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TRAINING MODULE: COMMUNITY ENGAGEMENT FOR MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

- Notes for the trainer and coordinator -



How should this training module be used?

This resource focuses on community engagement principles and standards for mental health and psychosocial wellbeing across different cultural and social settings as per guidance from UNICEF, and the skills required to conduct effective community engagement. It is designed to be adapted to different settings and contexts through translation, and inserting examples, illustrations and case studies that are relevant to the specific needs of the training group. Each slide includes an accompanying narrative in the notes section as well as links and multimedia resources when applicable, for more information. The length of the training may range from one hour to one day. There are three objectives and parts of the training. The facilitator can use all of the parts at once or use them individually based on training needs and time.

How was this training module developed?

This training module is the result of a collaborative effort involving experts in the fields of MHPSS and SBC. Drawing from a diverse array of experiences, best practices and evidence-based approaches, this module incorporates UNICEF's guidance on minimum standards for community engagement, real-world insights and lessons learned.

Slide 1: Title slide

Slide 2: Acknowledgements

Slide 3: Overview for a one-day training workshop

The workshop should be jointly designed by the coordinator and the lead trainer/facilitator. They should start by familiarizing themselves – if they have not already done so – with UNICEF's *Minimum Quality Standards and Indicators for Community Engagement*. These standards, for example, may be a factor in deciding who to invite to the workshop. If one of the goals is to foster “new leadership” and bring marginalized groups into decision-making processes, the organizers will likely not invite current community leaders. On the other hand, if the main goal is to build the capacity of the existing leadership, traditional and elected leaders will be invited. Or perhaps there will be representation from both groups because the workshop (as distinct from the community) is a neutral setting where everyone's voices can be heard.

The schedule determines how much time can be allocated for content sessions and group work. Time needs to be set aside for an opening session, with remarks from stakeholders, government officials, and so forth, for lunch and coffee/tea breaks, and for a closing session, which may include the presentation of certificates, closing remarks and a group photograph. In an eight-hour period, the maximum time available for sessions will be five to six hours, and that assumes that participants do not return late from breaks. There is always more content to cover than time available, but it is important not to pack the schedule too tightly. If enough time is not allocated for questions and discussion, participants may become frustrated.

Slide 4: Who should use this training module?

This training resource from the SBC for MHPSS package is tailored to a global and diverse set of change-makers committed to improving MHPSS, including but not limited to MHPSS practitioners, humanitarian aid workers, public health professionals, educators and policymakers. It serves as a valuable resource for those seeking to lead or support an in-person or online training for MHPSS practitioners on the ground who wish to engage with communities to further MHPSS outcomes, such as addressing stigma in mental health.

Slide 5: Workshop staffing

The methods used will depend, to some degree, on the cultural context and/or the educational level of the participants. Possible workshop methods include group discussions, scenarios, decision maps, role plays, debates and games, but not all of these activities will be acceptable to all participants. To put it another way, in some contexts participants expect a workshop to be a more formal affair, with few (if any) participatory activities; in other contexts, participants want lots of group activities. The trainer, working with the coordinator, needs to decide on the number, type and mix of activities, considering time limitations.

If the workshop language is not the primary one used by participants, for example if English is their second language, co-facilitators may be needed to help with group work and presentations in plenary sessions. Co-facilitators may also be needed for groups that have limited professional experience. They will likely not be needed in workshops where some participants have a better language facility and/or experience, as they will serve as group facilitators even if they do not realize they are taking on this role. The role of rapporteur is important for plenary sessions, especially to record key discussion points.

Slide 6: Checklist for the training coordinator

See the notes for Slide 3 about the application of the Minimum Quality Standards and Indicators for Community Engagement for the selection of topics and participants, the allocation of time for content sessions, group work, questions and discussion, opening and closing sessions and breaks. During the training, the coordinator should be prepared to sit in with the groups as they work on activities and assist the trainer during plenary sessions, for example, by noting key points from discussions on the flip chart or white board.

