

PRIME Psychosocial Rehabilitation (PSR) Support Groups


Facilitator's Guide

**2014
PRIME
edition**



Name





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» Introduction

This document gives you a step by step guide on running group sessions for people with schizophrenia and their caregivers in your community.

- The first section has background information that you have covered in your facilitator training. This information can be useful to refer to as a reminder when you are preparing for the sessions
- There are 12 sessions for schizophrenia service users (patients), and 5 for caregivers
- Before each session, go through the step by step guide. You do not need to present the information word for word, use your own way of speaking and the language that comes naturally to you
- At the end of this guide are 5 Handouts. You can copy these to be used in the sessions. See the step by step guides for which Handout to use in which session
- Make sure you are clear on the steps, and the questions and discussions you will have. The document gives you an idea of time needed for each step. It's very important to give enough time for members to share their experiences
- Remember that each session needs to be facilitated in a caring and supportive way. People with schizophrenia can be sensitive to stress and conflict
- Remember to refer any member with specific needs to the right person – the nurse, doctor, psychologist, psychiatrist, social worker or another service provider in your community. If you have questions or concerns, contact your supervisor.

Working as a facilitator can be emotionally difficult. After each session, sit with another facilitator and debrief together using these questions.

After this session I feel because I

I am worried about

Anything we need to do differently next time

Anyone we need to refer to or discuss with the sister or doctor

Thank you for supporting me when

Next time

» Background information

What is mental illness?

- A mental illness is any illness that affects people's emotions, thoughts or behaviour
- Common mental illnesses are problems such as excessive fear and worry (anxiety) or unusually sad mood (depression)
- More severe mental illness can involve suspiciousness, violence, agitation and other unusual behaviours or experiences.

What is schizophrenia?

- Schizophrenia is a serious and lifelong mental illness. Both men and women can be affected
- Schizophrenia generally has its onset before the age of 30 years
- Someone with schizophrenia may behave in an unusual way, hear or see things that are not there, and have difficulty concentrating. This can cause difficulties in relationships with family and friends and keeping a job. People with schizophrenia may also abuse alcohol or drugs as a way of coping
- Someone with schizophrenia may have times when they are well and times when their illness becomes more severe (relapse)
- Treatment for schizophrenia is with antipsychotic medications (tablets or injections). These do not cure the illness but help to reduce the symptoms and to prevent relapses. These treatments may have side effects such as dry mouth, sleepiness, weight gain, dizziness, sadness/nervousness, shaking, amongst others
- People with schizophrenia may also commonly suffer from depression due to the way the illness impacts on their life.

What causes schizophrenia?

It is not known exactly what causes schizophrenia. It is most likely a combination of factors including:

- The illness running in families (genetic factors)
- Brain chemistry or an injury to the brain
- Environment and personal life experiences
- If a person is vulnerable to the illness there are factors that make it more likely that the illness will develop. Examples of these risk factors could be loss of a job, divorce, poverty, difficult relationships, problems at work, home or school, drug/alcohol abuse.

What are schizophrenia signs and symptoms?

- False beliefs e.g. thinking others are trying to harm them (delusions)
- Hearing voices that are not there (hallucinations)
- People with schizophrenia are said to have psychosis, which is a combination of hallucinations and delusions
- Strange behaviours e.g. talking to him/herself
- Social withdrawal e.g. avoiding contact with others, staying in their bedroom for long periods of time
- Inappropriate emotions e.g. laughing at something sad
- Loss of social skills
- Restlessness, walking up and down
- Aggression.

Despite what society says, people with schizophrenia are rarely dangerous. BUT if anyone you work with threatens to harm themselves or someone else, take them to a nurse or doctor immediately.

What do people with schizophrenia find difficult?

- Concentrating and thinking logically
- Interacting socially
- Forming and keeping relationships
- Working towards goals
- Taking care of themselves
- Dealing with stressful situations.

What is a relapse?

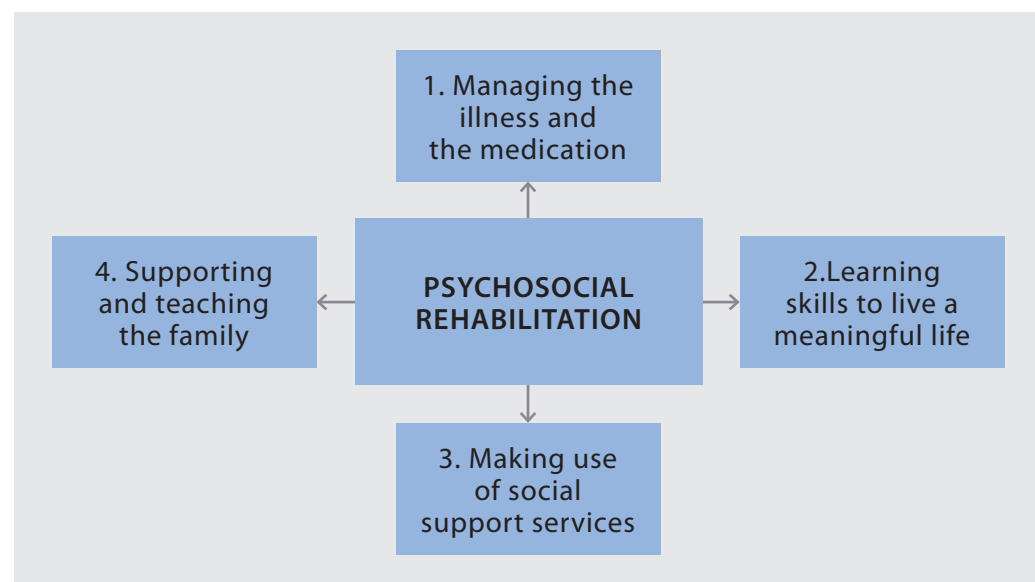
- If a person doesn't take their medication correctly or if they are stressed, the symptoms can get worse again - this is a relapse
- Even if someone takes their medication correctly they can still have a relapse, but this is less likely if they take their medication correctly.

