

Breaking the Cycle:

Reclaiming Hope and Belonging for Youth Leaving Institutional Care in Uganda





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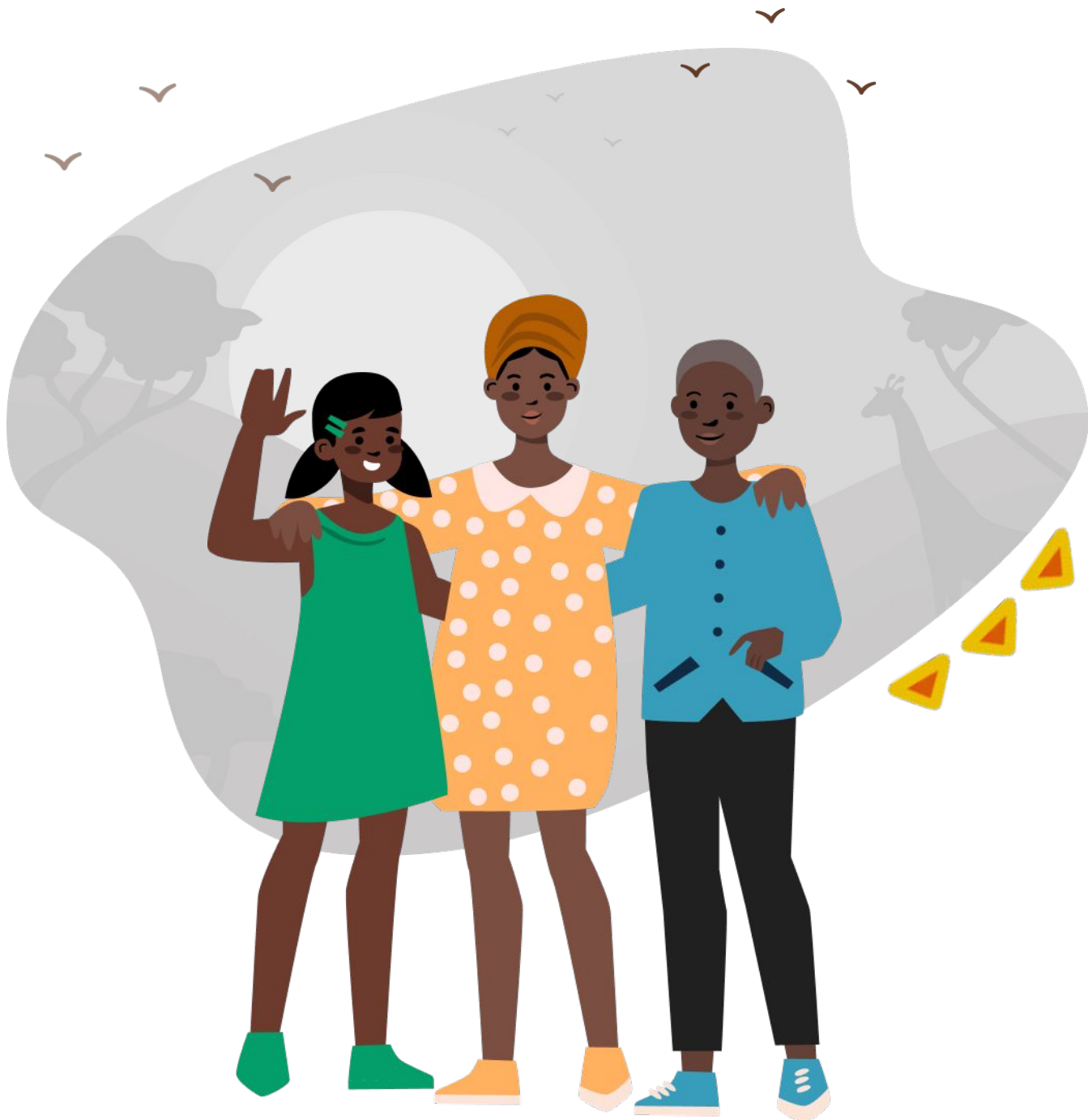


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Breaking the Cycle

Guidebook





Introduction

All Children Want to Live a Happy Life

Over 80 years of evidence indicates that orphanages are damaging to children and a poor investment for children and communities. Young adults who age out of institutional care (care leavers) have very few life skills and struggle to assimilate into a life outside of care and generally lack the knowledge of how to properly manage their mental health conditions. They are far more likely to have experienced abuse, cruelty or neglect in an institution than in any other setting. Even in a well-run facility, children do not develop normally. Despite this, some estimates suggest that nearly 6 million children live in institutions and orphanages across the world and an estimated 50,000 in Uganda. The majority of these children, an estimated 80-90 percent, have families that they are separated from due to an inability to provide the medical, educational and social services that the child needs.

Our belief is that these families can be supported to care for the children through family-based care, and THAT support is a primary aim of this project.

Family-based care refers to caregiving by extended family or foster, kafalah (the practice of guardianship of orphaned children in Islam), or adoptive family, preferably in close physical proximity to the biological family to facilitate the continued contact of children with important individuals in their life when this is in their best interest.¹

This project is taking a three pronged approach in demonstrating an alternative to orphanages. First, an emphasis on prevention by working with the government to strengthen services that can respond to families in need. We work with small grassroots organizations, train community volunteers, and create a coordinated system of support. Second, when a child can not go back to a family, we've created alternative families (similar to foster care) instead of orphanages. Here, communities will look after their own. And finally, we are working with existing and willing orphanages to repurpose them into community hubs that might become a school, educational training center, a playground, etc. Instead of supporting sixty children, through a traditional orphanage, the same resources can serve thousands and prevent separation in the first place.

¹ Lancet: Institutionalisation and deinstitutionalization of children



Together, WE Can Make a Difference

Peer Developed, Peer-Led

An important aspect of this project is that it was developed with direct input from care leavers themselves and is designed to be peer-led. Care leavers were interviewed and helped shape this curriculum. We are supporting them to develop the communication skills to speak about a subject that is often taboo, mental health and suicide. These peer leaders are the young people and adults, from their own communities, that have themselves experienced trauma from neglect, cruelty and abuse. A mutually beneficial learning partnership was developed between Makerere University students and care leavers to strengthen the approach of this project.



“Right from the beginning the content has been led and developed by young people.”

- Christopher Muwanguzi
Chief Executive Officer
Child's i Foundation



Relationship-Oriented

From birth, babies and young children are heavily reliant on their adult caregivers. The attachments they form in these early years may be critical indicators for later childhood and adulthood development. Humans are innately wired from attachments to others as a necessary part of survival and, because attachment is a biological survival need, some form of attachment is always formed, whether ideal or not. The attachment need not be with the mother, rather it can be the father, grandparent or non-family member caregiver.

Through attachment, this early experience of a relationship is critical in establishing a mental foundation the child will use to interact with others, and will dictate the way the child feels about themselves. This can impact three key areas:

- A child's sense of self
- A child's sense of others
- A child's relationship with him or herself and others

Contrary to what the name suggests, attachment can actually help children increase their independence as a result of possessing confidence in themselves and their caregivers. Attachment essentially can establish a positive or negative path for childhood development that will impact the way children form bonds and interact with others into adulthood. **These relationships are key to how children, young people and, in particular, care leavers might cope with and recover from trauma.**

By equipping those supporting care leavers with the critical guidance needed in order to enhance the quality of care, we aspire to improve the mental health, physical health, resiliency, and overall well-being of care leavers in our communities.

This well-being focused initiative is designed, through an online heart-centered series, to provide families, social workers and youth-serving organizations with essential tools that can help support care leavers flourish.



“....for the full and harmonious development of a child’s personality, he or she should grow up in a family environment, in an atmosphere of happiness, love and understanding.”

- The UN Convention on the Rights of the Child

Informed by Trauma-Sensitive Practices

Shifting from “What’s wrong with you?” to “What’s happened to you?”

We’ve learned that most young people with lived experience of care have experienced some kind of trauma and we recognize that trauma can affect an individual’s sense of self, others, beliefs and view of the world.² To ensure young adults leaving care are supported, Childs i Foundation is utilizing a trauma informed approach to care in the implementation of this project.. The Trauma-Informed approach facilitates this as it shifts the focus from “What is wrong with you?” to “What happened to you?” through the guidance of five key principles:

- **Safety** - Creating a physically and emotionally safe environment
- **Trustworthiness** - establishing trust and boundaries
- **Choice** - supporting autonomy and choice
- **Collaboration** - creating collaborative relationships, and
- **Participation** opportunities and using strengths and empowerment - to promote resilience, healing and to reduce re-traumatization

² Gupta, D., & Gupta, N. (2014). Risk of Post Traumatic Stress Disorder (PTSD) in children living in foster care and institutionalised settings. Institutionalised Children Explorations and Beyond, 1(1), 45-56. 7



How We Got Here

No Limit Generation doesn't just create training videos, but learning experiences. They combine the art of storytelling with critical evidence based guidance designed for sustainable impact. While this curriculum was developed locally, it has global application. The goal is to benefit communities and children everywhere.

