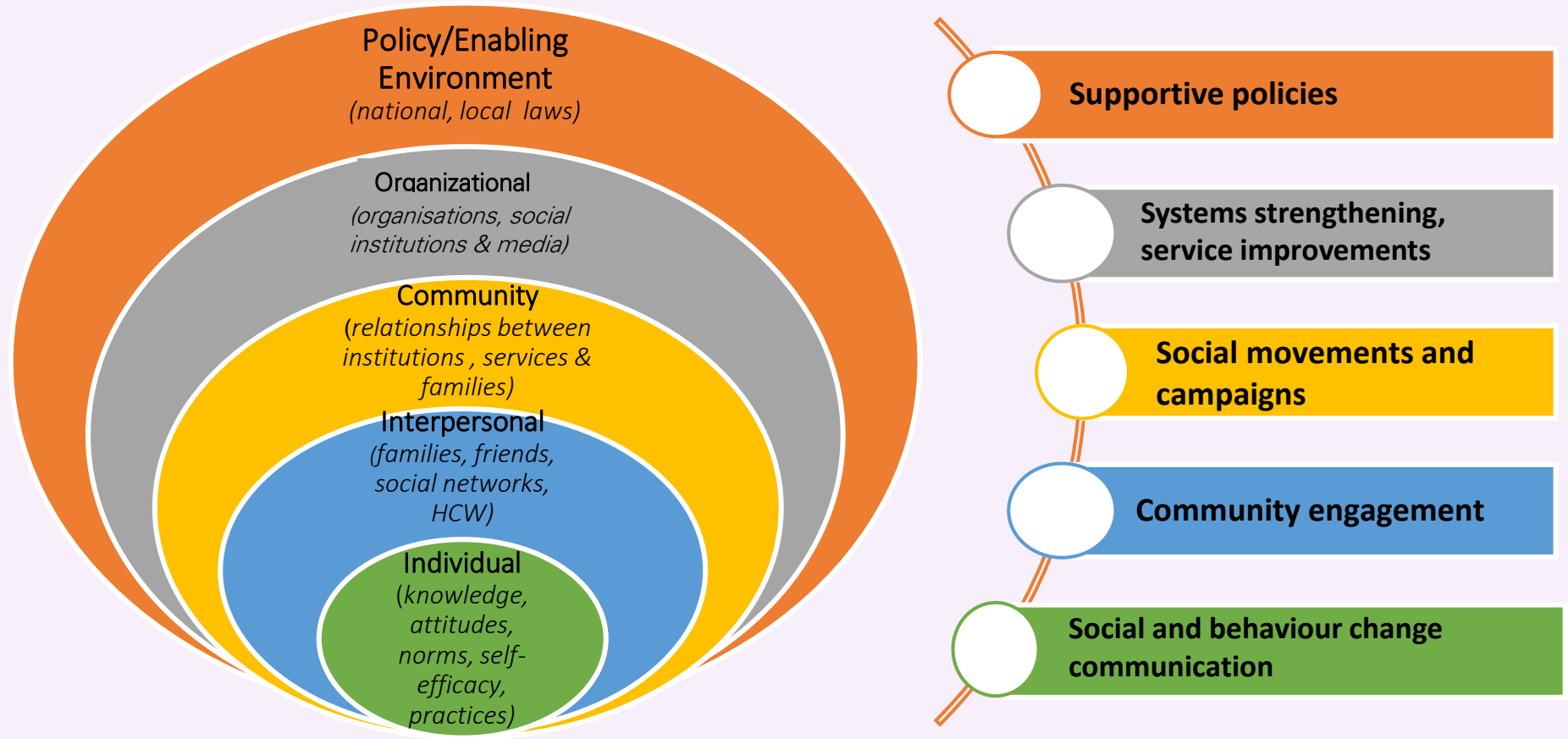
- Long term
- Relationship building
- What can the organization and community accomplish together?
- The whole community benefits
- Connecting
- Cyclical



• This is what we should aim for!

For other key definitions used in MHPSS, refer to the [UNICEF Global Multisectoral Operational Framework for MHPSS](#).