What is recovery from schizophrenia?

- Schizophrenia is a lifelong illness so recovery does not mean cure. It means a person learning skills and gaining support to live a meaningful life in their community
- People with schizophrenia can work, be married, have families and be active in their community
- Often working and earning an income may be the most important part of recovery
- Even though every person's recovery journey is different, there are some factors that many people experience:
 - Hope - People need hope for the future to give them the strength to face challenges. Spirituality or religion is often a basis for hope
 - Social Functioning and Social Roles - People may take on or resume important social roles (e.g. partner/spouse, employee, caregiver)
 - Meaning and Purpose - Each individual will find their own meaning and purpose in life, often by being involved in productive activities (e.g. education, employment, hobbies, family life, parenting, relationships, community involvement, activism, spirituality).

What is Psychosocial Rehabilitation (PSR)?

- » Psychosocial rehabilitation enables people with mental illness to recover and to reach their optimal level of functioning in their own communities....



PSR Facilitators' and Supervisors' Roles

The diagram below outlines your role as a facilitator, and the role of your supervisor, as well as others involved in the programme like community health workers, nurses and facility managers. Use this diagram to help you in the process of setting up and running groups.

1 PSYCHOSOCIAL REHAB PROGRAMME INITIATION

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

Outputs:

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

2 SERVICE USER REFERRAL

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

Output:

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

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

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

Outputs:

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

4 SERVICE USER AND CAREGIVER TRACING & MOBILIZATION

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

Output:

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

5 ALLOCATION TO SERVICE USER & CAREGIVER GROUPS

Output:

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

6 GROUP COMMENCEMENT & IMPLEMENTATION

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

Outputs:

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

7 SUPERVISION

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

Outputs:

- Peer to Peer supportive supervision form for each session

» Service user session outlines

Session 1: Introduction to the PSR programme & goal setting



STEP 1 Start of session

5 mins

- Introduce yourself and explain a bit about your background
- Ask members to introduce themselves and share one interesting fact about themselves
- Thank members for being present and explain that this programme is about walking with them in a journey to improve aspects of their lives.



STEP 2 Sharing information

15 mins

- Explain that all the group members have schizophrenia
- This is a programme to help them learn more about their illness and how to cope with it
- Emphasize confidentiality and ask members to sign the confidentiality agreement
- They will not be provided with a job through the support group but they may decide to join together to do something that earns an income
- Explain that there will be 12 sessions of approximately 45 minutes each week. Check that everyone has been given a programme of the sessions
- Everyone will be encouraged to share their experiences and learn from each other
- Ask if anyone has any questions and answer those that come up
- Explain that each group member needs to set goals for what they will achieve in the programme
- Give some examples of what goals could be.



STEP 3 Sharing experiences

20 mins

Ask the group:

- What made them decide to join the group?
- What do they hope to gain from the group?
- What goals could they set for themselves?
- Thank each member and encourage them to work towards these goals.

**STEP 4** Activity

5 mins

- Ask members to turn to the person next to them and talk about their goals or what they would like to get out of the programme
- Explain that it is important to go back to these goals over time to see how they are progressing
- Emphasize that this is not about judging their progress, but about seeing if there are additional ways that they can be supported
- Ask members to share their goals
- Anyone who does not want to share at this time does not have to
- Encourage those who are comfortable with writing to write down their goals on Handout 1.

**STEP 5** End of session

5 mins

- Ask the group how they would like to close their sessions every week
 - Would they like a prayer, or a song, or something else?
- Close the session appropriately
- Remind the members of the time for next week's session.

Session 2: Understanding our schizophrenia diagnosis



STEP 1 Start of session

5 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?



STEP 2 Sharing experiences

20 mins

Ask the group:

- How did they come to know that they had schizophrenia?
- What were their experiences in hospital?
- What do they understand to be the causes of their illness?
- What symptoms do they experience?
- How do they could cope with these symptoms? (Add to their discussion of how they could cope by sharing the coping strategies given in Handout 2)
- Do they have any other chronic (long term) illnesses – like diabetes or high blood pressure? How do they cope with these?



