



**Caucus of Development NGO Networks (CODE-NGO)**  
**Social Development Week 2020 and 29<sup>TH</sup> General Assembly**  
*Theme: Covid-19 Road to Recovery: Solutions from the Communities*

SocDev e-Talk Session: **The Humanitarian Way: Mental Health Support Amidst the Pandemic**  
Date/Platform: **September 21, 2020, 2PM via Zoom and Facebook Page**  
Organizers: **CODE-NGO and Central Visayas Network of NGOs (CENVISNET)**

**Note: 144 Zoom participants**

### **Background of the Forum**

The COVID-19 pandemic affected people's wellness, especially in the aspect of mental and emotional. We are put in a situation where we are limited to do things and we are receiving negative reports and updates from the media. Our front liners are the ones who are greatly affected in terms of the psychological aspect of human being. They are put in risk to save the lives of others that entails a great cost of their psychological energy. Reports have been posted and shared about incidents of discrimination and undesirable treatment of them.

The Wellbeing Cluster PH is an off-shoot network of humanitarian response of the Central Visayas Network of NGOs (CENVISNET) with other NGO's, private institutions, and community groups that caters the mental health and wellbeing needs of the humanitarian responders. With the current situation of pandemic, the Cluster has been providing remote response to the front liners which helped them deal with and cope up the risky situation.

The session will provide the participants an understanding on how the Wellbeing Cluster PH performs its remote response and its impact to the partner communities and front liners.

At the end of the session, the participants will be able to:

1. Recognize the importance of mental health and psychosocial support practices in the community
2. Improve mental health and wellbeing seeking behavior, including self-care and peer support system
3. Institutionalize local practices of mental health and psychosocial support

### **Highlights of the Forum**

The Moderator of the session is Mr. Lenbi Laborte, OIC of CENVISNET. At the start, the Moderator informed the participants that there are Filipino sign language (FSL) interpreters invited to the webinar for the benefit of PWD participants.

Prior to the formal start of the session a Guided Mindfulness Meditation Audio was played. Participants were asked to follow the instructions from the meditation audio. The short space breathing exercise was from Mr. Hitendra Solanki from UK and a partner of the Wellbeing Cluster PH.

The Moderator proceeded with discussing the beginning of the Wellbeing Cluster PH. Started in 2018, the Cluster is composed of local and international CSOs, as well as government agencies. Currently, front liners were provided with mental health and psychosocial support by the Cluster. At its inception, the core aim of the Cluster is to be a dedicated multi-stakeholder platform that brings humanitarian agencies from across the Philippines together to prioritise the mental health and wellbeing of aid workers. In this way, it has the potential to elevate the wellbeing and resilience of entire communities and to create open and accepting environments to tackle mental illness more effectively.

### **1. Presentation on Wellbeing Cluster PH Virtual Mental Health and Psychosocial Support Amidst the Pandemic**

**Mr. Kirk Patrick Castro, RGC, RPh  
Chief Executive Director, Gestalt Wellness Institute – Southeast Asia  
Founder, iCARE Mental Health Expo**

Mr. Castro provided an overview on what they had been doing in the last 6 months at the onset of the pandemic. They created and launched the Virtual Mental Health and Psychosocial Support (VMHPSS) in March 2020. He first defined Mental Health and Psychosocial Support (MHPSS) which refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Relatedly, VMHPSS aims to provide information about COVID19, positive coping methods about the pandemic, strengthen access to safe and supportive education about COVID19, mental health, self-help, and social support, facilitate psycho education to the community on managing stress, anxiety, depression, and other mental health issues in quarantined areas, and provide accessible online telecommunication platform for people suffering from mental health issues.

Mr. Castro narrated that the online platform was created out of foresight, when he surmised that COVID19 might linger longer than expected. He observed that because of the pandemic, communities and particularly, front liners were affected.

He proceeded to discuss the interventions done by his team, which include reaching out to government health offices and facilities (e.g., Lapulapu DRRMO, Talisay, other areas in Cebu) and catered to their needs. They also ran webinars on coping mechanisms and caring for our mental well-being. They also provided focused services utilizing their FB pages through online sessions, chat support, and psychological assessments.