Slide 7: Training objectives

This training module introduces participants to the importance of community engagement and the different engagement strategies they can employ as part of community outreach plans and activities for MHPSS. Community engagement can be transformational, extending beyond a participatory tool. Interpersonal skills are an important component in community engagement efforts. Effective community engagement ultimately builds a relationship of trust and empowers communities to take ownership of solutions to address the issues and challenges that they face. Empowering community members to explore, plan and act together can be a powerful way to unleash the collective capacity and improve programme equity and effectiveness. It also strengthens governance and the quality of service delivery and improves accountability.

- Community engagement is essential for effective MHPSS.
- Community engagement is a core approach of both MHPSS and SBC programming.
- Community engagement recognizes that mental wellbeing is deeply intertwined with social and cultural contexts, including in humanitarian settings.
- By involving communities in the conceptualization, planning, implementation and evaluation of MHPSS programmes and policies, we ensure that interventions are culturally sensitive, relevant and accepted.
- Moreover, communities possess invaluable local knowledge and resources that can significantly enhance the impact and sustainability of MHPSS initiatives.

- This collaborative approach fosters a sense of ownership and empowerment among community members, ultimately leading to more inclusive and effective mental health support systems.

Slide 8: Pre- and post-learning assessments

Closed-ended questions include true/false, yes/no, multiple choice and matching terms. Having participants complete an online assessment before the workshop takes place provides the trainer and coordinator with an opportunity to adjust content. For example, if all participants are knowledgeable about a certain topic, the trainer can spend less time covering it, or offer a more in-depth examination.

Slide 9: Generic programme: A one-day training

Training coordinators and facilitators can use this generic programme as a foundation for tailoring their specific programme to the participants. Generally, it is advisable not to overload the programme and the one-day training with additional content and exercises. If there is a need and desire to expand the training programme beyond one day, this should be accompanied by a calculation of the additional expenses involved. The opening may include remarks by stakeholders, government officials, and so forth. The closing may include remarks, the presentation of certificates and a group photo.

Slide 10: Opening

Slide 11: Community engagement in action: Opening participatory activity

This activity can be done in person or in breakout rooms if the training is being conducted online. Depending on the number of participants, break into groups of two to three people. Each person should take turns responding to the three items on the slide for a time limit of approximately five minutes, then switch, for a total of 10 minutes (if there are two people in the group). Once the groups have finished, have each group report to the wider group/plenary. Have a note taker equipped with two large pieces of sticky paper or a digital chalkboard. On one piece of paper or digital space, list the things that participants would like to learn. On the other piece of paper or digital space, write down the burning questions. Use these as a guide to tailor the training to the needs of the participants, including gaps in knowledge and skills.

Slide 12: Why community engagement and MHPSS

Slide 13: The importance of community engagement for mental health and psychosocial wellbeing

This section considers community engagement and its role in SBC in mental health and psychosocial wellbeing. Community engagement, coupled with other SBC approaches, can enhance relationships, build trust and promote collaboration for interventions.

Start with defining the term 'community'. A community refers to a sense of belonging – be it to a geographic or digital setting, neighbourhood, peer group, occupation, gender, religion, age cohort, ethnicity, culture, and so forth. A community also refers to shared values. People must have something in common – such as a shared interest – to be part of a community.

Potential discussion/chat box: Ask participants to give examples of communities that they belong to. Ask them what the different communities are in the areas in which they work.

Community engagement:

- a) **Empowers** communities to explore, plan and act together. Communities have resources that they can tap into that are not always available to those implementing programmes.
- b) **Strengthens** the collective capacity to improve programme equity and effectiveness. Communities know who is left out or excluded from services and they have an understanding of how to reach them.
- c) **Links** people, systems, structures and services that have been designed to meet their needs. Communities can give their views and act to support people to connect to services.
- d) **Improves** the quality and utilization of services. Communities can point to areas that need improvement to make services more effective. They can also contribute on how people can best access services.
- e) **Amplifies** community voices in decisions that affect their lives.
- f) **Enhances** trust between the community and service providers. A better understanding of the provider and community perspectives helps to reach a common understanding and build lasting trust.
- g) **Establishes** platforms to interpret and influence community behaviour. Through engagement, service providers can better understand why people behave the way they do and what the cultural practices, norms and beliefs are from the perspective of the community.