Community engagement requires collaboration between stakeholders across the Socio-Ecological Model



Adapted from the UNICEF Global Multisectoral Operational Framework for MHPSS

Principles of community engagement



[Adapted from UNICEF's Minimum Quality Standards and Indicators for Community Engagement](#)

Minimum quality standards for community engagement

PART A. Core Community Engagement Standards

1. Participation
2. Empowerment and Ownership
3. Inclusion
4. Two-way Communication
5. Adaptability and Localization
6. Building on Local Capacity

PART B: Standards Supporting Implementation

7. Informed Design
8. Planning and Preparation
9. Managing Activities
10. Monitoring, Evaluation, and Learning

PART C: Standards Supporting Coordination and Integration

11. Government Leadership
12. Partner Coordination
13. Integration

PART D: Standards Supporting Resource Mobilization

14. Human Resources and Organizational Structures
15. Data Management
16. Resource Mobilization and Budgeting

Source: UNICEF, *Minimum Quality Standards and Indicators for Community Engagement*.

Community engagement is essential to support access to and uptake of MHPSS services

- Supports overall care environment through inclusion and stigma reduction
- Enables reach to vulnerable and hard-to-reach community members
- Links humanitarian and non-humanitarian responses, e.g., COVID-19 pandemic
- Community-based approach for care across the mental health continuum across settings

Mental health continuum



[Adapted from the UNICEF Global Multisectoral Operational Framework for MHPSS](#)

MHPSS priorities in community engagement

Findings from research and stakeholder consultations identify **three key themes**:

- 1** Normalizing discussions around mental health and fostering a culture of help-seeking behaviour
- 2** Elevating the importance of self-care as an integral component of overall wellbeing
- 3** Acknowledging the significant role that faith and spirituality can play in nurturing mental health

See Chapter 2 for key messages exploring how these themes can be applied to the needs of four participant groups: adolescents, mothers/pregnant women, family members/caregivers, and health (and other sector) workers



The eight Cs of communication

- Community engagement is always about *communication*
- All types of activities – from formal group discussions to community theatre, song and dance – should be guided by these principles
- For MHPSS, clarity, communicating benefits, consistency and creation of trust are especially important



Group exercise on key messages



1

Each group to select one of the following: adolescents, mothers/pregnant women, family members/caregivers, and health (and other sector) workers



2

Create an idea for a community-based activity that supports normalizing discussions around mental health and fostering a culture of help-seeking behaviour. It should specify:

- Type of activity
- How you will encourage participation
- How you will ensure inclusion

Community engagement strategies for MHPSS

An engagement strategy is a long-term plan for an appropriate community process that will support mental health and wellbeing, e.g., in reducing stigma and making services more accessible



Who to engage and how?

Who can we engage at the community level?

Social service workers



Rights groups



Community and school clubs



Role models



Families



Faith-based groups



Business and community organizations



Influencers



Who else?



Community and religious leaders



Community engagement “ah ha’s!” and “oh no’s!”

1

Share your experiences in community engagement (MPHSS or other topics)

2

What are some “ah ha” moments from your experiences, i.e., moments where things worked well and something you learned along the way?