Further, Mr. Castro employed relational debriefing as a framework in working with front liners and those in the field (e.g., BPO employees, pharmacists). This framework focused on relationship and how one can express himself/herself given this pandemic. Relational and existential framework was utilized for debriefing.

In terms of the feedback from the beneficiaries of the support provided, they were appreciative in general. Mr. Castro explained that they rely on evidence-based response. They use scale to check in on how the clients are feeling. After processing through relational debriefing, most of the beneficiaries/clients report that they are feeling better because they were able to release spent up emotions. The whole process

allowed space for people to connect and tell their experience about the crisis. The process is about relatability with other persons. They feel that somebody is listening and empathizing. After undergoing the debriefing, there was a significant change in their moods and sense of life, and it ultimately contributes to their sense of existence. In time, volunteers started coming in. They were trained on how to do relational debriefing. They realized that it's about me relating to my own experience and what it means to me.

Mr. Castro also talked about the resilience inherent in people. Despite challenges, people still thrive because of the anti-fragility of the human soul (i.e., even if it falls down, it does not shatter). He emphasized the importance for front liners and aid workers to also take care of themselves, emotionally and mentally, to avoid being burnt out. He ended by saying that the first process of becoming relationally resilient is opening up and being vulnerable.

## **2. Sharing of Insights from Local Stakeholders: How the psychosocial support affected their lives and how they are doing now**

### **a) Ms. Rowena Padillo Resource Mobilization Manager, FORGE, Inc**

Ms. Padillo shared that at FORGE, programs are more into community organizing. They have a project with Consuelo Foundation where they visit urban communities. Because of the pandemic, they were not able to go to the area and some project activities were realigned. They thought of providing psychological support to their communities. They were provided orientation on psychological first aid by the Cluster and how it can be done in the community. They had 2 days to do activities in the community. They conducted art sessions facilitated by social workers, home visits, and check-in with the residents to know how the pandemic affected them. In an urban community in Cebu (a relocation site), the community mentioned that the pandemic did not have much effect on their mental health. Their main concern is on their economic survival. In Talisay and Mandaue, based on feedback of organizers, they worry more on not receiving SAP or financial assistance from government, and not on their coping mechanisms. At times when home visits are not possible, FORGE contacts them online and through phone calls. FORGE maintains communication with the communities so they can help them cope.

### **b) Ms. Earlyn Joy Sta. Ana Family Strengthening Facilitator, Brgy. Quiot, Cebu City**

Ms. Sta. Ana shared that she lives in Sitapra, Brgy Quiot in a relocation site. During the pandemic, she said that they were not really afraid about getting infected by the virus and they went on with their normal lives. They were even more afraid of being hungry. She observed that almost 75% of residents in their community became jobless for almost 6 months during the pandemic, including her. But she noted that they are still able to eat every day. She emphasized that they prefer to work even if there is the risk of getting infected by the virus. She also observed that the children in their community are okay in terms of health and the residents were not depressed. They may be sad but they are still hopeful.

### **c) Ms. Celine Acuna Health Care Worker, Cebu South Medical Center**

Ms. Acuna shared that she herself has undergone mental health debriefing in their Medical Center. She shared that she was a COVID19 survivor and she herself has experienced trauma and discrimination, which led to her unstable mental health. She was depressed and had anxiety attacks. She suffered not only physically but emotionally and mentally as well. She shared that when she got discharged from the hospital, there is the fear that she might be infected again. So she volunteered to undertake the mental well-being session. She felt relieved and she realized that she needed someone to talk to without her being judged. After the session, she realized that she should not live in fear and be conscious so she will not be affected again. She hoped that the mental health support for COVID19 survivors and health workers will be continued.