STEP 3 Sharing information

10 mins

- Thank members for what they have shared
- Explain that you are going to share some information on schizophrenia
- Hand out the schizophrenia patient information leaflet. Encourage members to give these leaflets to their family members
- Share the information points below:
 - Schizophrenia is a lifelong mental illness
 - It could happen to anyone, some people are more vulnerable
 - It is not known exactly what causes it, genetics and stress are factors
 - It is a disease of the brain. Conflict in the family and drug abuse make the illness worse.

- Symptoms can include:
 - Hallucinations (hearing or seeing things that aren't there)
 - Delusions (false beliefs)
 - Strange behaviours
 - Inappropriate emotions
 - Loss of social skills
 - Social withdrawal
 - Restlessness
 - Aggression
- Antipsychotic medications can help to reduce these symptoms
- A relapse is when symptoms reoccur or get worse
- Recovery from schizophrenia doesn't mean the illness is cured. It means a person learning skills and gaining support to live a meaningful life in their community.



STEP 4 Activity

10 mins

- Give each member a piece of paper and ask them to draw something that shows how they cope with their symptoms. When everyone is done, ask for volunteers to share their drawings and what they mean. Add to their discussions with the information on Handout 2
- Now that members have had a chance to get to know each other better they can share cell phone numbers if they are comfortable doing this. This way they can support each other outside of group sessions.



STEP 5 End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Encourage members by highlighting positive progress they are making
- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 3: Understanding medication



STEP 1 Start of session

10 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Explain that today they will have a doctor/nurse who will give them information on their medication and answer questions. They should feel comfortable talking to this person as they are experienced in working with people with schizophrenia and they want to help them understand their medication better. Introduce the doctor/nurse to the group. Allow them as much time as needed to give information and answer questions
- If you do not have a doctor or nurse present, use the session guideline below.



STEP 2 Sharing experiences

20 mins

Ask the group:

- What medication do they take? Tablet or injection?
- How has medication helped?
- Have they used traditional medicine?
- What does it feel like to know you have to take medication for the rest of your life?
- What side effects do they have?
- How do they cope with side effects?

Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Thank members for what they have shared
- Explain that you are going to share some information on schizophrenia medication
- Medications for schizophrenia are called antipsychotics. They can be tablets or injections. The doctor decides on which to prescribe
- Some of the side effects that are known to go with antipsychotics are dry mouth, shaking, sleepiness, weight gain, dizziness, sadness/nervousness, decreased sexual ability, muscle spasms, changes in menstrual periods. Different people can have different side effects

- For serious side effects they should always see the doctor, and should never stop taking medication suddenly
- The doctor may change the medication to a different one to avoid side effects. Or he/she may prescribe another medication to deal with the side effects. It can take time for the doctor to get the medication right
- Medication should not be taken with alcohol or other drugs
- Some other medications (prescribed, traditional or over the counter) can affect the antipsychotic medication so they should always let the doctor know what medication they are on
- If they find it difficult to remember to take their medication, they can ask a family member to help them
- People who take antipsychotics can be at risk for diabetes and heart disease if they put on weight so they should consult their doctor if they notice weight gain or an increase in stomach fat
- Traditional medicine cannot reduce the symptoms of schizophrenia, but traditional healers can help those who choose to see them understand how to live with their illness.



STEP 4 Activity

5 mins

- Give members Handout 3 on 'My Medication'. Let them discuss with each other and fill this in. Many may not be sure of the name of the medication. They can take this handout and check with the nurse or doctor at their next appointment. Encourage those who are not comfortable with writing to work together with someone who is, or to work with a facilitator
- Encourage group members to keep this paper with them as a reminder to take their medication.



STEP 5 End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Encourage members by highlighting positive progress they are making
- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 4: Income generating activities



STEP 1 Start of session

5 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Explain that one of the aims of this programme is to help them come together to work on an income generating project
- If you have a partner/organisation who will help group members do this introduce them to the group now and give them a chance to explain their project. Then go to Step 3 in the session guide
- If you do not have a partner organisation start from Step 2 below.



STEP 2 Sharing experiences

20 mins

Ask the group to share:

- What income generating projects do they know in their community?
- Share some examples - food gardens, chicken rearing projects, second hand clothes sales, plastic/glass recycling projects, handcraft sales
- What is needed in their community?
- What skills or experience do they have?
- What work would they enjoy?

Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Being productive can help people with schizophrenia in their recovery
- Even if they are not working with a partner organization, they may be able to apply to for government funding to start an income generating project. Explain that you as facilitator can support them in doing this
- The group needs to decide on a project that they are interested in and motivated to work on together.

**STEP 4** Activity

10 mins

- Explain that any project they work on is for their ownership, and you as the facilitator will not direct them in what to do. They should spend some time after the session talking about opportunities and ideas for a project, and if possible, agreeing on a project to work on. They will have a chance to check their progress at the beginning of each session from now
- Some group members may also like to talk about possible work opportunities and how they can go about finding these. Finding a job can be difficult. When they feel discouraged they can talk to other support group members who may be facing the same challenges.

**STEP 5** End of session

5 mins

- Explain that you will set aside time at the end of each session that follows for the group to discuss their project
- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 5: Coping with schizophrenia



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project. Then introduce today's topic – learning to cope better with their illness.