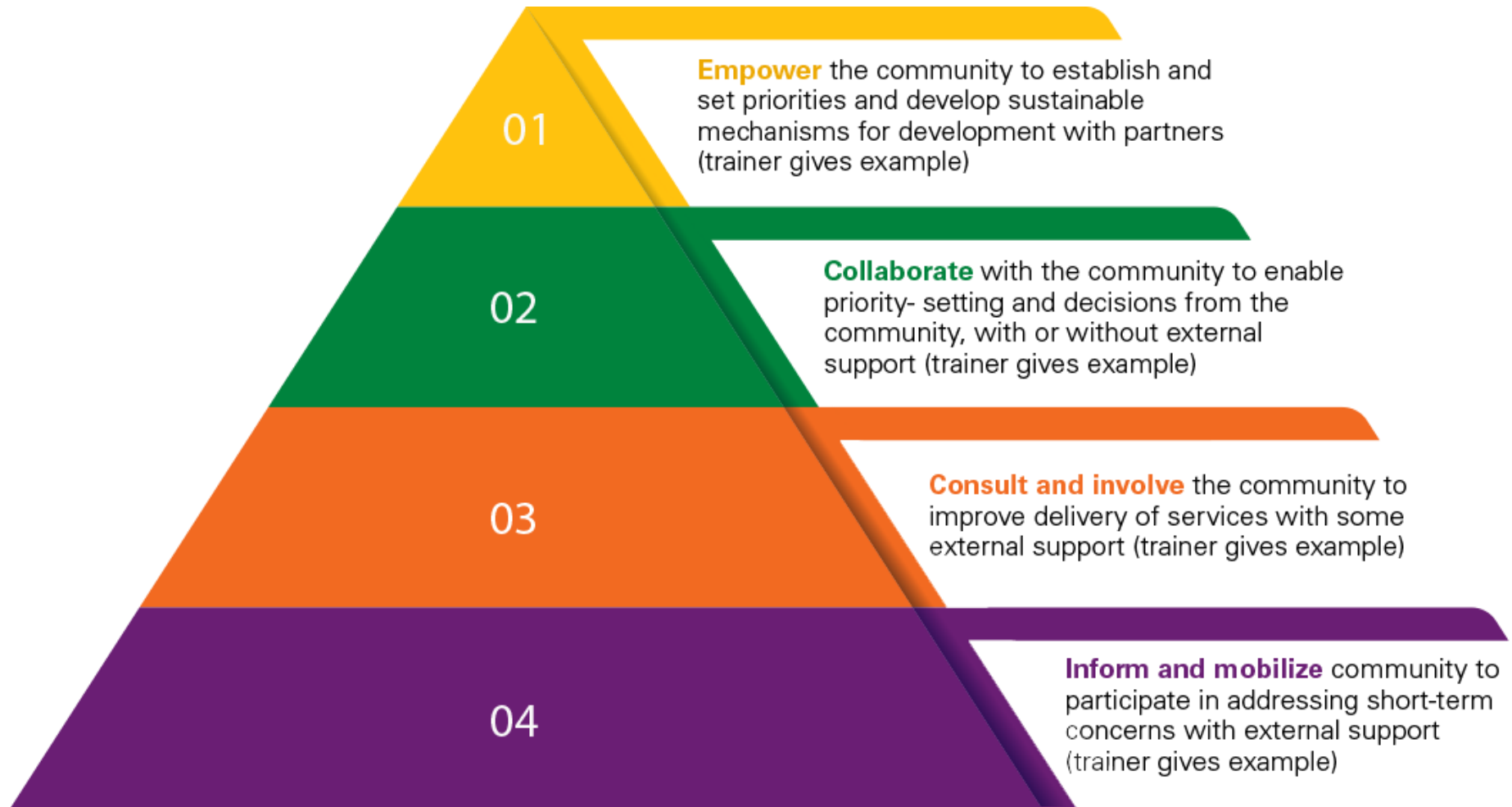
3

What are some “oh no” moments when things didn’t go as planned, and what did you learn in these scenarios?