**Open Forum**

Question	Response
Does mental health support focus only on front liners? How about local communities? There are incidences of suicide in the community.	It was clarified that the psychosocial support is not only for front liners but for everyone who needs help, as shown in the sharing of stakeholders.
Do we have enough mental health workers in the community?	There is big disparity on mental health workers in the communities. There are only a few. In Cebu, there are less than 20 practitioners who are working in communities and that is not enough. In the last 6 months, Mr. Castro and his team have been responding almost every day, providing free services. He called on other mental health workers to join their cause since they are helping communities to be more resilient. He lamented that seeing communities that are growing is beautiful he hopes that this is the kind of value to be fostered—bringing each other up and not down.
I am a mother with mental health issue or with psychosocial disability. My main problem is the discrimination, the high cost in psychiatric consultation and homecare facility even in the National Center for Mental Health (NCMH), you have to initially pay in full the first month which is around P16,000. Philhealth will only cover P7,000.	Fees for mental health services depend on the service. In Mr. Castro’s facility, consultation fee is P800. For therapy, there are packages. It is sad that there are organizations that may not be considerate on cost. But it will depend on the service they provide. We provide an evidence-based process. We diagnose the patient first. We make sure that the clients are provided with utmost care and tailor-fitted service. There is no single approach in treating patients. With the mental health law, we hope Philhealth will cover its cost. If that is implemented, employee assistance will be provided by the organization because their performance will be affected by their mental health.
If we want to have local psychosocial support group, how long does it take to train people on relational debriefing? What are the requirements?	On relational debriefing, this is under the category of focus service. Services are categorized into focus care and specialized care. For the specialized care, you need licensed professionals for it. For focus care, these are done by humanitarian responders providing humanitarian first aid. Relational debriefing is under that, meaning anybody can do that. Mr. Castro has the intellectual property on relational debriefing, to ensure that it is not being abused and not being modified without his consent. There are guidelines and

Question	Response
	processes in place. There is the basic training. We had one in Bohol, it took us 2 hrs to teach theoretical concepts and 4 hours of experiential supervision, which is the actual process of going through it. The assumption is that you will not understand the concepts without experiencing it.
How can mental health readiness strengthen family disaster preparedness?	There is the link between mental health readiness and disaster preparedness, especially if there is the right amount of psycho education. He emphasized that mental health education should be part of our basic education. If families know about depression, they would be more sensitive of other people’s needs and feelings. We would have a better understanding and better empathy. If this is ingrained in the community, communities can work together. Communities can better respond if there is empathy, thus, there is preparedness. Teens are very susceptible to depression, they sometime resort to self harm. But if the community knows about this, teens will know that they are not alone. They will not discredit and be more responsive.
How are the CSO communities coping with the pandemic? What are the best practices or innovations you have observed?	Mr. Castro shared tips on how CSOs as aid workers can cope. He mentioned to take care of yourself. You cannot take care of others if you’re not taken cared. Know the threshold of stress that you can take and know your triggers. When you are able to do this, put yourself empathically to the community you are helping. This way, you will be able to identify what they need and they want. It is also important to differentiate their needs from their wants.
Mental health advocacy is not popular amongst CSOs. What do you recommend?	Mr. Castro emphasized the importance of collaboration. According to WHO, mental health is an overall package and it concerns all of us. If we are not mentally well, we will not be effective on what we do. Why is it not put in the upfront? We have to understand the link between stress and performance. Mental health and wellbeing are interconnected. It is important for CSOs and mental health providers to come together. We are an example of 2 communities working together. We are not supposed to compete. We are here to help, so why not help together.
What degree is required to become a mental health worker? There might be CSOs who would like to extend these services.	Mr. Castro mentioned that they have programs and trainings, through the Wellbeing Cluster. We also provide psychosocial support , the entire course of MPHSS. We have mental health first aid. This capacity building will be enough for you to provide mental health first aid. Would you need license to help people? No, if you will be providing first aid. But there are guidelines, just like physical first aid. There will be a webinar on September 26 with trainers and therapists from other countries. The topic is on relational resilience and human compassion. It will be an experiential webinar through