STEP 2 Sharing experiences

15 mins

Ask the group to think about a time when they had a relapse:

- What made them realise they were not doing well?
 - What made their family realise they were not well?
 - What caused them stress?
 - What were other triggers of the relapse? (Add to their discussion using the information in Handout 4. Ask if group members can identify with any of these)
 - How do they cope when they feel they are going to relapse?
- Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Thank the group for what they have shared
- Explain that there are 3 ways to help them cope:
 - Knowing their early warning signs and triggers
 - Living a healthy lifestyle
 - Using coping skills
- Each person has a set of early warning signs that usually occur before a relapse. These are called the "signature signs". People who learn their signature signs and what triggers them are much less likely to relapse
- Living a healthy lifestyle means taking their medication as directed, avoiding stress and misuse of alcohol or drugs and eating well, exercising and doing things that make them happy (e.g. seeing friends/family)
- Coping skills can be built by thinking about what has worked in the past and learning from others, as they have begun to do in this session
- Group members should always get help from a doctor or nurse if they feel they are not able to cope with the symptoms or if they are getting worse.

**STEP 4** Activity

5 mins

- Ask members to turn to the person next to them and talk about their own 'signature signs' and how they cope with these. Ask the pairs to talk about ways they could help each other cope
- Ask group members to commit to trying some of the ways of coping that have been shared in the group today and seeing how they work for them.

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Encourage members by highlighting positive progress they are making
- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 6: Substance abuse



STEP 1 Start of session

5 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate.
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project
- Introduce today's topic saying that you will be talking about substance abuse and addiction, an issue that many people face. You are not here to judge anyone but rather to give support.



STEP 2 Sharing experiences

15 mins

Ask the group:

- Have they used alcohol and/or drugs in the past?
- What led them to do this?
- How did the alcohol/drug use affect them? Did it affect their medication?
- Did it cause problems for them?

Remember: Addiction is a serious illness. Talking about experiences of addiction may be difficult. No one should share anything they are not comfortable with. Refer anyone who has a problem with drugs or alcohol to the appropriate support in your community.



STEP 3 Sharing information

10 mins

- Drug addiction is a disease of the brain, not a lack of will power
- People take drugs for many reasons, often because they want to forget the difficulties in their life (e.g. poverty, unemployment)
- People also take drugs to avoid boredom, to deal with stress, to escape from reality, to avoid family problems
- They may feel that drugs or alcohol help to relieve their symptoms (e.g. help them to forget about the voices)
- Any person who becomes addicted to a drug/alcohol needs professional help. It can be a life long struggle and should not be underestimated.
- Not every person who uses alcohol or drugs will become addicted, but they affect antipsychotic medications, so people with schizophrenia should avoid using these substances.

**STEP 4** Activity

5 mins

- This week, ask members to talk with another member of the group about how often they use alcohol or other substances and if they could stop completely. If they do not use substances themselves, do people around them? How does this affect them? Ask members if they can commit to get help if they are abusing drugs or alcohol.

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Encourage members by highlighting positive progress they are making
- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 7: Knowing ourselves



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project. Then introduce today's topic.



STEP 2 Sharing experiences

15 mins

Introduce the discussion saying that over the last few weeks the group has talked a lot about the illness, symptoms and medication. But we as people we are not just our illnesses. We have many other parts to ourselves (e.g. our relationships and friendships, our interests). So today we would like to talk about some of these things.

Ask the group to share:

- What do they like to do?
- What makes them feel good about themselves?
- What are their personal strengths and skills?
- What are their hopes/dreams for the future?

Ensure that each member gets a chance to speak if they want to. No one should feel they have to share anything they are uncomfortable with.



STEP 3 Sharing information

10 mins

- Thank the group for what they have shared
- Emphasize that everyone, INCLUDING those with mental illnesses, has strengths
- Strengths could be practical skills, knowledge, and motivation that can be used in some way to help them meet their goals
- Self esteem is what we believe about ourselves. We can build our self esteem by appreciating and building on our strengths
- Knowing your strengths and building your self esteem gives you hope and optimism to help face life's challenges.

**STEP 4** Activity

5 mins

- Using Handout 5, ask members to share in pairs about their strengths and dreams.

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Encourage members by highlighting positive progress they are making
- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 8: Managing anger, stress & conflict



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project. Then introduce today's topic
- Explain that anger and stress are part of everyone's lives, but they can be especially hard to deal with for people with a mental illness.



STEP 2 Sharing experiences

15 mins

To start this session, ask for a volunteer to share a recent experience of when they got angry with someone.

- What did they do?
- And what were the consequences of their actions?
- How would they like to do things differently?

Thank this volunteer for sharing and ask others in the group to make suggestions/ share experiences.

Then ask the group members to share:

- What causes conflict between them and their family members?
- How could they change the way they react to be more positive?
- What makes them feel stressed?
- What do they do to feel better when they are stressed?