Because community engagement is about long-term engagement and seeks to benefit everyone, it can lead to:

- a) Increased knowledge
- b) Attitude change
- c) Motivation to change
- d) Reduction in stigma
- e) Demand creation
- f) Improved skills and self-efficacy
- g) Increased discussion and dialogue.

Slide 14: Community outreach vs. engagement

Community engagement is more than outreach.

- Community outreach normally involves a short-term involvement of communities in a single issue, such as immunization days or a measles campaign. Community engagement is long-term and sustained engagement with communities on issues that affect them.

- Community outreach can be seen more as a marketing strategy through which an organization reaches out to communities and tells them what it can do for them. Community engagement is about building a meaningful relationship where both the organization and the communities have something to bring to the table.
- Community engagement is cyclical and improves or deepens over time.
- Community engagement is about connecting people and organizations where everyone benefits from the engagement. For example, organizations can learn from communities about how services can be better delivered and community uptake of services can be increased.

Slide 15: Community engagement requires that different stakeholders across the Socio-Ecological Model collaborate through a range of dedicated actions

Community engagement is a vital strategy that operates effectively across various layers of the socio-ecological model for mental health and psychosocial wellbeing initiatives.

- **Individual level:**
 - Direct support: Community engagement facilitates direct support for individuals experiencing mental health challenges. It connects them with resources, information and empathetic networks within their immediate community.
 - Reducing stigma: By involving community members, we can work towards reducing stigma associated with mental health issues. When individuals see their peers actively engaged in discussions and activities related to mental health, it normalizes the conversation.
- **Interpersonal level:**
 - Support networks: Community engagement strengthens interpersonal relationships by creating spaces for open dialogue and mutual support. This can be through support groups, workshops or community events focused on mental health and wellbeing.
 - Emergencies and/or responses to humanitarian crises: In times of emergency or crisis, community engagement ensures a network of immediate support. This can be crucial in providing timely help and preventing further escalation of mental health issues.
- **Community level:**
 - Building resilience: Engaging communities in MHPSS initiatives fosters collective resilience. It equips communities with the knowledge and resources to respond effectively to mental health challenges, creating a more supportive environment overall.
 - Local resource utilization: Community engagement taps into local knowledge and resources, leveraging existing strengths and capacities within the community to address mental health needs.
- **Enabling environment:**
 - Advocacy and policy influence: Engaged communities can play a powerful role in advocating for mental health policies and resources at a broader societal level. This can lead to systemic changes that improve mental health outcomes for everyone.

- Cultural shift: Through community engagement, we can work towards shifting cultural norms and attitudes surrounding mental health. This has a long-term impact on societal perceptions and acceptance of mental health issues.

Slide 16: Principles of community engagement

Certain principles should be applied, including:

- Rights-based approaches (such as leave no one behind, promote inclusiveness and involve the most vulnerable);
- Community-based approaches (for example, looking for homegrown and community-led solutions to challenges and issues);
- Accountability (such as being held accountable for commitments made);
- Gender mainstreaming (such as ensuring that programmes keep gender integration and equality as a core priority);
- Interests of the child (the best interests of the child are the primary priority);
- Do no harm (for example, not putting any community members at risk or negatively impacting people).

Slide 17: Minimum quality standards for community engagement

Review the minimum quality standards for community engagement that guide UNICEF's work.

- **Participation:** The process should be participatory.
- **Empowerment and ownership:** The aim of community engagement is for the community to own and be empowered to deal with issues that affect them.
- **Inclusion:** The process should involve all segments of the community, such as the most vulnerable (the elderly, children, women, people living with disabilities, minorities, and so forth). Community engagement that includes only the community leadership is not inclusive.
- **Two-way communication:** All stakeholders should be heard.
- **Adaptability and localization:** A community engagement process that works in one place might not work in another.
- **Build on local capacity:** Community engagement should be built on the capacities that are available locally so that it can be more sustainable and enduring.

Slide 18: Community engagement is essential to support access to and uptake of services

Community engagement plays a crucial role in enhancing support networks for children and families, contributing to the long-term recovery and care process.

