



Virginia Department of  
Behavioral Health &  
Developmental Services

# Community Mental Health Awareness Session

## Facilitators Training

Presented by  
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**DBHDS Vision: A life of possibilities for all Virginians**



**Developed for community-based intervention  
by**

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This 4-hour session is aimed at helping community members help themselves resulting to stronger, healthier communities

# Background

- The Virginia Healing Partnership is a statewide initiative that aims to strengthen community-based refugee mental health and referral systems.
- Many mental health trainings, programs, and modules are available in English and designed to explain mental health in the context of American culture but none has been suitable for use with refugee populations whose cultures are different and whose members may have none to limited English proficiency.
- Looking deeper on how to reach out to these populations, the Fredericksburg Refugee Mental Health Council came up with an idea to develop a community-based mental health information session where refugee community leaders have adequate time to clearly explain the concept of mental health in the refugees' native language, its advantages and direct relationship to economic sufficiency and stability, as well as how to bridge the gap between what refugees know from their home country and how it is viewed and treated in the United States.
- The collaborative effort of the Bhutanese community leaders in Richmond and Fredericksburg, the DBHDS-OCLC, and the Virginia Healing Partnership, a 4-hour Community Mental Health Awareness Session teaching guide was developed.

# Material design

This community mental health awareness lesson plan and facilitator's guide is designed for

- Those who have substantial knowledge, understanding, and belief in the Western approach to prevent and treat mental health issues.
- It is **NOT meant** to be combined with other practices including alternative medicine, traditional medicine, belief in spirits, or other approaches that are in contrast with proven medical and scientific procedures and treatments used in the bio-medical field.
- This presentation is aligned with Mental Health First Aid or Question Persuade Refer (QPR) Gatekeepers principles and practices.
- It is recommended that at least two (2) facilitators should conduct the session using team teaching approach. The list of participants and a summary report of each session must be submitted to the Department of Behavioral Health and Developmental Services for monitoring and evaluation purposes.
- The next phase of this session will be a mental health prevention training.

# The Co-Facilitator

- Bilingual in English and the native language of the target population
- Have completed a suicide prevention course such as Mental Health First Aid or Question, Persuade, Refer (QPR) Gatekeepers program.
- Have demonstrated bicultural competence to bridge the foreign mental health beliefs and practices to evidence-based mental health approach in the United States.
- Be knowledgeable in the local mental health referral system and links to national suicide prevention organizations or hotlines.
- Demonstrated good facilitating skills.
- Be 16 years old and above.

# The Lead Facilitator

- Bilingual in English and the native language of the target population
- Have taken the Train-the-Trainers course and is certified to deliver this curriculum.
- Be a certified mental health facilitator in a nationally recognized program such as Mental Health First Aid or Question, Persuade, Refer (QPR) Gatekeepers program.
- Have the experience in facilitating or teaching groups.
- Have demonstrated bicultural competence to bridge the foreign mental health beliefs and practices to evidence-based mental health approach in the United States.
- Be knowledgeable in the local mental health referral system and links to national suicide prevention organizations or hotlines.
- Have a co-facilitator when conducting a group of 15 or more.
- Be 18 years old and above.

# Pre-Session Preparation

- **DO's**
- 1. Treat everyone with respect and dignity.
- 2. Encourage participants to speak/communicate their ideas or feelings.
- 3. Use different encouraging words, either in English or in the participants native language, to reinforce participation. Example: good, excellent, wonderful, thank you for sharing, let's use that as example in the next topic, etc. )
- 4. Use body language or gestures to illustrate specific points or highlight an important idea
- 5. Show enthusiasm and dynamism. Relate concepts to real life situations appropriate to the level of participants so it become meaningful to them.
- 6. Use measured humor to liven up the class.
- 7. Speak in a modulated voice that the last person can hear you well.
- 8. Stand at strategic places in the classroom to ensure that all participants are able to see you.
- 9. Monitor group work and move from group to group.
- 10. Be mindful of time allotment and ensure that all topics are covered.