4

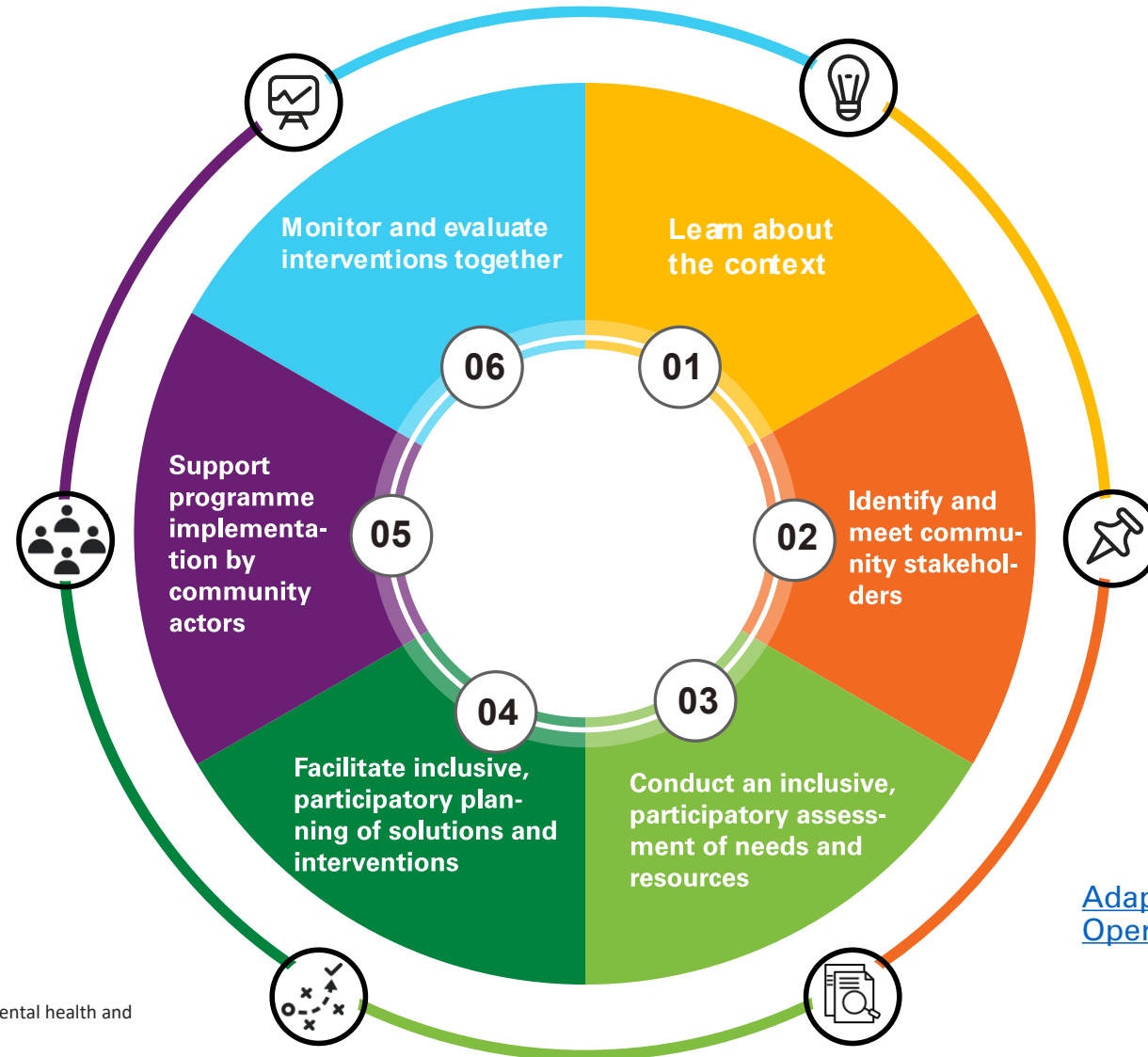
Share community engagement “ah ha’s” and “oh no’s” on a flip chart or digital notebook

Four levels of engagement + MHPSS



[Adapted from the UNICEF SBC Guidance on Community Engagement](#)

How can we engage communities in MHPSS in normal times?



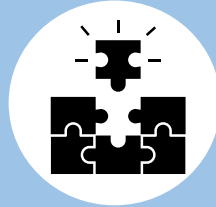
[Adapted from the UNICEF Global Multisectoral Operational Framework for MHPSS](#)

Challenges in community engagement

Inadequate resources:
staffing, time, funding



Limited inclusiveness:
people with different
needs and vulnerabilities



Disillusionment –
hopelessness and lack of
motivation



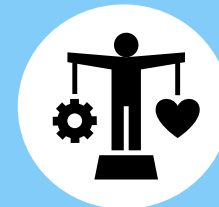
Inflexibility – need to
adapt to changing
situations



Inaccessibility – take into
account the barriers or
needs of different
groups



**Limited skills to
facilitate sessions –**
varied quality and
consistency



Consultation fatigue -
communities can grow
tired of being asked for
their views



Source: Rain Barrel Communications,
'Integrated Interpersonal Communication
for Service Providers'

Community engagement for mental health and wellbeing during emergencies

How can we engage communities in MHPSS during emergencies and humanitarian crises?