- This approach strengthens the overall care environment, fostering inclusion and reducing stigma. Systematically utilizing local resources, like community networks and practices, facilitates the creation of

sustainable programmes. It also ensures that even the most vulnerable and hard-to-reach members of the community are aware of available services and how to access them.

- Involving individuals with local knowledge yields valuable insights on effectively delivering services, ensuring that they align with the preferences of beneficiaries and with local perspectives on child development, wellbeing and upbringing.
- A community-based approach, applicable to both developmental and emergency contexts, establishes a robust continuum of care as communities transition between phases.
- This strengthens the link between humanitarian and non-humanitarian response efforts. Emergencies can highlight mental health needs, offering an opportunity to reshape long-term care.
- This may involve specialized services for individuals facing significant challenges. For example, the global COVID-19 pandemic in 2020–2021 led to a surge in demand for easily accessible MHPSS services due to measures like stay-at-home orders and business closures.

Community engagement is a cornerstone of providing holistic and effective mental health support and care across the mental health continuum, from prevention and early intervention to treatment, recovery and ongoing support.

With regard to behavioural, cultural and social practices, the following key points were raised by global SBC and MHPSS stakeholders that participated in the development of this package:

- Normalizing discussions around mental health and fostering a culture of help-seeking behaviour: Promote a work environment that supports talking about mental health, including highlighting available supports for themselves and others.
- Elevating the importance of self-care as an integral component of overall wellbeing: Prioritize the wellbeing of health workers, with a focus on promoting their mental health; engage health workers in conversations about how their own mental wellbeing influences their ability to provide compassionate care and maintain overall effectiveness in their roles.
- Acknowledging the significant role that faith and spirituality can play in nurturing mental health: Acknowledge the importance of faith and spirituality in an individual's mental health and wellbeing, recognizing their impact on how mental health is understood and addressed. Promote discussions on the significance of incorporating spiritual and religious beliefs into the consideration and treatment of mental health issues. Empower health (and other) workers to address faith and spirituality with the individuals they work with, where appropriate and relevant.

This list is by no means exhaustive and depends on the individual context and the target participants you are working with.

Slide 19: MHPSS priorities in community engagement

For examples, the facilitator can refer to UNICEF's [Key Message Bank for MHPSS](#). Using the bank will help to prevent the creation of inaccurate messaging, especially regarding post-traumatic stress disorder and post-emergency trauma.

Slide 20: The eight Cs of communication

The [eight Cs of communication](#) serve as a useful framework in the crafting and development of effective messages:

- **Command attention:** Employ vibrant elements such as striking colours, engaging graphics, and innovative channels and platforms to ensure your message captivates and stands out amidst the noise.
- **Clarify the message:** Maintain simplicity and directness, focusing on relaying the essential "need-to-know" information while eliminating superfluous details.
- **Communicate a benefit:** Articulate the rewards or advantages that participants can anticipate from taking the recommended action, emphasizing the positive outcomes of their engagement.
- **Consistency counts:** Uphold uniformity across various messages within a campaign to establish a unified and recognizable brand, fostering a sense of cohesion and reliability.
- **Cater to the heart and the head:** Blend emotional and cognitive appeals in messaging to resonate with a broader spectrum of participants, recognizing that decisions often hinge on both emotional inclinations and factual considerations.
- **Create trust:** Ensure that the information originates from a credible and trustworthy source, one that participants hold in high regard and find reliable.
- **Call to action:** Clearly articulate the specific action that the campaign aims to support, ensuring that it is both realistic and achievable for participants, thereby empowering them to take meaningful steps towards change.
- **Consider the context:** Exercise sensitivity to the social and cultural environment in which the communication unfolds. Failing to do so can lead to unintended consequences or unforeseen reactions to the message, potentially causing psychological discomfort or other unexpected outcomes.

Slide 21: Group exercise on key messages

Do not provide too much guidance on the type of activity but ask participants to think beyond the usual formula of the group discussion or meeting. In other words, they can suggest co-creating a game, a role play, a song or dance, or some other culturally appropriate activity. The group should discuss how open the activity should be, and how to prevent some participants from dominating discussions and decision-making.