This project, a partnership between No Limit Generation, Child's i Foundation, Uganda Care Leavers and Makerere University is the result of a Canada Grand Challenges grant that seeks scalable and youth-led solutions to some of the world's most pressing challenges. Prioritizing Uganda, where less than 1% of the national health budget is allocated to mental health. Community-based mental health services, where available, are largely inaccessible and under-resourced. The Project's aim is to diminish that gap, curb the spread of orphanages and support vulnerable children and care leavers (children who have aged-out of orphanages) with the family and community support they need to succeed.

Filling a Gap

These training videos and accompanying guidebook will address the gap in integrated mental health and well-being support for children at risk and vulnerable youth. Currently, Uganda has very few mental health clinicians and limited resources for interventions. Through this project, we hope to empower young people with lived experience of care and others that have experienced trauma, through a compassionate approach and the tools provided in the videos and guidebook. It will result in the development of the first of its kind youth-led, accessible video series designed to identify, address, and treat mental health conditions in children and youth in the foster care systems.

The training videos will be used to prepare youth-serving professionals, including students of social services at Makerere University. This project will also serve as a pilot for broadening the impact of digital training resources nation and region-wide.



Targeting the Roots

Stigma

Children and young people with experience of institutional care are more likely to face serious barriers to accessing mental health services. In 2019, it was reported that about 1 in 3 received no support once they left care (UCL, 2019).³ One of the most significant barriers to well-being and risk factors associated with institutionalization is an increase in mental health challenges for the youth in care. Stigmatization is believed to be a root cause that contributes to this context. In Uganda, mental health is often not considered a legitimate condition and the World Health Organization (2006) estimates that only 10% of people with mental illness receive treatment.⁴ **Traditional beliefs often view mental illness as taboo, and both religious and socio-cultural influence further contribute to barriers to access, awareness and willingness to seek help.**

The Project and videos seek to address the critical barrier that stigma presents through helping folks understand the impact of prejudice and discrimination.

“We need to build a workforce in Uganda that understands why we need to keep families together.”

- Christopher Muwanguzi
Chief Executive Officer
Child's i Foundation

As such, the Project is designed to:

- Provide awareness and skills about mental
- Enhance mental well-being and improve quality of life through the use of problem-solving interventions delivered by upskilled social workers and well-being champions through peer support
- Include community and integrated mental health and well-being support into the care leavers pathway
- Reimagine the childcare system and practices to properly treat and manage mental health conditions
- Promote alternatives to support care of children by communities
- Reconnect children and youth with families and support networks, and assimilate them back into their community, school, and job settings.

³ The Care Leaver Experience: A Report on Children and Young People's Experiences in and after Leaving Residential Care in Uganda, June 2019

⁴ Molodynski, et.al. 2017: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663025/>



How to use this training series

Through understanding key concepts and learning effective tools, we can support care leavers towards a path of recovery and thriving.

Designed to Fit Into Your Schedule

We have designed this experience to fit into your life. Only 10 minutes? That's okay. You can just watch one episode at a time. It is actually best digested over time and we recommend leaving time in between the episodes to process the videos and fully engage in the learning experience.

Or, Watch it as a Group

Another ideal application for this training series is to utilize and process the videos and material with a group. Learning socially, alongside others, in conversation together, is an effective and powerful way to integrate new material. The guidebook activities, and discussion questions included for each episode could serve as a guide for the group facilitator.

Warning

If some of the content brings up distressing memories for you, we strongly encourage you to take a break when you need to, and talk to people you trust about your own reactions

Meet the Instructors

We gathered a wide variety of experts to support your learning experience and we would like you to meet them!



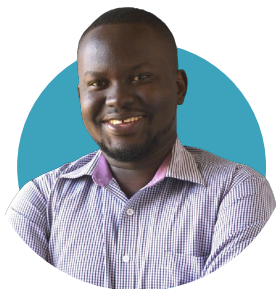
Susan Ajok

Susan Ajok is a Global Public Health Specialist with specific competencies in child protection, child safeguarding, adolescent sexual and reproductive health, social and behavior change communication, family planning, and HIV/AIDs prevention. Susan has over 20 years of practical experience in Africa working directly on programs for children and adolescent sexual and reproductive health. She worked with Straight Talk Foundation, a Ugandan Not for Profit from 1998 to 2020.



Grace Atim

Grace Atim is a Counseling Psychologist and founder of Springs of Grace Elementary school. She holds an MSc in counselling Psychology and has 28 years experience of working with vulnerable groups in Uganda. Grace has worked in the field of addiction therapy and rehabilitation for 16 years. She currently works with Child's i Foundation as lead Mental health consultant, and Tranquil homes (Addiction Treatment Centre). She is passionate about young people living empowered and meaningful life.



Maurice Osire Tukei

Maurice Osire Tukei is a Clinical Psychologist.

He is a University Counselor and Lecturer at Clarke International University. He has trained in the field of Psychology starting with a Bachelor's Degree in Community Psychology (BCP), followed by a Master of Science in Clinical Psychology (MSc. Clin. Psy) both at Makerere University, Kampala. He has also trained in other therapeutic approaches, including; Acceptance and Commitment Therapy (ACT), Narrative Exposure Therapy (NET), Trauma-focused Cognitive Behavioral Therapy (Tf-CBT), Psychological Interviewing, and HIV/AIDS Counseling, among others.

Maurice has practiced in different clinical settings including; International Hospital Kampala, International Medical Centers, and currently at International Diagnostic Center and Quick Care Clinic – Bugolobi where he is involved in Private Practice.

He also carries out Mental Health-related training as well as Clinical supervision.



Phiona Bizzu

Phiona Bizzu is an energetic and motivated professional who since becoming Miss Uganda in 2012 has developed a mature and responsible approach to the projects she undertakes. These projects have ranged from working with teenage mothers, schoolgirls, and boys, special needs families, care leavers, and the government of Uganda. Her ability to work with all stakeholders has helped her make a positive impact on the projects she has undertaken.



Mark Samuel Mukisa

Mark Mukisa is a qualified teacher, Pastor, and Counselor holding a Bachelor's Degree in Education, a Bachelors's in Theology and Pastoral studies, a diploma in secondary education and has duly attended and completed courses in clinical and Christian Counselling. He has been a Youth Pastor at Watoto for 12 years and dealt with Counselling with youth and their parents. He has spoken in various camps, conferences, and school assemblies including universities. He has pastored a Watoto campus in the East of the city and is passionate about helping teenagers handle that period of storm and stress and helping parents to understand and parent these interesting individuals. He now runs a Counselling and wellness office in Naalya and ministers weekly at Real life church that is 70% community youth!



Hafsa Lukwata

Dr. Hafsa Lukwata is the Principal Medical Officer and Ag. Assistant Commissioner, mental health, and control of substance abuse at the Ministry of Health. She holds an MBCHB from Mbarara University and a Post Graduate Diploma in Tropical Medicine from Nagasaki University Japan. She also holds a Master's in Public Health at Makerere University. Hafsa has pursued several short courses in demography and population studies, in mental health, child and adolescent mental health, tobacco, and alcohol control. She is currently the National Lead for the mental health and psychosocial support sub pillar for Covid-19.

Guidebook Contributors



Christopher Muwanguzi

Christopher is the Chief Executive Officer of Child's i Foundation. He's a psychotherapist, life coach, and purpose-driven leader with a 20-year track record and experience of providing visionary leadership in varied and challenging contexts within Civil society. He is the CEO at Child's i Foundation and has pioneered several award-winning organisations and interventions working in collaboration with communities and governments to strengthen systems, that address social issues and improve the lives of people materially and measurably.



Marion Adongo

Marion Adongo is a communications expert with over six years of demonstrated history of working in the communications industry. She graduated from Uganda Christian University with a Bachelor of Arts in Mass Communication. She is also currently pursuing a Masters of Health Science in Bioethics from Makerere University.

Marion currently works at Child's i Foundation where she supports the Communications and Advocacy function. Marion is dedicated to creating positive change especially with respect to using communication strategies to change the common narrative on having children homes to home based care. She uses her positive attitude and tireless energy to advocate and encourage others to constantly look out for the well-being of children.

Marion is also skilled in research, management, and leadership.

Guidebook Authors



Grace Atim

Grace Atim is a Counseling Psychologist and founder of Springs of Grace Elementary school. She holds an MSc in counselling Psychology and has 28 years experience of working with vulnerable groups in Uganda. Grace has worked in the field of addiction therapy and rehabilitation for 16 years. She currently works with Child's i Foundation as lead Mental health consultant, and Tranquil homes (Addiction Treatment Centre). She is passionate about young people living empowered and meaningful life.