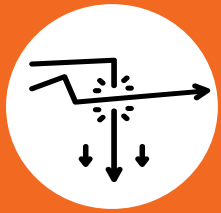
- Openly and jointly identify an emergency familiar to your country or regional context, e.g., food shortage, migration, epidemic, natural disaster, and writes a scenario describing its scale and impact and the capacity of organizations working to provide relief.
- Group exercise: Make a list of MHPSS-related issues that need to be addressed in this type of emergency, which are best tackled through community engagement, and who in the community is best equipped to facilitate. Each group presents its list in plenary session, to be followed by discussion.



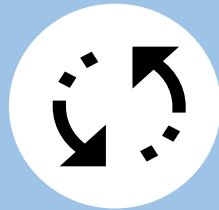
© UNICEF/UNI464213/Mohamdeen
Children participate in a drawing session at a safe learning space (SLS) set up by UNICEF at Al Maimona gathering point Hantob, Gezira state.

What is different about MHPSS in humanitarian crises and emergencies (compared to normal times)?

Disruption of services



Often involves displacement



Multiple human rights and basic needs are denied

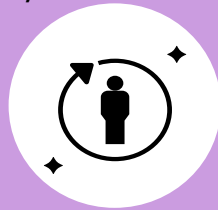


Emphasis on preparedness before a shock (e.g., earthquake)



“In your experience what else is different?”

Focus on recovery during or after the event (e.g., conflict)



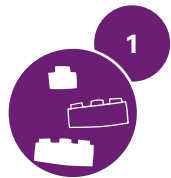
Requires external or international support



Women, girls, PWDs and marginalized groups are at increased risk



What do you need to do differently for community engagement and MHPSS during humanitarian crises and emergencies (compared to regular programming)?



Building trust becomes even more critical



People are facing extreme situations and empathy is important



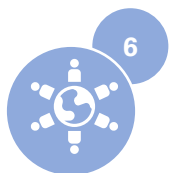
Simple and clear communication is needed



Address fears, panic, rumours and misinformation



Understand perceptions and beliefs of different groups



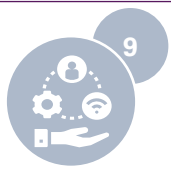
Recognize cultural and religious practices



Establish feedback mechanisms and allow for timely adaptations



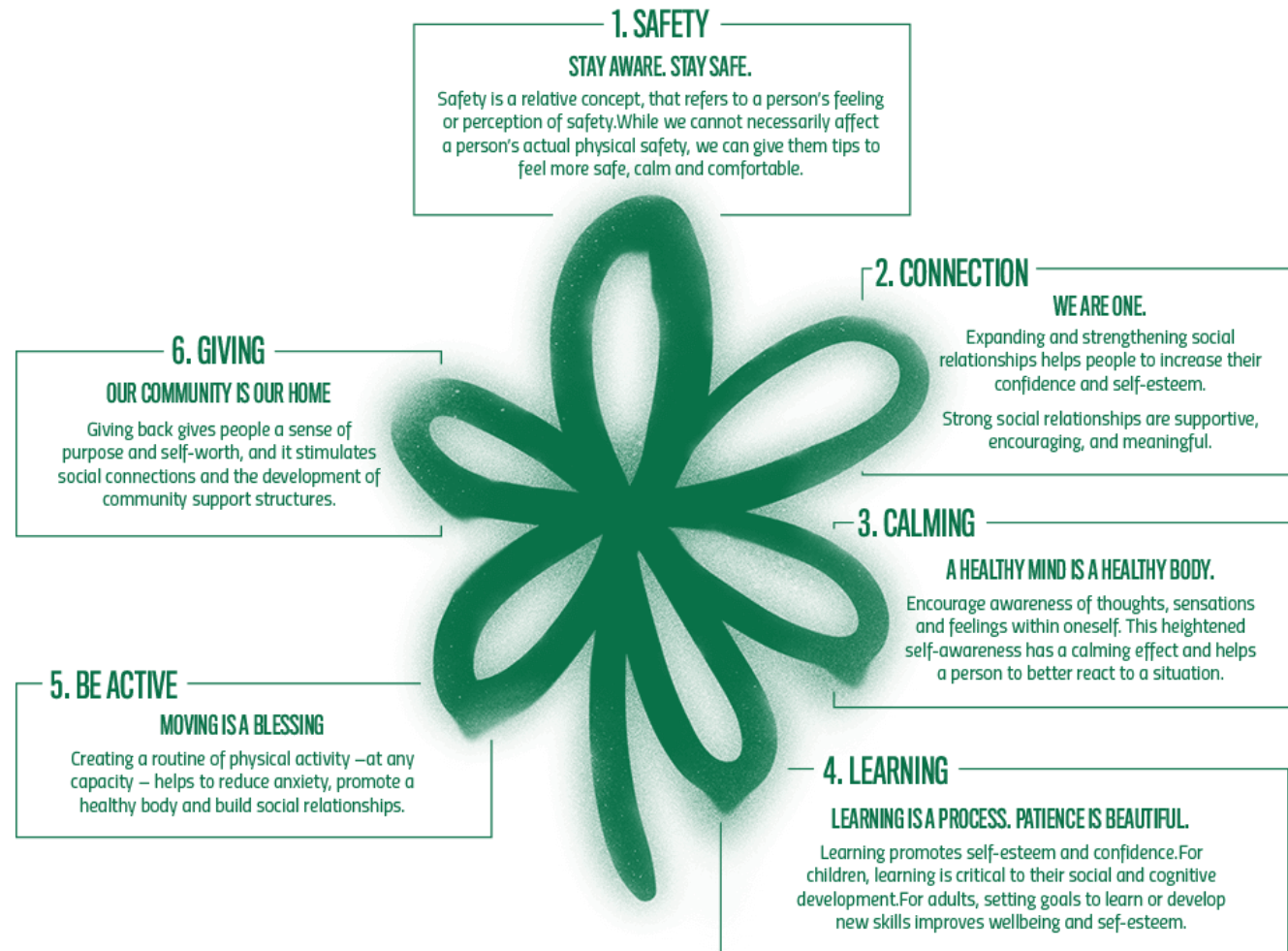
Consider prevailing social norms and community dynamics