Slide 22: Community engagement strategies for MHPSS

This section considers community strategies for MHPSS. Before the next slide "Who can we engage for MHPSS?" participants could do a **short group exercise**, making a list of groups/people to engage and possibly prioritizing them; for example, in one context, religious leaders may be the most important to engage. Their lists can then be compared with the groups listed on the "Who can we engage in MHPSS?" slide in a short plenary session.

An engagement strategy is a long-term plan for how to put in place an appropriate community process that will achieve desired outcomes. A community engagement strategy should consider:

- a) **What the goal or vision of the engagement is:** This could be a single issue or multiple issues. It should be clear what the end results will be, for example, to reduce the incidence of cholera during an outbreak, eliminate corporal punishment in schools, increase enrolment of children in pre-school.
- b) **Which audience/groups of people will be engaged:** Be as inclusive as possible and consider the different levels of influence among the groups. For example, engaging community leaders to actively engage children in conversations about mental health in schools may have limited impact if teachers and parents are not involved.
- c) **Level of engagement:** Not all groups of people will be involved in the same way. There may be a need to involve parents, grandparents and teachers much more than the community leaders.
- d) **The availability of resources:** Examples of resources include people/MHPSS professionals, money, spaces for programmes and services. Is the community willing and able to commit resources? What resources does your organization have?
- e) **Capacity:** How much capacity does your organization need to commit to the process? What local capacities exist, for example, community volunteers?

Potential discussion/chat box: Ask participants to give examples of community engagement strategies they have assisted with. What worked well? What were some of the challenges they experienced?

Slide 23: Who to engage and how?

Slide 24: Who can we engage for MHPSS?

There are many groups of people in the community who can be engaged. Who to engage depends on the goals of the community engagement. Groups could include:

- Health and social service workers (doctors, nurses, teachers, child protection officers);
- Rights groups (youth groups, women's groups);
- Community and school clubs;
- Role models (leaders in the community, teachers, doctors, other professionals);
- Families (father/husband, grandmother/mother-in-law, mothers, adolescents);
- Faith-based groups/religious leaders;
- Business and community organizations;
- Influencers (ask the community who these might be – are they celebrities? Sports figures? Social media influencers?);
- Community leaders;
- **Who else?**

Slide 25: Community engagement “ah ha’s!” and “oh no’s!”

In this participatory exercise, ask participants to share their experiences in community engagement (MPHSS or other topics), aha moments, oh no moments, and capture them visually next to each other.

Slide 26: The four levels of engagement + MHPSS

The trainer may need to remind participants of the difference between community outreach and engagement covered in an earlier slide. The trainer should cite the following examples of the four levels of engagement and ask participants if they have other examples:

- **Empower:** Support the community in establishing a self-sustained mental health centre.
- **Collaborate:** Form a community-based mental health committee to determine the most pressing mental health needs in the community and initiate relevant programmes.
- **Consult and involve:** Establish regular community forums where local residents can provide feedback on existing mental health services and suggest improvements.
- **Inform and mobilize:** Host community workshops after a natural disaster to educate residents about common stress reactions and coping strategies.

Slide 27: How can we engage communities in MHPSS during normal times?

In implementing a community engagement strategy, it is important to:

- Discuss with the community what the issues facing it are.
 - Explain how your organization can work with the community to achieve its goals.
 - Demonstrate how greater community involvement can help.
 - Encourage the community to participate through gradual steps.
 - Provide impact data consistently, listen to feedback and use it to tweak efforts.
1. **Learn about the context:** Before engaging with a community, it is crucial to conduct a thorough analysis of the sociocultural context and the specific challenges faced by children, adolescents and families. This involves a comprehensive review, which includes understanding the context, including risks, available resources and areas that require immediate intervention.
 2. **Identify and meet community stakeholders:** Conducting a stakeholder analysis, done in collaboration with the community, ensures representation from all segments. Making a positive initial impression is crucial in these engagements.
 3. **Conduct an inclusive, participatory assessment of needs and resources:** Engaging the community in assessments serves a dual purpose: it provides crucial information for effective MHPSS interventions while also empowering individuals and communities in their recovery and fostering hope. This inclusive approach brings together diverse voices to gain insights into the community's ability to cope, as well as how different members perceive their own challenges and resources, including children. Consider training community

members, staff and volunteers in Mental Health First Aid to respond to children, adolescents and community members experiencing mental health conditions.