Wendy Baron

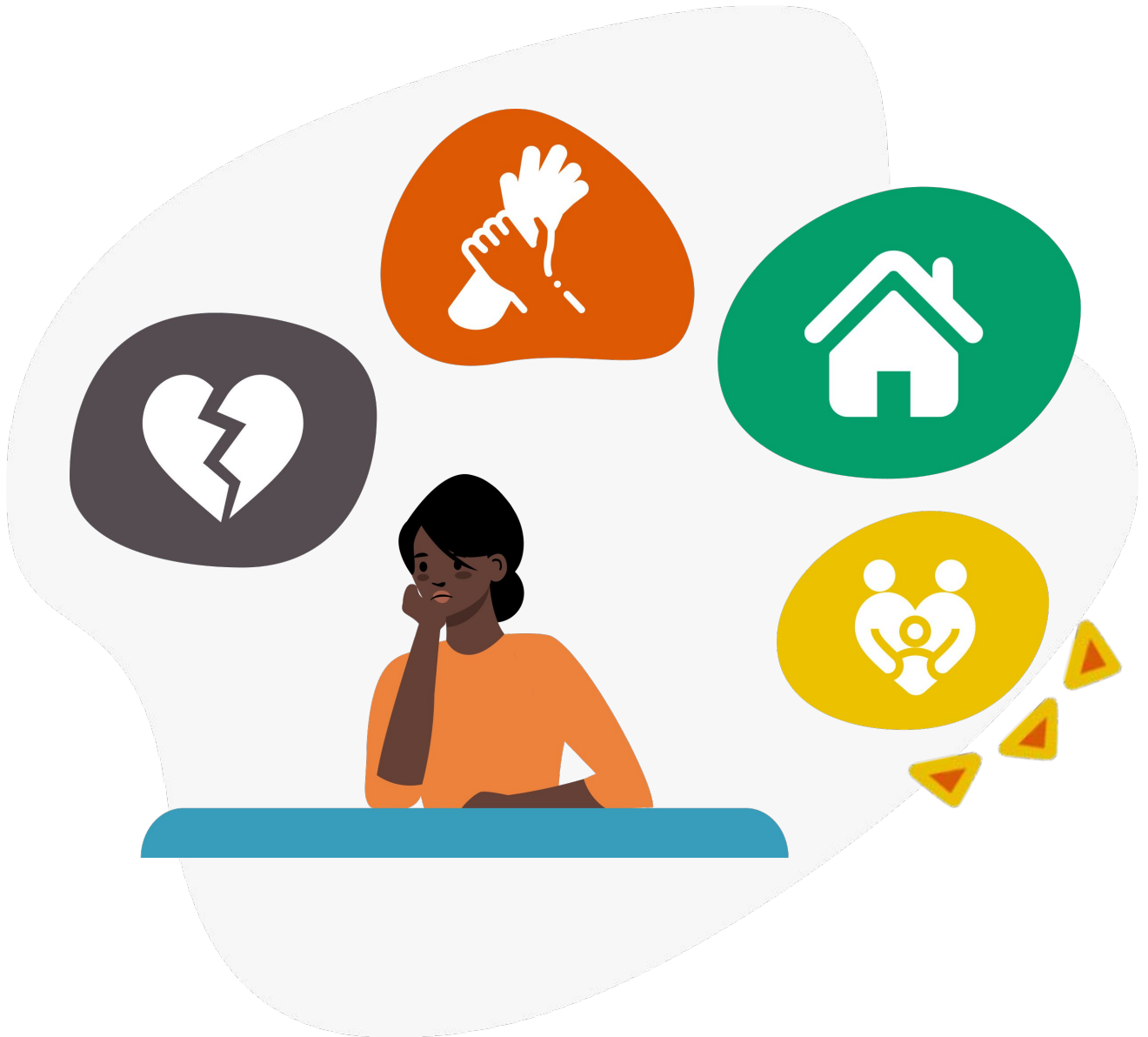
Wendy Baron, MA, is co-founder and Chief Officer, Social and Emotional Learning, Emeritus, New Teacher Center. She is a teacher, author, researcher, and SEL consultant. Currently, Wendy co-facilitates the statewide and No. CA SEL Communities of Practice serves on the newly formed CA Department of Education SEL Taskforce and collaborates with district and school leaders to design and implement SEL within a system of support for educators, students, and families.



Sandra Azevedo

Sandra Azevedo, MA, PPS, is a Coordinator of Continuous Improvement for Butte County Office of Education. Sandra is a lead for Social and Emotional Learning in her county and is on the CA SEL Community of Practice lead team. Sandra assisted in the development of the Social-Emotional Learning in CA: A Guide to Resources and Social and Emotional Learning Embedded in Core Education Documents (CA). Sandra is a steering committee member for her local healing-centered THRIVE Collaborative.

Lesson 1: Trauma and Stress





Lesson 1: Trauma and Stress

“We’ve noticed that when children grow up in orphanages, they undergo a lot of trauma while there. And, when they come out, they’re faced with so many mental (health) challenges.”

- Grace Atim
Counselling Psychologist
Child’s i Foundation

Guiding Questions:

- What do we know about trauma and its impact on care leavers?
- How can we reduce stigma’s impact on mental health?
- In what ways can we support recovery and healing from trauma and PTSD?
- What are the individual capacities needed of parents, caregivers, practitioners, and peer mentors to support care leavers as they integrate into their communities?
- What are some long-term, adaptive structures, and systems that will meet the changing and evolving needs of care leavers?

When does stress become a trauma?

Most of us feel stressed at times. We all know what it's like to feel stressed, but it's not easy to pin down exactly what stress means.

Positive stress is often associated with the anticipation of some level of performance and emotions such as excitement, enthusiasm, focus, and optimism. This includes things like the first day of school, taking a test, being at the starting line for a race, or planning a big event. We need positive stress to develop healthily and become thriving individuals in society.

When we say things like "this is stressful" or "I'm stressed", we might be experiencing **tolerable** stress. It is the feeling of being overwhelmed or feeling like you can not cope with mental or emotional pressure. Sometimes situations or events put pressure on us.



For example, there are times we have lots to do and think about and feel overwhelmed, or we are in a situation where we don't have much control over what happens. Other times, our stress may be more persistent, and unrelenting, as with the death of a loved one, loss of a home due to a natural disaster, or the sudden loss of a job. We may experience feeling tired, lacking confidence, frustrated, angry, or worried. Tolerable stress can be damaging, yet, if we have nurturing and buffering support, recovery can occur and we return to our natural state of health and well-being.

Toxic stress, on the other hand, is prolonged, with the constant release of stress hormones, cortisol, and adrenaline, readying the body for fight, flight, or freeze. Emotions such as anxiousness, alienation, worry, anger, and depression are relentless, and over time, become toxic stress that can hurt attention, working memory, decision-making, and emotion regulation.

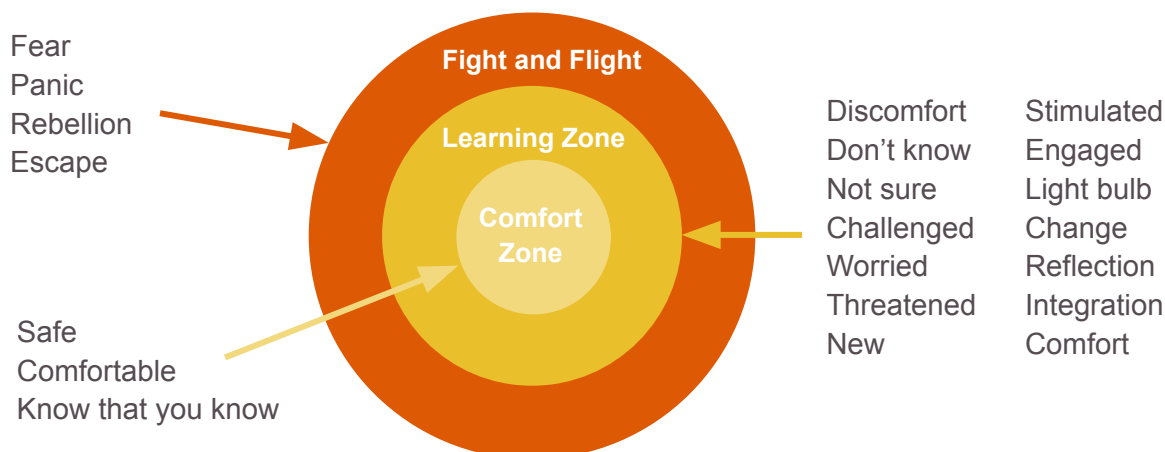
Toxic stress occurs from abuse, neglect, living in extreme poverty, and/or being separated from one's family. For many, going through **very** stressful, frightening, or distressing events or situations, such as growing up in an orphanage, might result in physical, emotional, and/or psychological **trauma**.

With the constant release of the stress hormones, cortisol and adrenaline, trauma takes a toll on physical, emotional, and mental health.

Three Zones

"When people have been traumatised, they are stuck in paralysis – the immobility reaction or abrupt explosions of rage."

- Peter A. Levine, Ph.D.





Three Zones

Comfort Zone: When we are feeling a sense of safety, comfortable with those in our family and community, knowing we belong, we are in our comfort zone--with little to no stress. We may be feeling content, happy, and secure.

Learning Zone: Some challenges cause us to feel stimulated and engaged, whereas others might result in discomfort and insecurities. Thus, some stress might be considered positive, whereas for others, it may be tolerable. We each respond to experiences differently. When in the Learning Zone, one might feel excited and inspired, or worried and anxious. The important thing to remember is that, with support from others, we recover from our stress and ultimately return to our Comfort Zone.

Fight and Flight Zone: Toxic stress such as abuse, neglect, and cruelty cause us to feel threatened, and we automatically react with fight or flight. When we are experiencing chronic, unrelenting stress, we may experience fear and panic, thus, rebellion (fight) or escape (flight) may be our only ways of coping.

When we are placed under pressure, experiencing demands and situations that we find difficult to cope with, we react with a survival response of fight, flight, or freeze. We move from an ability to be responsive to being reactive with our emotions, words, and actions.