**STEP 3** Sharing information

10 mins

- Anger is something that happens in everyone's lives but it can be dealt with in a positive way. It helps to:
 - Know what provokes you
 - Take deep breaths before saying or doing anything
 - Give the other person time to respond
 - Learn how to listen
 - Express your emotions calmly
 - When the discussion is over, end your anger that day, don't carry it with you
- Conflicts arise in all families but in families where a member has a mental illness there can be more conflict
- When people don't know how to handle conflicts, communication breaks down and they blame each other
- The most important things to remember about handling conflicts are to listen to the other persons' side of the story and try to find a solution that suits both you and the other person
- People with schizophrenia and their family have a lot of stress in their lives
- Positive ways of coping with stress include:
 - Getting some exercise – doing something you enjoy
 - Finding a Hobby – reading, cooking, games
 - Spending time in prayer/meditation
 - Seeing the doctor /counsellor/ psychologist
 - Eating correctly (3 balanced meals a day)
 - Getting enough sleep (6 – 8 hours)
 - Setting goals for yourself
 - Talking to others and socialising.

**STEP 4** Activity

5 mins

- Ask group members to talk in pairs about activities they could do in the next week that would make them feel less stressed (e.g. reading, listening to music, talking to a friend).

**STEP 5** End of session

5 mins

- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 9: Dealing with stigma & discrimination



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project. Then introduce today's topic
- Explain that those with mental illness often face poor treatment by family members and others in their community. We call this stigma and discrimination
- While they may not be able to change the way other people treat them, they can control how they deal with this poor treatment, so that it does not affect them negatively.



STEP 2 Sharing experiences

15 mins

Ask the group members to share:

- What experiences have they had where they have been treated badly by family or others?
- How does this make them feel?
- How have they dealt with this?
- How could they deal with this in a positive way in the future?



STEP 3 Sharing information

10 mins

- A positive way to deal with negative experiences is to use problem management:
 - Understand the problem
 - Find different ways to deal with the problem
 - Decide on the best way, and then use it
- Dealing positively with bad treatment also means having 'healthy thinking' about themselves. This means accepting that they cannot change the way people see them, but they that they should still see themselves as a valuable person. The illness does not define them and they can recover and have a meaningful life
- It can help to know that stigma and discrimination are often due to lack of knowledge and prejudice, these problems lie with the other person not within themselves.

**STEP 4** Activity

5 mins

- In pairs, ask members to share if they have been treated poorly recently? How could they cope with this in a positive way?

**STEP 5** End of session

5 mins

- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 10: Contributing to the household



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project. Then introduce today's topic
- Emphasize that even if they are not working in a regular job, the work they can do in their own homes is very valuable
- Having an extra pair of hands can make things easier for the whole family.



STEP 2 Sharing experiences

15 mins

Ask the group members to share:

- What are they good at around the house?
- What jobs do women usually do around the house? Could men do these too? How would that help?
- How would your family members feel if you did more work in the house?

Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Often our family members, especially the women (the mothers and sisters) work extremely hard to keep the household going. This work is sometimes not recognized because it is not paid work
- Contributing to our households is a way that we can care for our family members
- Some of the chores support group members can help with include:
 - Cooking
 - Cleaning
 - Gardening – e.g. looking after vegetables
 - Running errands
 - Helping look after children
- Although some of these are seen as 'women's work' men can also do these chores and contribute to their families in this way.

**STEP 4** Activity

5 mins

- Ask members to talk in pairs about one extra chore in the household they could help with this week. They will have a chance to give feedback in the next session.

**STEP 5** End of session

5 mins

- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 11: Money management



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Dedicate the first 15 minutes of the session to discussing the group's income generating project and how things went with their task to contribute to their homes. Then introduce today's topic
- Are there any pressing issues people want to bring up?
- Introduce today's activities saying that they will help members to save money and budget.



STEP 2 Sharing experiences

15 mins

Ask the group members to share:

- Who manages the money from their grant?
- How do they try to save money?
- Where do they shop to save money?
- How could they help each other to save?
 - For example they could start a saving 'club' where they set up an account that everyone contributes to and at the end of the year they use the money for something they agree on.



STEP 3 Sharing information

10 mins

- Explain that setting a monthly budget can help to make sure their grant lasts the month
- A simple way to do this is to have a number of envelopes, with one envelope containing money for one thing. For example you would have an envelope for rent, one for electricity, one for food, one for clothing, one for transport etc. This way it is easier to keep control over what you are spending. It's important to try not to 'dip in' to other envelopes. You can also have an envelope for 'saving' that you don't touch
- Ask members what envelopes they would need if they wanted to budget in this way
- Budgeting and saving can help them avoid going into debt, for example with store cards or through taking loans from loan sharks.

**STEP 4** Activity

5 mins

- Ask members to turn to the person next to them and share any tips they have for making their money go further.

**STEP 5** End of session

5 mins

- Close the session in the agreed way
- Remind the members of the time for next week's session.

Session 12: Closure session



STEP 1 Start of session

15 mins

- Open the group in an appropriate way (e.g. song, prayer)
- Remind them this is a safe space for them to learn and share
- Encourage everyone to be involved and participate.
- Are there any pressing issues people want to bring up?
- Dedicate the first 15 minutes of the session to discussing the group's income generating project
- Explain that today is the last session in the programme but that they can still continue meeting as a group to support each other.