# Pre-Session Preparation

- **DON'Ts**
  1. Frustrate your students/participants.
  2. Laugh at them.
  3. Show particular preference for anyone.
- 4. Talk more than necessary.
- 5. Interpret or judge people's thoughts and actions according to your personal standards.

# Pre-Session Inspection

- Before each session, the facilitators need to check the following:
  - 1. The location is safe with access to emergency exit.
  - 2. The room has enough chairs and tables for participants to use.
  - 3. Lighting and temperature are comfortable. If not, advise participants what they can do to reduce the discomfort.
  - 4. All the teaching materials are in the classroom, registration form, and give-a ways, if available.
  - 5. Voice projection is loud enough for the people at the back to hear, but not too loud for those seating in front. If using microphone, test for the same.
  - 6. If using technology such as computer, slides, projector, video, etc. , check for functionality. If unavailable or not functional, use alternative means.
  - 7. Locate where participants have access to vending machines, water, restrooms, etc. Also, tell participants where NOT to go, especially if the venue has limited access to some areas.
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## At a Glance

Facilitators	Bilingual in English and the native language of the target population
Class/Level	Youth, Adult, Elderly, especially those who don't speak or understand English
Time	4 hours (Can be divided into 2 sessions)
Topic	Mental Health Awareness; Mental Health Prevention
Skills in Focus	Listening, Speaking, Group Dynamics, Community Building, Leadership
Goals	<ul style="list-style-type: none"><li>- Participants will learn and understand the concept of mental health in America.</li><li>- Participants will have the opportunity to express their concept of mental health based on their beliefs and traditions.</li><li>- Explore opportunities for community leaders and interested individuals to help and support community members in the area of mental health.</li></ul>
Delivery	English and/or participants' native language
Participants	At least 10-20 participants, age 12 and above
Materials	Paper, pens, flipchart

# Parts of the Teaching Guide

1. Introduction (15 minutes)
2. Motivation (15 minutes)
3. Brainstorming (30 minutes)
4. Group Activity (30 minutes)
5. Mental Health Defined (5 minutes)
6. Review (15 minutes)
7. Mental Health: Implications to Self, Family and Community (45 minutes)
8. Healthy Mind, Healthy Body Concept (15 minutes)
9. Next Steps
10. Finale

# Introduction

## 5 Sample Activities for Introduction

Activity A - Team Approach

Activity B - Paired Approach

Activity C – Chain Approach

Activity D – About My Name

Activity E – Let's Move

# Motivation

- Facilitator will say: *“If I have fever and weak for 2 days, where do I go for help?”*
- Participants may answer: *“Doctor”, “Emergency Room” or “Healer”*
- Facilitator will say: *“If I have an accident and cut my finger, where do I go for help?”*
- Participants may answer: *“Hospital”, etc*
- Facilitator will say: *“If I get a traffic ticket, what will I do? Where do I go for help?”*
- Participants may answer: *“Lawyer”, “Attorney” etc*
- For youth group, Facilitator will say: *“If I don’t understand the lesson and I have an exam next week, who shall I go for help?”*
- Participants may answer: *“Teacher”, “Tutor”, “Library”, etc*

# Brainstorming

- Facilitator will ask: *“If someone is sad, how would you know? What can you see?”*  
Participants may say: “Face is not normal”, “crying”, “moody”, etc
- Facilitator will ask and wait for students to reply before asking another question.
- *“If someone is drunk, how would you know?”*
- *“If someone is having big problem, what changes can you see in this person?”*
- Facilitator will summarize what transpired in this section, such as:  
*“All that you mentioned point to the fact that people who are drunk in public, or is raggedy, or is not able to carry out his/her expected responsibility do not get good impression from the community. A person functions best and get respect from the community if he/she has a healthy mind and a healthy body .  
**“There is no healthy body if there is no healthy mind.”**”*

# Group Activity

Facilitator will say: *“I am going to give you a big paper and some pens. As a group, you are going to write or draw what is mental health to you. You are given 10 minutes to do this. After 10 minutes, one of your group members will present your work to the BIG group. OK? 10 minutes to do and then share ideas with the big group.”*

# Symbolic Action

- At the end of this section, the participants can show ways how to symbolically destroy the answers that do not promote mental wellness. Example, crumple or tear the sheet that does not promote mental wellness, or put a big X over those that do not promote mental wellness.