Trauma and PTSD

“Trauma impacts child development and, increases the risk of mental illness, addiction, heart and liver disease, diabetes, asthma, and suicide attempts. Trauma has long-range impacts on later life, health and well-being, and ultimately an early death.”

- Nadine Burke Harris, M.D.
Center for Youth Development

Traumatic events are common and most of us will experience at least one during our lives. With the help of family and friends, most of us recover. Some causes of trauma for those in orphanages and care leavers, include:

- Being taken away from one’s parent(s), family, and community
- Loss of identity
- Abuse
- Neglect
- Concerns about survival
- Coping with change and independence when transitioning back into a community
- Concerns about the Covid 19 pandemic/impact of the pandemic

“I was tortured mentally, physically.”

- Stories from lived experiences of care leavers

Even though we may experience the same event or situation, it’s how we’ve affected - our thoughts, feelings, and reactions - that differs. After a traumatic experience, it’s normal to feel frightened, sad, anxious, and disconnected. While most people may eventually cope on their own, for some, the experience can lead to mental health issues such as posttraumatic stress disorder (PTSD), depression, anxiety, or substance use.

The majority of people experience PTSD in the first month after the traumatic event, yet, in a minority of cases, this can be delayed by months or even years. Important to note, PTSD can be triggered by any event or series of events that overwhelm the person with feelings of hopelessness and helplessness and leaves him/her emotionally shattered—especially if the event feels unpredictable and uncontrollable.



While everyone experiences PTSD differently, there are four main types of symptoms.

- **Re-experiencing the traumatic event** through intrusive memories, flashbacks, nightmares, or intense mental or physical reactions when reminded of the trauma.
- **Avoidance and numbing**, such as avoiding anything that reminds you of the trauma, being unable to remember aspects of the ordeal, a loss of interest in activities and life in general, feeling emotionally numb and detached from others, and a sense of a limited future.
- **Hyperarousal**, including sleep problems, irritability, hypervigilance (on constant “red alert”), feeling jumpy or easily startled, angry outbursts, and aggressive, self-destructive, or reckless behaviour.
- **Negative thought and mood changes** like feeling alienated and alone, difficulty concentrating or remembering, depression and hopelessness, feeling distrust and betrayal, and feeling guilt, shame, or self-blame.

Effects of institutionalisation and orphanage care on children

“Young people who have grown up in care are far more likely to die in early adulthood than other young people, an inability to access both physical and mental health has been cited as a key contributor.”

- Research and consultations with care leavers

Institutionalising children (or placing them in so-called orphanages) have been shown to result in a wide range of challenges for their development, well-being, and longer-term outcomes. Institutional care does not adequately provide the level of positive individual attention from consistent caregivers which is essential for the successful emotional, physical, mental, and social development of children. This is profoundly relevant for children under 3 years of age for whom institutional care has been shown to be especially damaging.

Children in institutional care are at significantly increased risk of sexual and physical abuse, a lack of stimulation, and harsh discipline including violence against them. Children in institutions are less likely to attend school and are frequently isolated from their traditional communities. Long periods in an institution make it harder for a child to assimilate back into a family and community, and deny them access to the life-long attachments and community support systems that family relationships and communities can provide.



For every three months spent in an orphanage before the age of three, a child loses one month of physical and cognitive development. After six months, these children are at risk of never recovering.⁵

Loss of Identity and Self-Esteem

“Identity implies understandings and sensibilities associated with multifaceted personal and social group statuses. It suggests self-reflection and self-respect and refers to how we view ourselves. Having a healthy sense of identity is important developmentally across the lifespan because it buffers against negative or traumatic experiences and contributes to positive life outcomes.”

- Robert Jagers
Vice President, Research
Collaborative for Academic, Social, and Emotional Learning (CASEL)

Our early experiences of relationships are critical in establishing a mental foundation for interacting with others, and greatly influences the way we feel about ourselves.

The trauma of being separated from parents and family, coupled with abuse and neglect, adversely affects the development of healthy identity and self-esteem for children growing up in orphanages. Often, children and youth who have experienced institutional care report feeling self-doubt and a lack of self-worth. Low self-esteem then impacts the quality of our relationships and, ultimately, our ability to experience true belongingness.

- How do each of these youth who have experienced institutional care view who they are? What is their sense of “self”?
- How might one's identity impact a sense of belonging?
 - I am useless because I am nobody.
 - I feel cheated by the institution I grew up in. I was sent away from the institution, unwanted anymore, got home, and realised I didn't fit in there, either. I am left with not knowing who I am or where I fit in.



Did you know?

A sense of belonging, also known as belongingness, refers to a human emotional need to affiliate with and be accepted by members of a group. It involves more than simply being acquainted with other people. It is centered on gaining acceptance, attention, and support from members of the group as well as providing the same attention to other members.

The need to belong to a group also can lead to changes in behaviours, beliefs, and attitudes.

Belonging to a group that makes you feel more accepted, cared for, and supported is a key to psychological development. (Osterman 2000) Belonging also has a positive impact on our sense of self-worth and identity. Thus, there is a strong connection between belonging and how positively individuals feel about themselves.

A 2020 study in college students found a positive link between a sense of belonging and greater happiness and overall well-being, as well as an overall reduction in the mental health outcomes including:⁶ Anxiety, depression, loneliness and suicidal thoughts.

***“My friends, my sisters, my brothers, they are really supportive.
They still comfort me.
And, the community welcomed me.”***

- Care Leaver

Compounding the Problem: Stigma

***“Be gentle,
my heart still hides wounds
that never bleed.”***

- Alexandra Vasiliu

Mental health and substance use problems affect people of all ages, education, income levels, religions, and cultures, due to genetic or biological factors as well as stressful lived experiences such as traumatic events in childhood, school or

⁶ <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.00093/full>



work, or in places where they lived with injustice violence or war. Sometimes we just don't know why a problem has developed.

We all have attitudes and judgments that affect how we think about and behave toward others. When we hold negative attitudes (prejudices) and engage in negative behaviors (discrimination) toward others based on their gender, sexual orientation, culture, race, religion, or state of mental health, we are compounding the impact of trauma.

/stigma/noun: A mark of disgrace associated with a particular circumstance, quality, or person. Synonyms: shame, disgrace, dishonour, stain, brand, mark, slur

Stigma occurs when we hold fixed ideas and judgments - thinking that people experiencing mental health problems are not normal or not like us; that they caused their own problems; or that they can simply get over their problems if they want to, because they are weak. We often fear and avoid what we don't understand - and thus, we restrict or exclude people experiencing mental health issues from certain activities and regular aspects of life such as from having a job, a safe place to live, and secure family relationships.

Given our human desire to be accepted and belong, experiencing social stigma further limits a person's ability to recover, as they may come to believe the negative things that other people say about them (self-stigma) and develop low self-esteem due to feelings of guilt and shame. As a result, people with mental health issues tend to keep their problems a secret, avoid getting the help they need, and their mental health or substance use problems are less likely to decrease or go away.

Addressing Mental Health Stigma

You can make a difference

Here are a few things you can do to reduce prejudice and discrimination and to address your own unconscious biases:

- **Know the facts** - Learn about mental health, and who is more likely to develop problems and how to prevent or reduce the severity. Stick to the facts and not the myths. Address the myths.



- **Be aware of your attitudes and behaviour** - We've all grown up with prejudices and judgemental thinking, passed on by society and reinforced by those around us including family friends, and the media. See people as unique human beings, not as a label or stereotype.
- **Educate others** - Try to pass on facts and positive attitudes about mental health and the challenges. Challenge stereotypes and myths when they come up.
- **Focus on the positive** - Find every opportunity to hear the positive stories from people who experience mental health problems.
- **Choose your words carefully** - The way we speak can affect the way other people think and speak.
- **Support people** - Treat people who experience mental health problems with dignity and respect. Think about what it would be like for you.

Mental health is a fundamental right. All people, regardless of their mental health, have a right to take part in society and should be supported in doing so.

Recovery and Healing

"When a child is met with loving, attuned, and responsive relationships on a moment-by-moment basis, they are literally learning that life is safe; that they matter; and that others can be trusted."

- Dr. Christina Bethell, Professor
Bloomberg School of Public Health
Johns Hopkins University

Phases of Trauma Recovery

Phase I – Safety and stabilisation

This can include finding ways to cope with strong feelings and difficult experiences. Learning to cope step by step, and build a support network as you do this.

Phase II – Working through the trauma

This can involve acknowledging how you've been affected and grieving for what you've lost or missed out on, processing the trauma, putting words and emotions to it, and making meaning of it. This process is usually undertaken



with a trained individual/specialist like a counselor or therapist in group and/or individual therapy.

Phase III – Reconnecting and integration

This might mean being less affected by your experiences, although they might still bother you sometimes. It could also mean you feel more hopeful about the future or can enjoy your life more. At this stage, you are ready to take steps towards empowerment and self-determined living. In some instances, people who have experienced trauma find a mission through which they can continue to heal and grow, such as peer mentoring. **Successful resolution of the effects of trauma is a powerful testament to the resiliency of the human spirit.**

Stress Can Be Managed in Healthy Ways

“You don’t have to see the whole staircase. Just take the first step.”