STEP 2 Sharing experiences

15 mins

Ask the group members to share:

- What have they learned in the programme?
- Have there been changes in their lives?
- What are their plans for the future?



STEP 5 End of session

10 mins

- Thank all members for their participation throughout the programme.
- Encourage them to keep meeting and to support each other by staying in contact
- Encourage them to keep working on their income generating project
- Close the final session in the agreed way.

Top Tips For Facilitating PSR Support Groups

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

» Caregiver session outlines

Session 1: Understanding our relative's illness



STEP 1 Start of session

5 mins

- Introduce yourself and explain a bit about your background
- Ask group members to introduce themselves and share one interesting fact about themselves
- Thank members for being present and explain that this programme is about helping them to cope with caring for their relative with schizophrenia
- They will meet once a month for approximately 45 minutes.



STEP 2 Sharing experiences

20 mins

Ask the group:

- How did they find out that their relative had schizophrenia?
- Who told them the diagnosis?
- What information were they given?
- What do they understand to be the causes of the illness?
- What do they know about the medication for the illness.



STEP 3 Sharing information

10 mins

- Thank members for what they have shared
- Hand out the schizophrenia information leaflet if you have these
Encourage members to give these leaflets to other family members so they can know more about the illness
- Share the information points below:
 - Schizophrenia is a lifelong mental illness
 - It could happen to anyone, some people are more vulnerable
 - It is not known exactly what causes it, genetics and stress are factors. Conflict in the family and drug abuse make the illness worse. It is not caused by bewitching or curses, it is a disease of the brain

- Symptoms include:
 - Hallucinations (hearing or seeing things that aren't there)
 - Delusions (false beliefs)
 - Strange behaviours
 - Inappropriate emotions
 - Loss of social skills
 - Social withdrawal
 - Restlessness
 - Aggression
- Antipsychotic medications can help to reduce these symptoms. They can be tablets or injections. There are different medications for schizophrenia. The doctor decides on which to prescribe
- These medications can have side effects like shaking, dry mouth and weight gain. If the person is concerned about side effects they should see the doctor or nurse instead of just stopping the medication
- Caregivers have an important role in reminding or assisting their family members in taking their medication
- A relapse is when symptoms reoccur or get worse e.g. if the person does not take their medication as directed.



STEP 4 Activity

10 mins

- Sometimes people with schizophrenia are misunderstood by their family members because they don't know about the illness. Ask members to turn to the person next to them and share the most important things they have learned today.



STEP 5 End of session

10 mins

- Thank members for sharing their experiences and supporting each other.
- Close the session in an agreed way
- Remind the members of the date and time for the next session.

Session 2: Coping with caring for a person with schizophrenia



STEP 1 Start of session

5 mins

- Welcome group members to this session
- Ask if anyone has any pressing issues
- Acknowledge that caring for someone with schizophrenia can be difficult. Explain that today's session is a chance for them to learn from each other about ways to cope.



STEP 2 Sharing experiences

20 mins

Ask the group:

- How do they know when their relative is not well?
- What do they do when they see these signs/symptoms?
- How do they feel when their relative becomes unwell?
- How do they cope with looking after their relative as well as all the other tasks in their household?

Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Thank the group for what they have shared
- Explain that each person with schizophrenia has a set of early warning signs that usually occur before the symptoms return in full. Share some of the common early warning signs/triggers
- Explain that as caregivers, knowing the early warning signs can help them make sure the person they care for gets the support they need to avoid a relapse
- This involves helping their relative to take their medication, avoid stress and misuse of alcohol or drugs as well as eating well, exercising and doing things that make them happy (e.g. seeing friends/family)
- If the symptoms seem to get worse, they should always get help from a doctor or nurse
- Thank the group for the experiences they have shared. We can all learn ways of coping with challenges in our lives from hearing how other people deal with them. Encourage them to learn from what others have shared and to apply this to their own lives.

**STEP 4** Activity

10 mins

- Caregivers can be an important source of support for each other. In pairs, ask members to share practical ways they could support each other (e.g. they could help take care of another member's children on a certain day)
- Encourage them to share phone numbers and to contact each other outside of the sessions to offer and receive support as needed.

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Remind the members of the date and time for the next session.

Session 3: Family conflict



STEP 1 Start of session

5 mins

- Welcome group members to this session
- Ask if anyone has any pressing issues they would like to discuss
- Explain that conflict/arguments can lead to stress for caregivers and it increases the chances that their relative will have a relapse
- Learning to communicate better can help reduce conflicts.



STEP 2 Sharing experiences

20 mins

Ask the group members to share:

- What causes conflict between them and their family member with schizophrenia?
- How have they dealt with this in the past?
- What could they do to deal with the conflict in a more positive way?

Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Conflicts arise in all families but in families where a member has a mental illness there can be more conflict
- When people don't know how to handle conflicts, communication breaks down and they blame each other
- In a conflict situation, we have a choice how to react. We can either give in, fight, or negotiate a good solution
- The most important things to remember about handling conflicts are to listen to the other persons' side of the story and try to find a solution that suits both you and the other person
- You can say how you feel, and also try to show you understand how the other person feels, then you can suggest a compromise.