# Mental Health defined

- Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (World Health Organization, and used by US Centers for Disease Control, and Mental Health First Aid)

# Break

- “This is our first session. What did you learn so far? How is mental health, as viewed in America, differs from the way it is seen in Bhutan (or your countries)?”
- “Our next session we will discuss why is mental health important to our own selves, our family, and our community.” “Is there any topic you want to discuss or learn more?” “Are there questions?” If you can’t say it now, you can share it later by email, writing down, etc.
- “Thank you all for coming and I look forward to seeing you on \_\_\_\_\_(place & time).”

# Review

- “*Why are we here?*” Facilitator will relate answers and emphasize **the benefits of knowing mental health for self, family, and the community.**
- “*What have we learned?*” Facilitator will relate answers and emphasize **Healthy Mind, Healthy Body.** Facilitator will ask participants to repeat: “**Healthy Mind, Healthy Body**”.
- Facilitator can also write **HMHB** on the blackboard and ask participants to sound out what it means in English or the equivalent letter/sound in their own language.

# Mental Health: Implications to Self, Family, and Community

- Facilitator will say: “I placed big papers on your table. What you will do is to think about the effects of mental illness on oneself, his/her family, and the community. You will have 15 minutes to draw or write as much as you can. After 15 minutes, one of the group members will share with the big group. Any questions before we proceed? 15 minutes to do and then one member will report to the big group.”

# Health Mind, Healthy Body

- Facilitator will say: *“Looking at what we have listed here, what signs and symptoms of mental illness affect our behavior? Earlier, we talked about “What physical symptoms and behaviors relate to mental issues? This time the question is: What kind of mental issues affect behavior?”*
- At the end of this section, the facilitator will summarize, such as: *“Mental health is a new drive to better health but it is a very old concept. Even Buddha (Jesus or Allah, whatever is appropriate to the group) emphasized cleanliness of body and mind. So, mental health dates way back. In our time, the emphasis is slowly gaining recognition. Let’s be part of it because we know that if you are totally well with **healthy mind and healthy body**, you can attend to your family. Better individuals and families create better communities. Or it can be the other way around. Better communities sustain better families and better individuals.”*

# The Lead Facilitator

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# Next Steps

- Facilitator will say: *“What suggestions can we make to ensure that we maintain mental health for ourselves, our sons, our daughters, our family, and our community?”*
- When suggestion is over, the facilitator will make a summary and relate the answers of the participants to further mental health training, and other group actions.

# Finale

- Facilitator will say: “With this plan, we will coordinate with people we know and government agencies like the Department of Behavioral Health and Developmental Services to see what programs they can bring to our community. We will be in touch soon, especially with \_\_\_\_\_ (leader) here to work with us.” *“Are there other questions related to our topic?”*
- *“Are there questions NOT related to our topic but can help the community?”* (If the discussion is long and time is tight, tell the person to discuss details with you after the session, or arrange a time that is convenient for both of you.)

# Ending the Session

Facilitator will say: *“Thank you all for coming. You can always (come by and talk to me) contact me. We will schedule a meeting later with your community leaders to make plans.*

***Please know that I am trained to help, but I do not treat mental illness. You can share your issues and concerns with me and it will be kept confidential.***

*I hope to help, but if I can't, I can always refer you to the appropriate person who can help you, of course with your permission. Once again, thank you for coming.”*

If you would like to request for training or  
**Virginia Department of Behavioral Health and  
Developmental Services**

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