- Martin Luther King

Coping with the effects of trauma can feel difficult and sometimes endless, but there are lots of things that could help. Here are a few strategies that can help you cope.



1. Know your triggers

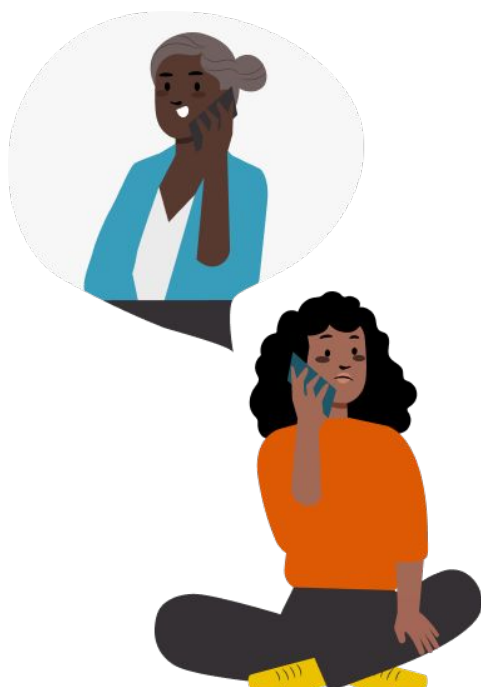
Certain experiences, situations, or people might seem to trigger reactions like flashbacks, panic attacks, or dissociation. These can include reminders of past trauma, such as smells, sounds, words, places, or particular types of books or films. Some people find things difficult on significant dates, such as the anniversary of a traumatic experience. Knowing these triggers is key in how you cope with trauma. Speaking to someone you trust can also help.

2. Confide in someone



When we go through trauma, we may find it hard to open up to others. This might be because you're unable to share what has happened or can't remember it clearly. But you don't need to be able to describe the trauma to tell someone how you are currently feeling. Seeking support to talk about PTSD is very important. It could help to talk to someone in your life who you trust, or a professional such as a religious leader, a Community Development Officer, a social worker, a Village Health Team(VHTs), or a nurse. You may feel more comfortable opening up to people you know than professionals such as your spiritual leader, or you may find it easier to approach a professional (such as your doctor). There's no right or wrong choice.

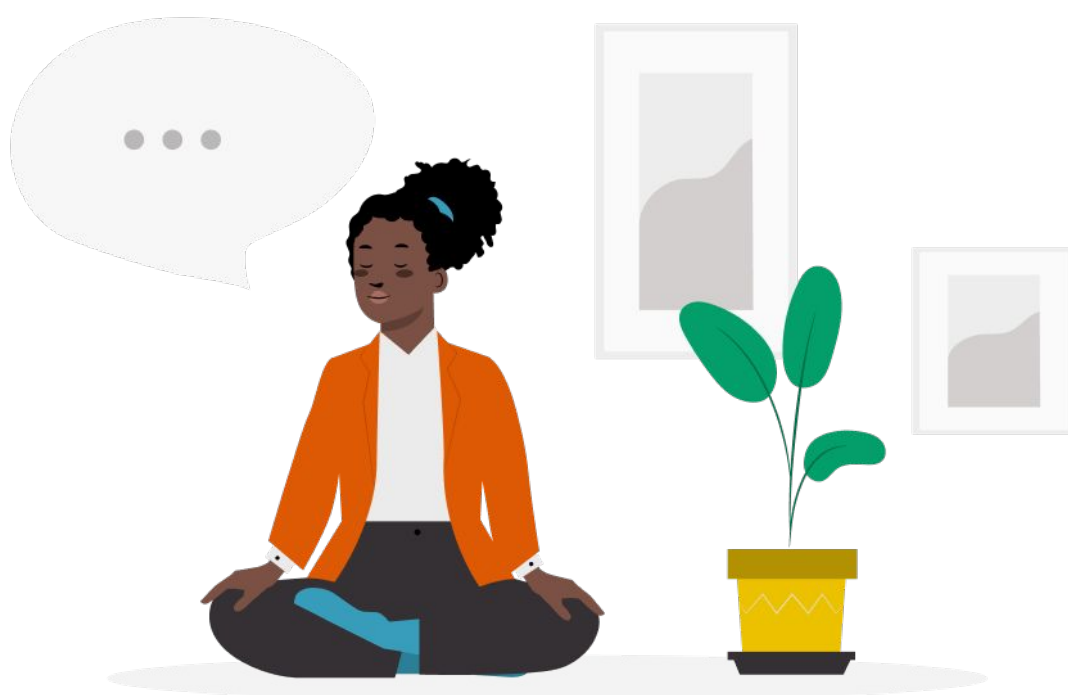
3. Seek help



When coping with PTSD, you may tend to do this in isolation, because you find it hard to reach out and talk about what you are experiencing. You might not even realise that you are struggling with PTSD until the symptoms become nearly unbearable. In addition to educating yourself and having an awareness of the symptoms and treatment, it is important to seek out safe people to connect with who can support you in your recovery journey. Some of these people may include a trained peer mentor, a trained community volunteer, the Youth officer in your area, or the Probation and Social welfare officer. By learning about the condition, you can have the words to more clearly explain to others what is happening for you and ask for what you need.

4. Learn and practice ways to relax

- Rest. Give yourself a break.
- Explore ways of managing stress and low moments. It can help to think of ways to manage pressure and build your emotional resilience.
- Try some relaxation techniques. Learning to relax can help you look after your well-being when you are feeling stressed, anxious, or overwhelmed.
- Spend time doing things you enjoy, like a hobby or spending time with friends that make you feel good about yourself.
- Focus on your breathing - Learning to breathe more deeply can help you feel a lot calmer.
 - Breathe in through your nose and out through your mouth. Try to keep your shoulders down and relaxed, and place your hand on your stomach – it should rise as you breathe in and fall as you breathe out.
 - Count as you breathe. Start by counting “one, two, three, four” as you breathe in and “one, two, three, four” as you breathe out. Try to work out what’s comfortable for you.
 - Other Breathing Techniques



5. Make a self-care box or jar

This is a bit like making a first-aid kit for your mental health and mental well-being.

- Something you hold dear that you have kept for a long time – it might remind you of a good time.
- A notebook and pen to write down your thoughts.
- Helpful sayings and quotes you hear, or collect
- Pictures or photos that make you feel safe and happy



6. Cultivate supportive connections

Family and friends are an important connection and can make a significant difference in your mood and outlook. Keep in mind that if you are sharing a space with any family and friends it is likely that they have noticed you struggling. Most times, people do not know how to help or might be afraid to say something for fear of causing emotional pain. Sometimes they may say the wrong things.

Peer support brings together people who have had similar experiences, which some people find very helpful. Connecting with other people experiencing a similar journey can break down the walls of isolation and help you to understand that you are not alone. Connecting with others can be invaluable in supporting you on your healing journey by hearing about how other





people cope, interacting with specialised providers, and learning about new and emerging treatment options. You can access a well-being group or a youth group in your area. Ask your youth officer or Probation Social Welfare Officer.

7. Give yourself time

Everyone has their response to trauma and it's important to take things at your own pace. Try to be patient and kind with yourself. As you work through trauma, you can sometimes feel pressure from those around them to 'move on' but it is important to recognise that coping with trauma often takes time and is not a straightforward or linear process.



Signposting:

- Connect with a well-being champion or other youth to talk about your well-being through Uganda Care Leavers <<https://www.uganda-care-leavers.org/>> or your local well-being group.
- Speak to your local youth officer, or Probation and Social Welfare Officer. You can also try contacting the list of organisations for professional help [here](#).

Group Activity: Perspectives

Instructions:



1. Each member of the group assumes one of the following perspectives:

- Care Leaver
- Parent
- Community Member
- Practitioner (e.g., Counselor, Social Worker)
- Peer Mentor



2. Share from your perspective:

- How are you feeling about the upcoming transition?
- What would be effective supports for reintegration into the family and/or community?



3. Debrief:

- What did you notice? What was surprising or unexpected?
- In what ways did these other perspectives broaden your own?



YOU Can be the Cure

For parents, caregivers, practitioners and peer mentors

“Protective factors, or characteristics that enable individuals to transform adversity and develop resilience include caring relationships that convey compassion, understanding, respect, and interest; are grounded in listening, and establish safety and basic trust.”

- Bonnie Bernard, M.S.W.

1. Understand the impact of trauma and PTSD on mental health

Exposure to trauma can negatively impact the capacity to self regulate; engage socially and form healthy relationships, attend to information, assess situations, and make decisions. Consider whether behaviours may be ways of coping with traumatic experiences. Consider the purpose of the behaviour and replace negative labels with purposes (e.g., “trying to get their needs met” or “triggered by...”

2. Be that one caring adult

Seek to understand and convey respect, caring, and support. Provide choice, autonomy, and control--which is central to recovery and healing. Help the care leaver develop and appreciate their unique identity, to know who they are, and to use their strengths to be

“Help develop a sense of safety and belonging by demonstrating your love, caring, and support.”

3. Facilitate connection with others

Build strong relationships with and among peer mentors, parents, caregivers, and other mental health practitioners. Develop a shared understanding and integrated vision of recovery and healing. Integrate practises fostering healing and well-being. Share learnings and perspectives on which strategies and approaches are most effective.

“Our friends who said...however much you went through, we are with you.”