**STEP 4** Activity

10 mins

- In pairs, ask group members to share the most important thing they heard today. How could they try to apply this to their own lives?

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Remind the members of the date and time for the next session.

Session 4: Dealing with stigma & discrimination



STEP 1 Start of session

5 mins

- Welcome group members to this session
- Ask if anyone has any pressing issues they would like to discuss
- Acknowledge that caregivers are often mistreated because of their association with a person with a mental illness. We call this stigma and discrimination.



STEP 2 Sharing experiences

20 mins

Ask the group members:

- Has your mentally ill relative been treated badly? How did this make you feel?
- Are people in your community aware that you care for a mentally ill person?
- Have you been mistreated because of this?
- How did that make you feel and how did you cope?

Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Some common ways that caregivers of people with schizophrenia are mistreated are by not being included in family functions, being ignored or verbally abused, or being blamed by doctors or nurses when a relapse happens
- Caregivers can start to have negative feelings towards those they care for
- Caregivers need to deal with these negative feelings because people with schizophrenia need patience and love from those who care for them
- It can help to know that their difficult behaviour (e.g. when they do not do what is expected of them) is not done intentionally but is part of their illness
- Helping them to take their medication as directed can help them to function better.

**STEP 4** Activity

10 mins

- Highlight that people's attitude towards you cannot always be changed but your response to these attitudes can be changed. Ask pairs to talk about how they can cope when they or their family member are treated badly.

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- Remind the members of the date and time for the next session.

Session 5: Caring for the caregiver



STEP 1 Start of session

5 mins

- Welcome group members to this session
- Ask if anyone has any pressing issues they would like to discuss
- Acknowledge that caregiving is a form of work, and that caregivers also need to be able to take care of themselves. This is for their own wellbeing and for the person they care for, who relies on them.



STEP 2 Sharing experiences

20 mins

Ask the group members:

- What do you find most difficult in caring for your relative?
 - Do you have people you can call on to help?
 - What causes you stress?
 - What makes you feel sad/hopeless?
 - How do you cope with this? What makes you feel more relaxed and happy?
- Ensure that each member gets a chance to speak if they want to.



STEP 3 Sharing information

10 mins

- Caregivers for people with mental illnesses face a heavy burden
- Caregiving for a family member is often founded on love and a sense of responsibility, but caregivers need resources and support to be able to keep up their caregiving
- Workers in other jobs get breaks, and caregivers also need breaks to maintain their physical and mental health
- One of the most important ways for caregivers to get a break is to ask for and accept help from people they trust
- Caregivers are not superhuman, they should not be too hard on themselves and expect themselves to do everything

- Caregivers need to do something that gives them enjoyment and peace, even if it's only a 10-minute break
- Stress, anxiety and depression are common in caregivers. They should watch for symptoms like thinking a lot, worry about lots of things at once, and being unable to stop worrying (anxiety), sad or "empty" mood, sleeping too much or too little, restlessness, irritability, loss of energy, feeling guilty, hopeless or worthless, thoughts of suicide or death
- If they are experiencing these they should seek help from a doctor, nurse, counsellor or psychologist.

**STEP 4** Activity

10 mins

- Offering a friendly ear to listen to concerns and difficulties is an important way that caregivers can support each other. Ask caregivers if they can pair up and keep in contact to provide each other with support. They can start to talk today about practical ways they can do this.

**STEP 5** End of session

5 mins

- Thank members for sharing their experiences and supporting each other
- This is the final session in the programme. Spend some time discussing how members feel and what they have gained
- Encourage them to continue to meet and support each other.

» Community Resource List

Organisation/Department	Contact number
Department of Housing	018 487 8588 018 487 8578 018 487 8577
Department of Labour	018 464 8700 018 464 8720
Department of Education	018 467 9300
Department of Health	018 487 8788
Department of Social Development	
• Victim empowerment program (VEP)	018 462 5111 079 492 6041
• Substance program	082 522 1920
• HIV/AIDS	079 492 6181
• Disability Programme	071 681 0463
○ TRIEST	018 468 6741
○ Daphnee Lee	018 462 4366
○ Techford	018 465 3631
○ Huis Servaas	018 468 4003
SASSA	018 487 2300
Department of Police	018 464 5080
Rehabilitation centers (Sanpark)	018 462 4568/9
Sanpark (drug and alcohol center)	082 799 6831
• Khulisa	018 464 4788/082 549 1319
• Department of Health (School health)	018 464 2210/082 846 8484
• Department of Health (School health)	018 464 2210/082 665 0716
• New Destiny Foundation (Religious org.)	083 723 5245/ 078 435 5163
• BOSASA	082 856 0692
• Love life (Matlosana youth center)	074 715 4749
Mental Health (Klerksdorp)	018 462 2598
Mental Health(Potchefstroom)	018 297 5270
NGO's involved in community work	
• Amelia (Potchefstroom)	018 290 5543/018 297 0133/4 079 492 6220
• Sixteen Steps (Ventersdorp)	018 264 3926/ 076 440 9278
Family Advocate	018 462 1611
Life Line	018 462 7838

Handout 1

My goals

My goal is to....	How will I achieve it?	How am I doing?