Identify trusted sources of information and influential people, including those with lived experiences with mental health conditions

Case study

The Syrian Wellbeing Collective



SYRIANWELLBEINGCOLLECTIVE.ORG

Resources for community engagement in emergencies

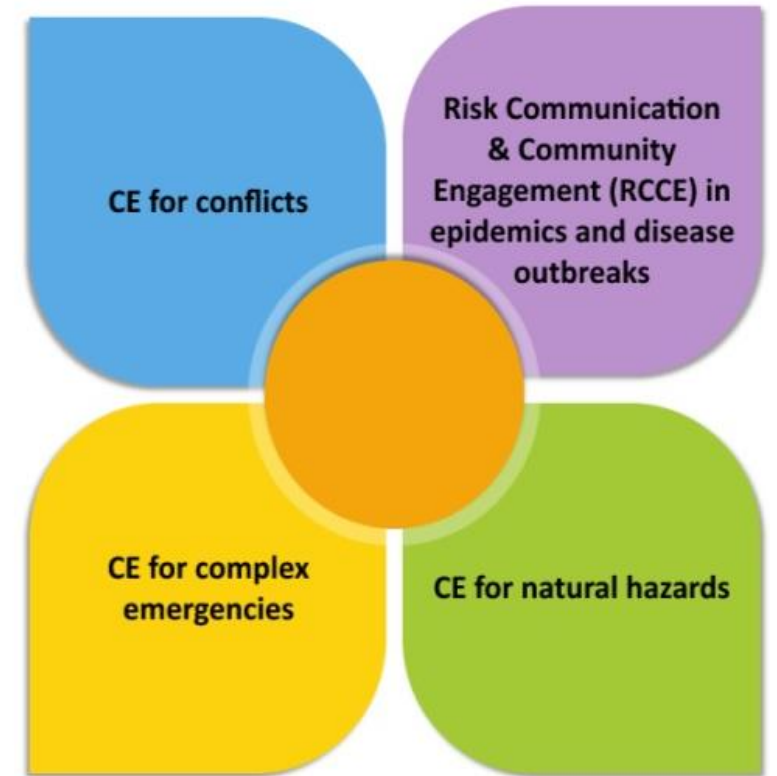
Community Engagement in Humanitarian Action Toolkit (CHAT)

(also course on UNICEF Agora platform)

CHAT

The *Community Engagement in Humanitarian Action Toolkit (CHAT)* offers guidance and tools to harness CE and improve insights and analysis, with a focus on social, cultural, and structural behavioural determinants in four areas.