- Care Leaver

4. Model self-care and relaxation practises

“If you can’t take care of yourself, you can’t take care of others”

Prioritising your well-being will create the foundation for a more effective response to stress and interpersonal challenges. Practice, model, and teach self-care, stress management, and resilience-building strategies.



- Columbia River Mental Health Services



Other Self-Care/Stress Management Resources:

- Explore Dr. Dan Siegel's [Healthy Mind Platter](#), [Everyday Mindsight Tools](#), and free resources to support health and well-being.
- Practice [Mindfulness-Based Stress Reduction](#), a program founded by Jon Kabat-Zinn at the University of Massachusetts Medical School.
- Review [these sources](#) from the California Office of the Surgeon General that emphasises the core practises of self-care as healthy relationships, sleep, nutrition, exercise, mindfulness, and mental health.

5. Ask for help

Speak to specialists who can also refer, signpost, or provide additional or more specialist support including Mindfulness, counselling.

The importance of a positive transition for children leaving care is very important. We need to ensure that the long-term, adaptive support systems and structures are in place for successful transitions into our families and communities. Key to recovery and healing...care leavers need to feel a sense of belonging, develop their unique identity, and feel empowered.

“The most important thing this child needs from you...is love.”

- Mark Kigozi
Loca Pastor, Teacher, & Counsellor

Discussion Questions

Take a moment to reflect individually and, if possible, discuss with others:

1. *What behaviours might indicate a vulnerable youth is experiencing PTSD? What are some structures and systems that need to be in place for effective support?*
2. *What are some common beliefs about people with mental health challenges? Where do you think those beliefs or mindsets come from? How might you (and this group) influence change in negative attitudes (prejudices) and behaviours (discrimination)?*
3. *What support might each of these groups need to help integrate care leavers back into their communities:*
 - *Parent(s)*
 - *Caregivers*
 - *Practitioners*
 - *Peer mentors*
4. *What local organisations or partnerships can be built to increase the number of relationships and resources care leavers can turn to in a crisis?*
5. *How might we enhance family and community engagement to support care leavers?*
6. *How might the pandemic be affecting young people (youth that has left care) and their aspirations? How are they coping with the added pressures (and stress)?*



Additional Resources

1. Impact of Childhood Trauma from www.childtrends.org

<https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

2. Harvard University Center on the Developing Child

<https://developingchild.harvard.edu/>

<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

3. Beacon House

www.beaconhouse.org.uk

4. International Society for Traumatic Stress Studies

Trauma Basics: <https://istss.org/public-resources/trauma-basics>

5. Hyperlinked Websites referenced in the Lesson as of February 2022

- Breathing Techniques - <https://bit.ly/3HCT71o>
- Healthy Mind Platter - <https://drdansiegel.com/healthy-mind-platter/>
- List of organisations for professional help - <http://www.childsifoundation.org/>
- Everyday Mindset Tools - <https://drdansiegel.com/everyday-mindsight-tools/>
- Mindfulness-Based Stress Reduction
-<https://palousemindfulness.com/MBSR/week1.html>
- California Office of the Surgeon General Sources
-<https://www.acesaware.org/wp-content/uploads/2019/12/Self-Care-Tool-for-Adults.pdf>



Lesson 2:

Depression and Suicidal Thoughts and Feelings





Lesson 2: Depression and Suicidal Thoughts/Feelings

“I have big dreams about the young people in Uganda, and my dream is that all the young people in this country will live a life that is free from violence, free from abuse, and that our society will continue to embrace them even with their many differences.”

- Grace Atim
Counselling Psychologist
Child's i Foundation

Guiding Questions:

- What is depression?
- How are children and young people who leave institutional care impacted by depression and suicidal ideation?
- What is the role of stigma related to understanding mental health and access to support and how can we address it?
- What can you do to help?

What is Depression?

“Depression is treatable, and people living with it can be supported to cope. It may be hard to see it when feeling depressed, but there is HOPE.”

- Grace Atim
Counselling Psychologist
Child's i Foundation

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. It disproportionately affects individuals, such as care leavers, who have experienced trauma. Many people who suffer from depression report feeling as though they've lost the ability to imagine a happy future, or remember a happy past. Often they don't realize they're suffering from a treatable illness, and seeking help may not even enter their mind. Suffering from depression is involuntary, just like cancer or diabetes, but it is a treatable illness that can be managed. Awareness of depression can reduce isolation and as a result, also reduce the likelihood of suicidal thoughts.

Recognizing the Signs

According to the Substance Abuse Mental Health Association (SAMHSA) the following are signs to watch for:

Signs and Symptoms of Depression



Eating Disorders (appetite or weight changes; bulimia, anorexia)

Persistent feeling of sadness	Loss of interest in activities
Trouble sleeping or oversleeping	Fatigue or decreased energy
Difficulty thinking clearly or quickly	Anxiety, irritability or pessimism
Physical aches and pains such as headaches, joint pain, back pain, or digestive problems	Recurrent thoughts of death or suicide
Eating Disorders (appetite or weight changes; bulimia, anorexia)	Failure to care about appearance/hygiene



How are children and young people who leave institutional care impacted?

Children and young people who grow up in institutional care have experienced traumatic issues that for many reasons, often go unaddressed. With significant amounts of unaddressed trauma, chances are high that these youth will experience depression. Along with the above indicators to watch for, some additional social/behavioral warning signs to be aware of may include:

- drug/alcohol abuse
- sexual promiscuity
- risk-taking behaviors such as reckless driving, unprotected sex, carelessness walking across busy streets or on bridges or cliffs
- isolating oneself
- running away
- Disobedience
- difficulty sticking with occupational/educational goals
- getting in trouble with the law
- difficulty cultivating relationships
- physically or sexually assaulting others

A key contributing factor with care leavers is the absence of a sense of belonging. When care leavers don't have family or people that they know love them or feel they belong to they can lack a sense of purpose. Belonging is about love and safety, purpose, connection, identity, family, community, friendship, and hope. Over time, without a sense of belonging, youth may become angry at society, despondent with life and even suicidal.

Exploring Mental Health Stigma

You can make a difference

What is the role of stigma related to understanding mental health and access to support and how can we address it?

In Uganda, stigmatization contributes greatly to mental health challenges for youth in care. The World Health Organization (WHO) defines stigma as “a mark of shame, disgrace or disapproval that results in an individual being rejected,



discriminated against and excluded from participating in several different areas of society”. (Javed, et. al., 2021). In Uganda, mental health is often not considered a legitimate condition. According to Molodynski, et.al. 2017, The World Health Organization (2006) estimates that only 10% of people with mental illness receive treatment. Traditional beliefs that view mental illness as taboo, and religious and socio-cultural influences further contribute to barriers to access and awareness.

Mental Health stigmatization occurs at the individual, societal and structural levels and is inversely correlated with a willingness to seek help. Refer to this chart to explore how mental health stigma manifests across the different levels.

Individual Level	Intrapersonal Stigma	Self-stigma Internalization of Stigma
Societal Level	Interpersonal Stigma	Prejudice, misinformation, discriminatory behavior, violence, human rights violation
Structural Level	Structural Stigma	Social structures, policies, poor and inadequate mental health services

Javed, et. al., 2021

While stigma can affect anyone, children and young people with experience of institutional care are more likely to face serious barriers to accessing mental health services. In 2019, it was reported that about 1 in 3 received no support once they left care (UCL, 2019). While in institutions, children are usually isolated from kinship networks that have a crucial role in their societies, promote good or positive mental health, and typically do not participate in social, cultural, religious, and economic activities in their communities. As a result, institutionalized children frequently lose their identity, self-worth, and self-esteem.



Suicidal Thoughts and Feelings

Along with the stigma associated with mental health, suicide is a subject that is not spoken about in communities in Uganda. For most, there is a real fear of discussing suicide. It is often associated with weakness, shame and brings disregard to families that have experienced it. As a result young people who experience suicidal thoughts/feelings do not know how or where to seek help. Children in care and care leavers are at increased risk of hurting themselves as a result of adverse backgrounds (the difficult and traumatic experiences that happen in childhood and continuing stress).

“A sense of belonging is really important because it improves our belief in self. It improves our relationships with others.”

- Maurice Osire Tukei
Clinical Psychologist

Signpost

Worried about your own well-being?

Connect with a well-being champion or other youth to talk about your well-being through Uganda Care Leavers or your local well-being group.

I'm worried about someone else who is having suicidal thoughts – what can I do?

It's important to support vulnerable individuals and show them that you care. People who may be able to help a care leaver just by listening include close friends, peer supporters, a counselor, a well-being champion, a local youth officer. Letting them know that sharing how they feel and being able to express themselves can help. Relaying to them that feelings may be confusing and talking through them may help them see things differently.

If you are concerned about youth, friend, or relative who is having suicidal thoughts, there is a lot you can do to help. People who are thinking of ending their lives usually feel very lonely so being there for them and telling them that you care is important. Increasing someone's sense of connectedness to others is a protective factor for suicide (SAMHSA).

The most important thing you can do is to listen to them, and allow them to express their feelings. This is often very helpful. You may be able to help them put their feelings in perspective. Sometimes, just having the opportunity to talk to someone can be helpful in itself. Ask questions about how they are feeling.