My thoughts and ideas

Handout 1

Maikaelelo a ka ke

Ke ikaelela go...	Ke tlike go dira jang se?	Ke dira jang?

Megopolo le dikakanyo tsa me

Handout 2

Coping with hearing voices

- Get to know the voices by keeping a diary, so that you know what seems to bring them on
- Accept that the voices belong to you, and are not an external force that can read your mind or steal your thoughts
- Realize that despite what the voices are saying, they are a part of you, so you are in charge, and no harm will come to you when you don't listen to them
- Do a relaxing activity such as gardening or listening to music when the voices come on
- Try different ways of quietening the voices, for example by humming when the voices come on
- Avoid unhelpful things such as arguing with the voices or using drugs or alcohol

Coping with Delusions or Unusual Thoughts

- Check your ideas of reality with a person you trust.

Handout 2

Ke kgona jang ka go utlwa mantswe

- Kwala mantswe a o a utlwang mo bukeng kana lekwalo la dikakanyo. Se se tka go thusa gore o a itse le go o itse gore a tlišwa ke eng
- Amogela gore mantswe a ke a gago, le gore ga a tswe ko ntle mo sengweng se se kgonang go bala tlhaloganyo ya gago kana sa utswa dikakanyo tsa gago
- Lemoga gore ntle le gore mantswe a a re eng, ke karolo ya gago, ka jalo o kgona go a laola, ebile ga go sepe se se maswe se se tla go diragalelang fa o sa a reetse
- Dira tiro ya boiketlo jaaka go lema tshingwana ya merogo kana go reetsa dipina fa mantswe a atla
- Leka ditsela tse di farologaneng go didimatsa mantswe a. Sekai nguna nguna pina fa mantswe a atla
- Tshabela dilo tse di sa thuseng jaaka go ngangisana le mantswe a kana go dirisa diritibatsi kana bojwala

Go kgona ditumelo tse di senang boammaruri kana dikakanyo tse di sa tlhwaelegang

- Lebelela gore a dikakanyo tsa gago ke boammaaruri le motho yo o motshepang

Handout 3

My medication information

1. What is the name of the medication I take?

2. How does it help me?

3. How and when do I take it?

4. What other instructions did the doctor give?

Handout 3

Kitso ka ditlhare tsame

1. Leina la ditlhare tse ke di tseyang ke eng?

2. Di nthusa jang?

3. Ke dinwa jaang, leng?

4. Ke taolo efe engwe e ngaka a e fileng?

Handout 4

Early warning signs

I Feel...	I Notice...	Others May Notice That...
<ul style="list-style-type: none"> • More tense • Depressed • Restless • Elated • Irritable • Afraid 	<ul style="list-style-type: none"> • It's hard to concentrate • I am forgetful • I find it hard to make decisions • I am thinking too much 	<ul style="list-style-type: none"> • I find it hard to sleep • I eat more or less than usual • I don't take care of my appearance • I am quiet • I am not interested in doing anything • I drink or use drugs

Things that can cause me to relapse...

- Not enough sleep
- Working too hard
- Stress
- Fighting with family
- Alcohol or drugs
- Menstrual cycle in women
- Not taking medication correctly

Handout 4

Matshwao a tlhagiso]

Ke ikutlwa...	Ke lemogile...	Batho ba lemogile gore...
<ul style="list-style-type: none"> • Ke gagametse thata • Ke na le kgatelelo maikutlo • Ke tlabatlaba • Go itumela go feta selekano • Ke tenega ka pele • Ke tshogile 	<ul style="list-style-type: none"> • Go thata gore ke beye kelelelo mo selong se le nosi ka nako e rileng • Ke lebala thata • Go thata gore ke tseye ditshwetso • Ke nagana ka thata/ ka 'touta' 	<ul style="list-style-type: none"> • Go thata gore ke robale • Ke ja thata kana ke fokoditse tsela e ke jang ka yone ya tlwaelo • Ga ke itlhokomele • Ke didimetse • Ga ke na kgatlhego mo go direng sepe • Ke dirisa bojwala kana diritibatsi

Dilo tse di ka dirang gore bolwetsi bo tsoge gape...

- Go sa nne le nako e e lekaneng ya boroko
- Go dira/bereka thata
- Go imelwa ke mathata kana stress
- Go lwana le ba leloko/losika
- Bojwala kana diritibatsi
- Go bona matsatsi mo basading
- Go sa nwe ditlhare sentle

Handout 5

Know yourself

1. I feel good about myself when...

2. When I think about the future I see myself...

3. I am good at...

4. I feel happy when...

5. I am grateful for...

Handout 5

Go ikitse

1. Ke ikutlwa ke itumeletse fa ke...

2. Ga ke nagana ka bokamoso ke ipona ke...

3. Ke kgona go...

4. Ke itumela fa ke:

5. Ke lebogela...