Question	Response
	relational dialogue on how to become more adaptive and compassionate to yourself and others.
How do you vouch for the volunteers in the Wellbeing Cluster PH engaged in this effort?	We make sure that they are provided with clinical supervision. Regular checking in of volunteers is done. We make sure that there is quality management in providing health service. We also do not overcapacitate the volunteers. There is always a need to re-evaluate if we did the right thing. Mr. Castro believes that people should be grounded and are helping the right way. It is a way of improving the system. The management should check on how the volunteers are experiencing the process.
Can CSO partner with iCare to form a Cluster? What are the requirements? Where can we access mental health or psychosocial support references? (for example, for IECs) preferably localized/translated, as most materials are in English, sometimes in Tagalog, but rarely in other Philippine languages.	<p>Yes, CSOs can partner with Wellbeing Cluster PH. The contact information are:  Website: <a href="https://www.wellbeingcluster.org/">https://www.wellbeingcluster.org/</a></p> <p>Follow FB page of Gestalt institute:  <a href="https://www.facebook.com/GWISEA/">https://www.facebook.com/GWISEA/</a>  Gestalt Wellness Institute Southeast Asia -  <a href="http://www.gestaltwellness.com">www.gestaltwellness.com</a>  <a href="http://www.fb.com/GWISEA">www.fb.com/GWISEA</a>  Phone: 032 2631837  Mobile: 09399106347  Mobile: 09310005960  <a href="https://www.facebook.com/iCareMentalHealthExpo/">https://www.facebook.com/iCareMentalHealthExpo/</a></p> <p>Link for registration for Relational Resilience and Human Compassion  <a href="http://bit.ly/2EVnUv6">bit.ly/2EVnUv6</a></p> <p>Materials in Bisaya are available. There are also materials translated by youth groups in Hiligaynon, Ilonggo, and Cebuano.</p>

Reactions from participants:

- Mental health advocates and professionals must help educate the community and build the capacity of families to not just appreciate but live a life that consider and respect mental health of each and every individual in the family or in the community
- Especially now, everyone is online. We need the balance to human to human interaction (offline) and the dependence to technology especially to young people.

**3. Synthesis and Next Steps**

**Mr. Aldwin Joseph Empaces**  
**Member, Wellbeing Cluster PH**

Mr. Empaces congratulated CODE-NGO for the 1<sup>st</sup> day of the SocDev online. He thanked Mr. Castro for sharing his time and valuable insights. He also remembered the difficulties they encountered when they started the initiative in March 2020.

He proceeded by presenting the societal conditions and determinants of trauma condition. He noted that these conditions are present even pre-COVID19. Because of the pandemic, all these conditions were scaled up. He shared his experience when his family was hit by the pandemic. He realized that each one is experiencing, responding, and coping with the pandemic differently. Psychosocial support allows us to make people listen to us and for one to listen to oneself.

He asked, as CSO, how do we innovate ourselves? This is in terms of dealing with this pandemic and being relevant. The innovation presented is the collaboration between mental health workers and CSOs. This helped us increase our competence and we are seeing the fruit now. He quipped that it is important to also give care for the carers. We as development workers need others to care for us as well. He called on organizations to introduce mind, body, and wellness mainstreaming in their programs. He also recommended to include and to mainstream a wellbeing policy among CSOs. Now how will this be channelled out to partners in government? The practice of the Wellbeing Cluster is to include them in all efforts, that's why government is part of the Cluster. He gave an example of a Local Chief Executive who reached out to the Cluster for psychosocial support and the practice is now mainstreamed in their LGU. He also hoped for mainstreaming wellbeing efforts not only at the local level but at the national level as well, including other sectors such as business and academe. To do this successfully, collaboration is the key.

**Recommended actions or initiatives for CODE-NGO and CSOs**

1. For CODE-NGO and other CSOs to introduce mind, body, and wellness mainstreaming in their programs. This includes a wellbeing policy, or simple procedural adjustments on how things are being done.
2. Look into partnership with mental health workers to replicate initiatives of the Wellbeing Cluster PH. This will expand CSO's competence and add relevance during this pandemic.