Complex emergencies include migration crises, which may be the result of civil conflict, economic pressures, climate change or other factors.



Diversity and inclusion in community engagement for mental health and wellbeing

Recognizing and ensuring diversity and inclusion

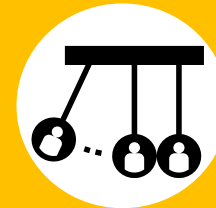
Communities are not homogeneous



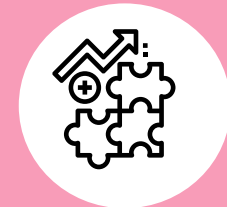
Efforts must be made to engage these groups



Impacts of disasters are often more severe on specific groups



Communication and engagement strategies need to be tailored to suit the groups most at risk



Think about gender, age, disabilities, ethnicity, sexual or gender identity, mobile populations, socio-economic status, health conditions and literacy levels among other factors

Takeaways

1

Facilitating community engagement is an important skill for MHPSS service providers and other sector workers

2

Community engagement allows people to have a voice in finding solutions and becoming active agents of change

3

Skills such as empathy, listening and respect become even more critical in emergencies and humanitarian situations

4

Ensuring inclusion in community engagement efforts is important

5

Community engagement strategies need to be flexible and adapt to community needs and concerns



Group exercise: Focus groups with adolescents

Your team has conducted six focus group discussions on mental health with 48 adolescents. You compile the data and find that most of them do not remember much of what you have been talking to them about. They also have a lot of misinformation related to mental health with most of them believing that it is caused by witchcraft. They also feel that the sessions are not really helping, and they do not feel any better than before.

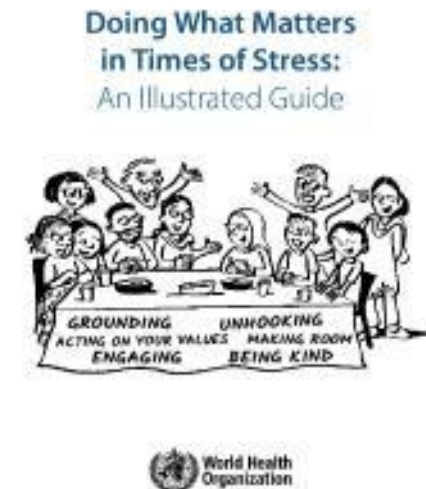
You feel discouraged but you are committed to helping them. You realize you need to change course in order to achieve results. You therefore convene a meeting with your team to brainstorm possible solutions. **Are there ways in which community engagement could help achieve results?**

Adapted from UNICEF and Rain Barrel Communications, *Integrated Interpersonal Communication Training Facilitator's Manual*, 2023.



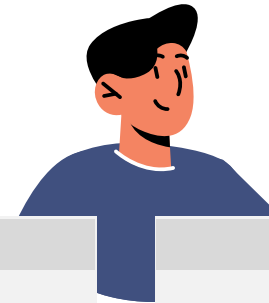
CE applications from multimedia campaigns

- Several examples of MHPSS campaigns described in Chapter 5 can be applied at the community level.
- Print materials, videos, social media, chatbots and other tools can all be used to prompt interpersonal exchanges and community conversations about self-care, stigma and access to services.



Community engagement in action:

Closing participatory activity



1

What was the **one thing** you wanted to learn from this training? What did you learn about that one thing?

2

What was your **burning question** about MHPSS and community engagement? Was your question answered?

3

What **remaining questions** do you have?

Resources for community engagement in MHPSS

1. [Mental Health First Aid International](#)
2. [Minimum Quality Standards and Indicators for Community Engagement](#)
3. [UNICEF SBC Partnerships, Community Networks](#)
4. [UNICEF SBC Programmatic Approaches to Community Engagement](#)
5. [War Child Resource on Stigma](#)

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