Offer support and show that you care. Check-in on them regularly to show that you mean this. Try to direct their thoughts and activities to things and people that they enjoy and love, and help distract them from their negative feelings.

According to the National Suicide Prevention Hotline (U.S.), five steps to take when concerned about someone being suicidal include: Ask, Keep them Safe, Be There, Help Them Connect, and Follow up. Read more on these steps and why they are important [here](#).

Signpost

Worried About Someone? Reach Out For Help

Speak to your local youth officer, Probation, or Social Welfare Officer.

You may also try contacting the [list of organizations](#) for professional help and provide this same information to the individual you are trying to help. Call or text for help.

Group Activity: Role Play

Instructions:

1. Each member of the group practices responding, as a Care Giver/Practitioner to one or more of the following scenarios from care leavers:

2. A) "I'm already dumb. I've been wounded. I don't have any hope."

B) "When I was in the facilities they used to abuse us and you end up wondering if you should give up or if you have no future."

C) When we didn't have a home I would think maybe if I die it would be better.

3. Debrief:

- What did you notice when you were responding to the scenario?
- What was surprising or unexpected?
- What else might you want to know in order to be able to feel competent in responding?



Responding with Compassion

Recognize the signs of depression. Start a conversation, if you are worried about someone. See these conversation starters [here](#)

- Encourage them to talk to you, a peer, or someone they trust. Let them know that sharing how you feel and being able to express yourself can help.
- Check-in often about feelings. Inquire gently. Respond with encouragement, such as, “I see” and “Is there more?” Ask open-ended, reflective questions and give space for a response. Listen with empathy, compassion, and non-judgment. “I can imagine you might be feeling...” “That must have been very scary.” “I am here for you.”
- To facilitate belonging:
 - Help a child be seen and feel safe. Be present and connect with eyes, ears, and heart. Listen.
 - Establish routines and rituals which create a sense of predictability and safety and lower anxiety and stress. Perhaps there is a certain greeting ritual you create together.
 - Demonstrating your love, caring, and support.
 - Ask what activities are fun and interesting and then engage in activities they enjoy, are confident and competent in doing. Laugh, and have fun together.

“Self-care isn’t a luxury. It’s a human requisite, a professional necessity, and an ethical imperative.”

- Norcross and Guy (2017)

Be sure to take care of your well-being. If you are struggling to manage your mental well-being, you’ll have a harder time supporting others. Caring for others, especially people you identify with because they’ve experienced the same kinds of trauma is one of the most powerful roots to healing yourself.



Where to go from here?

The future holds hope

Chan Hellman defines hope as **the belief the future will be better than today and you have the power to make it so**. Hope is not a wish. Hope allows us to identify valued goals, set the pathways to achieve these goals, and exert the willpower to make these goals possible. Focusing on what people **could** do opens doors to new possibilities and brighter futures for youth.

Utilize the Science of Hope. According to Snyder's Hope Theory (Synder, Irving & Anderson, 1991) hope is comprised of three related components:

1. **Goals Thinking** - the clear conceptualization of valuable goals
2. **Pathways Thinking** - the capacity to develop specific strategies to reach those goals; and
3. **Agency Thinking** - the ability to initiate and sustain the motivation for using those strategies.

See the worksheet by Chan Hellman on hope pathways [here](#).

Cultivating hope facilitates a positive outlook on life despite adverse experiences and challenging circumstances.

"You should know that you have people around you, you are not alone, you still have chances ahead of you. You still have a lot to do."

- Care Leaver

When we train people in the community and provide adequate support and supervision to support others in the community we can build a movement that will provide transformative mental health care for individuals who need the support.



Discussion Questions

Take a moment to reflect individually and, if possible, discuss with others:

1. *Have you ever noticed symptoms of depression in others? How did that manifest?*
2. *What are some ways one can support individuals with feelings of depression?*
3. *What are some ways one might ameliorate stigma around mental health, depression, and suicide?*
4. *What might be some things one can do to enhance feelings of belonging for children and youth who have experienced institutional care?*
5. *What are some things you can do to care for your well-being?*





Additional Resources

1. **Childhood Adversities and Depression in Adulthood: Current Findings and Future Directions**; 2017, Richard T. Liu
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5600284/>

1. **Treatment-resistant Depression: Therapeutic Trends Challenges and Future Directions**; 2012, Khalid Saad Al-Harbi.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363299/>

1. **National Institute of Mental Health, Depression**
<https://www.nimh.nih.gov/health/topics/depression>

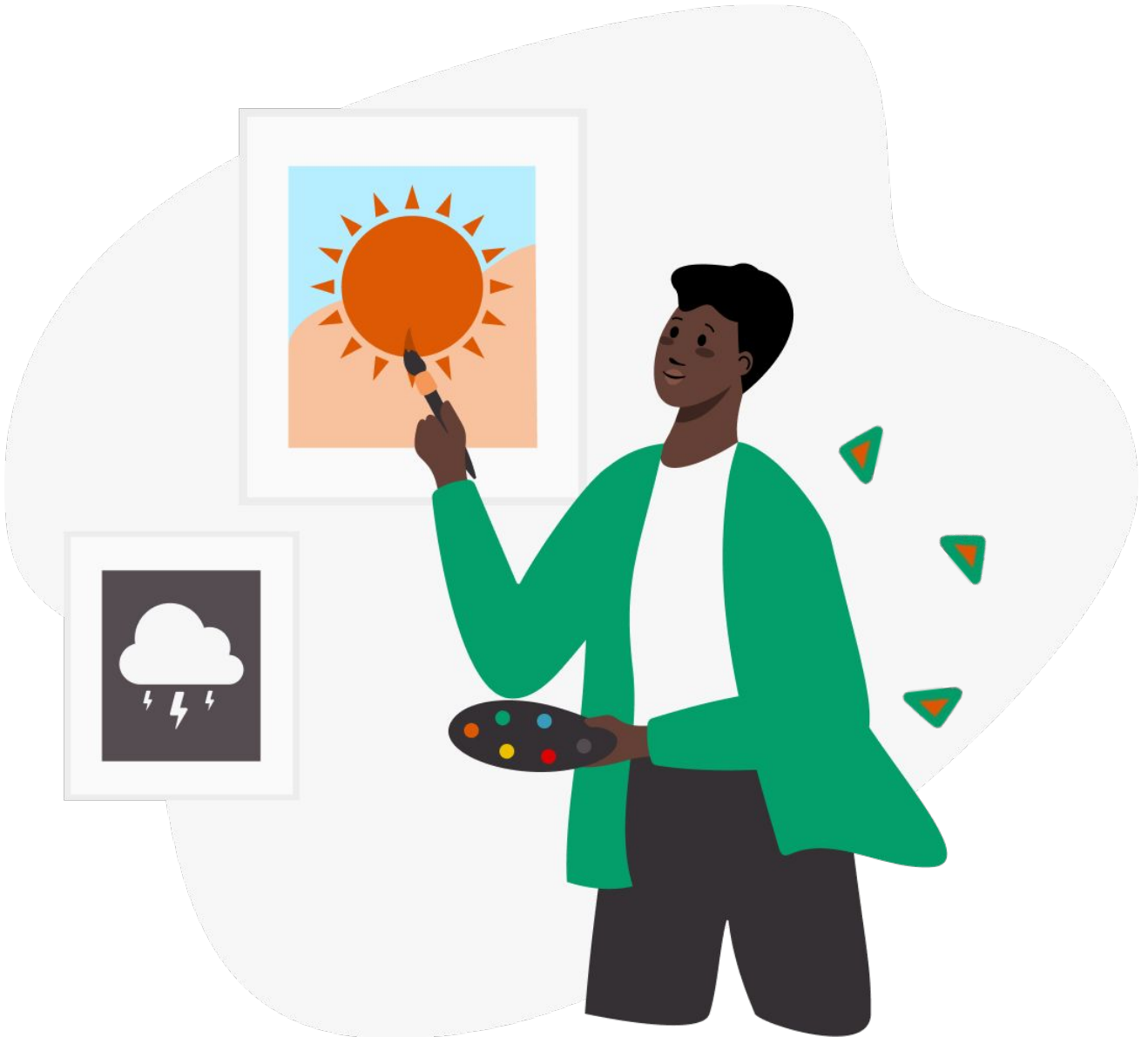
1. **Reducing the stigma of mental health disorders with a focus on low- and middle-income countries**
<https://www.sciencedirect.com/science/article/pii/S1876201821000575#bib0340>

1. **Hyperlinked Websites referenced in the Lesson as of February 2022**
List of organizations - <http://www.childsifoundation.org/>
Reducing the stigma of mental health disorders with a focus on low- and middle-income countries. Javed, et. al., 2021 - <https://bit.ly/3339pkW>
Suicide Prevention - <https://www.bethe1to.com/bethe1to-steps-evidence/>
Conversation Starters - <https://www.samhsa.gov/sites/default/files/tay-conversation-starters.pdf>
Hope Pathways - <https://wfcn.org/wp-content/uploads/2.-Hope-Worksheet-fillable-1.pdf>



Lesson 3:

Anxiety





Lesson 3: Anxiety

“When a child is anxious, they cannot focus, they are not productive.”