4. **Facilitate inclusive, participatory planning of solutions and interventions:** The information collected from situational and stakeholder analyses along with participatory assessments is shared and examined in collaboration with stakeholders to chart the way forward. It's important to involve a diverse representation, including women, men, boys, girls and individuals from vulnerable or marginalized groups, in the planning process. In planning solutions and MHPSS interventions, help communities to identify sociocultural practices that support the care and protection of children and families, ensuring that they uphold human rights and avoid discrimination or stigma towards specific groups.
5. **Support programme implementation by community actors:** UNICEF and its partners play a crucial role in supporting community actors with both technical expertise and financial resources for programme implementation. The goal of MHPSS interventions is to leverage community and government resources to ensure sustainability. Emphasis is placed on reinforcing existing community initiatives and structures, empowering the community to maintain their solutions. This may involve identifying local organizations or individuals from affected communities to lead interventions for children and families.
6. **Monitor and evaluate interventions together:** Programme monitoring and evaluation (M&E) is essential for transparency and accountability. It necessitates the involvement of diverse community members to gather comprehensive feedback on programme outcomes and effectiveness, ensuring timely adjustments for safety and effectiveness, and confirming the inclusion of vulnerable children and families in participation and service provision mechanisms.

Slide 28: Challenges in community engagement

Present and discuss the challenges on the slide. As participants if they have experienced similar challenges.

Slide 29: Community engagement for mental health and wellbeing during emergencies

Slide 30: How can we engage communities in MHPSS during emergencies and humanitarian crises?

Introduce the subject of emergencies and humanitarian crises, giving current examples of and discussing MHPSS needs. This group exercise provides a way to get participants to think about MHPSS as distinct from the typical supply-side challenges in emergencies – food, shelter, safe water, vaccines and so on – and how the lack of supplies has an impact on mental health. In some emergencies, the lack of information, for example on missing relatives, may be more of a mental health burden than the lack of food, water or shelter.

Slide 31: What is different about MHPSS in humanitarian crises and emergencies (compared to normal times)?

Several factors differentiate emergencies and humanitarian crises from development contexts. These include:

- **Disruption of services** – Basic services and systems collapse. These could be social, political or economic. In complex emergencies, multiple systems collapse.
- **Displacement** – A large number of people are forced to move and leave their homes. This could be due to conflict, persecution or natural disasters.
- **Multiple human rights and basic needs are denied** – As systems collapse and people are forced to move, they can no longer meet their basic needs such as for clean water, shelter, education or food.
- **Women, girls, people with disabilities and marginalized groups are at increased risk** – Such situations impact different groups differently. Existing inequities are exacerbated and marginalized groups are further marginalized.

Generate responses from the group by asking participants to identify some additional differences. In their experience, what were some of the differences between emergency and humanitarian responses, and business as usual?

Slide 32: What do you need to do differently for community engagement and MHPSS during humanitarian crises and emergencies (compared to regular programming)?

Certain skills and sensitivities are required in humanitarian contexts. These include:

- **Building trust:** Strive to build trust, which becomes even more critical;
- **Empathy:** Understand what people are going through as they face extreme situations;
- **Clear communication:** Provide much-needed simple and clear communication;
- **Reassurance:** Address fears, panic, rumours and misinformation;
- **Perceptions and beliefs:** Understand the perceptions and beliefs of different groups.
- **Cultural competence:** Recognize cultural and religious practices;
- **Listening:** Establish feedback mechanisms and allow for timely adaptations;
- **Social norms:** Consider prevailing social norms and community dynamics;
- **Trusted sources of information:** Identify trusted sources of information and influential individuals who can motivate people to take action or change behaviour.

Slide 33: Case study: The Syrian Wellbeing Collective

UNICEF partnered with PCI Media and Lapis Communications to pilot a new type of psychosocial support project in southern Syria. The project consists of building Syrian capacities by supporting a network of community-based organizations so that they can, locally in their communities and in ways that are owned and appropriate, increase the awareness and uptake of self-care practices. These practices are aimed at helping parents and children to cope better with stress and enabling parents to provide better care for their children. This is being done through a mix of communication campaigns and on-the-ground community engagement and counselling.

The programme's symbol is the Jasmine, the national flower of Syria, which symbolizes hope, wellness and rebirth.

To avoid increasing the demand for services where these are not always available, all communication and community engagement efforts are framed around the six mutually supportive components of self-care: safety, connection, calming, learning, being active, and giving. Each comes with a number of self-coping practices, which range from lifestyle advice, exercising tips, breathing techniques, clues to understanding one's personal feelings, parenting advice, and recommendations on daily routines.

Slide 34: Community Engagement in Humanitarian Action Toolkit (CHAT)

Introduce CHAT and its purpose. Discuss whether anyone has used the toolkit and how it has aided community engagement efforts.

[https://www.corecommitments.unicef.org/kp/community-engagement-in-humanitarian-action-\(chat\)-toolkit%3A-updated-version](https://www.corecommitments.unicef.org/kp/community-engagement-in-humanitarian-action-(chat)-toolkit%3A-updated-version).

The Core Commitments for Children in Humanitarian Action CHAT course is also available on UNICEF's Agora learning platform, <https://agora.unicef.org/course/info.php?id=43565>.

Slide 35: Diversity and inclusion in community engagement for mental health and wellbeing

Slide 36: Recognizing and ensuring diversity and inclusion

Respecting diversity and ensuring inclusion are important skills for providers in normal times and particularly during humanitarian situations. Remember that communities are not homogenous, and the impacts of disasters are often more severe on vulnerable groups. Efforts must be made to engage these groups and understand their specific mental health needs. They can be part of rebuilding or recovery efforts and should be encouraged to find solutions that work for them, for example, embracing faith and spirituality as part of their healing journeys. Communication and engagement strategies need to be tailored to suit the groups most at risk. Start by listening to training participants and understanding their perspectives.

Slide 37: Takeaways

Another takeaway is to manage your own feelings as you engage with a community.

Slide 38: Group exercise: Focus groups with adolescents

Ask the participants to read the scenario, and then ask them: Are there ways in which community engagement could help achieve results? Use this exercise also as an opportunity to get 'silent' participants to contribute to the discussion.

Slide 39: Community engagement 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.

They include UNICEF's Voices of Youth – Let's Talk About Mental Health campaign, for which print materials and videos are available in English, Arabic, French and Spanish:

<https://www.voicesofyouth.org/campaign/lets-talk-about-mental-health>

[Doing What Matters in Times of Stress: An illustrated guide](#), developed by the World Health Organization (WHO). The guide is designed to equip people with skills to cope with stress, including simple techniques and strategies for adversity that anyone can learn and practice.

The WHO's **40 seconds of action** campaign is designed to spark conversations in communities and workplaces about suicide prevention. The 40 seconds slogan reflects an alarming statistic: every 40 seconds someone, somewhere in the world, loses their life to suicide. The campaign calls for action across multiple platforms, while recognizing that an action as small as starting a conversation with someone about how they are feeling can make a difference.

<https://www.who.int/news-room/events/detail/2019/09/10/default-calendar/world-suicide-prevention-day>

https://www.youtube.com/watch?v=P6D5VgyI_Ms

Slide 40: Community engagement in action: Closing participatory activity

Conclude the training with this participatory activity. Have the participants return to the groups that they formed earlier and the notes from the opening activity. Ask the groups to spend about 10 minutes discussing what they wanted to learn, whether or not they learned it, and what knowledge they gained. Then, refer back to their burning questions and assess whether or not these were answered. Finally, use a piece of sticky paper or online tool to list any remaining questions. Use these as a guide for future sessions or to address additional learning capacity.

Slide 41: Resources for community engagement in MHPSS

Slide 42: End slide with UNICEF publication and copyright details





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