- Grace Atim
Counselling Psychologist
Child's i Foundation

Guiding Questions:

- Where does anxiety stem from for young people leaving care?
- What are ways to cope with and regulate anxiety?
- How can caregivers, parents, and peer mentors help?
- Why is it important that the mental health of our children be emphasized and promoted?
- What are contributing factors to anxiety in children and youth who experience institutional care?

There's no health without mental health

“Going through stress and trauma when you're very young is likely to have a particularly big impact. Experiences that can trigger anxiety problems include things like physical or emotional abuse.”

- National Institute of Mental Health

Over the past 10 years there has been increasing awareness of the importance of promoting good mental health, with most of the campaigns focused on depression, suicidal thoughts, suicide, and alcohol abuse. An important and often overlooked topic is anxiety, which feels like an escalating loss of control, worst-case scenario thinking and imagery, and total uncertainty.

A child or youth who has experienced institutional care might have ongoing or generalised worry about several things such as:

- Leaving the institution-the transition to independent living and coping on their own



- Accessing medical services and social supports
- Providing for oneself and sometimes for a family, as well
- Covid 19

Generalised anxiety disorder may end up reducing a person's economic well-being by limiting their ability to look for work, or even leaving them homeless. Unfortunately, generalised anxiety is also linked with increased substance misuse, a greater risk of acquiring HIV, as well as other mental health disorders.

What is anxiety?

The American Psychological Association defines anxiety as “an emotion characterised by feelings of tension, worried thoughts, and physical changes like increased blood pressure.”

Everyone feels anxious from time to time and it usually passes once the situation is over. All children and young people feel worried sometimes, and this is a normal part of growing up. You can feel anxious when you start a new school, start a new job, go to an interview, take an exam, go on a date.

It can make one's heart race, we might feel sweaty, shaky, or short of breath. Anxiety can also cause changes in our behaviour, such as becoming overly careful or avoiding things that trigger anxiety.

When anxiety becomes a problem, our worries can be out of proportion with relatively harmless situations. It can feel more intense or overwhelming, and interfere with our everyday lives and relationships. If this kind of worrying goes on for a long time, it can leave you feeling exhausted and isolated, and limit the things you feel able to do.

Anxiety is a physical and emotional response

According to Johns Hopkins Medicine, “generalised anxiety disorder is a condition of excessive worry about everyday issues and situations.” It lasts longer than six months, and “in addition to feeling worried, you may also feel restlessness, fatigue, trouble concentrating, irritability, increased muscle tension, and trouble sleeping.”



It is a normal human response to be anxious in certain situations. When we are facing the unknown or feel threatened--whether real or imagined--our bodies react by releasing stress hormones--adrenaline and cortisol. Our heart rate increases, our attention gets more focused, and our anxiety level rises. We automatically prepare ourselves for a fight, flight, or freeze survival response.

Typically, once the threatening situation has stopped or been resolved, your body will return to a natural state of feeling calm and secure. But, if you have an anxiety disorder, these feelings of fear and danger can be ongoing and interrupt your daily routine long after the threat has gone. They can make you feel as though things are worse than they are.

Although there are various types of anxiety disorder, **General Anxiety Disorder (GAD)** is the most common. The main symptom of General Anxiety Disorder is persistent and excessive worrying about different situations, activities and events.

Signs and Symptoms

- Feeling restless, wound-up, or on-edge.
- Being easily fatigued.
- Having difficulty concentrating; mind going blank.
- Being irritable.
- Having muscle tension.
- Difficulty controlling feelings of worry.
- Having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep.

- National Institute of Mental Health

What causes anxiety?

Anxiety can be brought on by different situations or experiences and affects everyone differently. Sometimes it can be difficult to know what is making you anxious, which can be upsetting or stressful in itself. That's why learning to



recognise what is making you anxious can help so you can deal with the uncertainty better.

Some people naturally react to life's situations and experiences with more worry and anxiety than others, and, yet, there are times when everyone may go through stressful situations and feel anxious because of uncertainty or perceived threat.

Many things make people feel anxious.

- Experiencing lots of change in a short space of time
- Having responsibilities that are beyond their age and development, for example caring for other people in their family
- Being around someone very anxious, such as a parent
- Struggling at school, including feeling overwhelmed by work, exams, or peer groups
- Experiencing family stress around things like homelessness, money, and debt
- Going through distressing or traumatic experiences in which they do not feel safe, such as being bullied or witnessing or experiencing abuse

Coping with anxiety

Suggestions for children and youth who have experienced institutional care

- Know the advanced signs of generalised anxiety disorder:
 - Excessive worry occurs more days than not for at least six months
 - Distress or impairment in social, occupational or other important areas of functioning
 - Feeling restless
 - Fatigue or frequently feeling tired
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbances (difficulty falling or staying asleep)



- Develop healthy routines, habits, and connections
 - Exercise can improve your mood and help you stay healthy.
 - Avoid nicotine, caffeine, and alcohol as they can cause or worsen anxiety.
 - Use stress management and relaxation techniques.
 - Make sleep a priority.
 - Reach out for support. Talk with a counselor, religious leader, Community Development Officer, social worker, a Village Health Team(VHTs), or nurse.
 - Learn what situations or actions increase your anxiety. Keep a journal. Record what's causing you to stress and what seems to help you feel better.
 - Practice the strategies you developed with your mental health provider so you're ready to deal with anxious feelings in these situations.
 - Cultivate positive, supportive relationships.

Coping with anxiety

Suggestions for parents, caregivers, practitioners, and peer mentors

***"If we can get support from people within the community,
we will be securing the future of our nation."***

- George Mugoma

Generalised Anxiety Disorder (GAD) can affect a care leaver's day-to-day life in a variety of ways, for quite a long time, including his or her ability to:

- Find employment, or hold down a job
- Manage the transition from an orphanage to independent life
- Develop healthy relationships
- Regulate emotions
- Concentrate
- Remember things

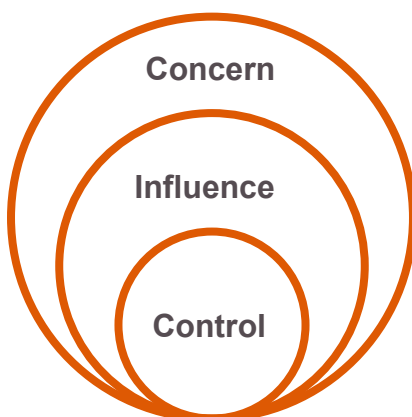


- Have energy and feel motivated
- Get enough sleep

If someone you know is struggling with anxiety, there are things you can do to help them – including providing emotional support, working on practical strategies together, and finding additional help if they need it.

1. Think together about what in particular is making the person anxious

This could include changes in home and family relationships, overwhelm with new responsibilities, uncertainty about one's future, etc. Consider if there might be changes that could be made that would make things easier. Reflect on the “Circles of Control” to help identify small actions steps that can be taken towards building resilience.



Steps in the Process

- First, consider: “What are you feeling anxious about? What is a big **area of concern** related to your situation?”
- Next, think about: “What is **within your control**? What strategies can you employ? What resources are available to you? Are there people within your community who can support you?”
- Next, broaden out and consider “ what might you be able to **influence** that would help reduce your anxiety and ease your situation? Are there relationships and connections that need to be fostered to change some contributing factors to your anxiety?”
- There are undoubtedly some things that are of **concern** to you, yet are completely out of your control, and for the time being, let those go.



2. Help the person express their feelings

“You have to name it to tame it.”

- Daniel Siegel, Ph.D., MD

Anxiety might make a person feel worried or scared. Naming the feelings and identifying the underlying causes can lessen frightening and overwhelming feelings when they happen. Emotions flow continuously within us, and the key is exploring what they mean and giving them a name. Once we recognize that we're having an emotion, we get curious about the underlying cause. Here, we step back and observe what we are thinking, feeling, and sensing in our body and ask ourselves “what is this emotion trying to tell me?” Next, we try to label that emotion. Am I feeling scared or anxious? Sad or hopeless? Angry or resentful? Once we know how we're feeling, we're ready to express how we're feeling and why. This process of labeling and expressing our emotions gives us a sense that we can handle them. It can also empower someone to ask for help or do something to help themselves.

3. Engage in activities that are calming

Drawing, coloring; reading; playing sports; moving the body; listening to comforting music; spending time with friends are examples of activities that can help make a person feel calmer. One may also find peace and uplift through their faith or spiritual practices, such as prayer or reading. While it is helpful to suggest a few choices aligned with the person's interests, it is important that they feel they have choice in the activity they ultimately partake in.

4. Create positive experiences. Spend quality time together

“You can only cope if you have someone to hang out with to share your problems with.”

- Hasifa Lukwata
Principal Medical Officer and Acting Assistant
Commissioner for Mental Health and Control of Substance Abuse
Uganda Ministry of Health

Even if it's just for a little while, you can help a child take their mind off their worries by having fun, laughing and relaxing together. Activities like playing a sport, sewing, or playing musical instruments are great for focusing the mind



on the moment. Empower the person. Ask what activities are fun and interesting and then engage in activities they enjoy, are confident and competent in doing. Be that stable, nurturing relationship, and help build the capacity to withstand adversities. **One safe adult can have a lifetime of impact on a child's life.**

Sign Post:

Speak to your local youth officer, or Probation and Social Welfare Officer. You can also try contacting the [list of organisations](#) for professional help and provide this same support to the person you are trying to help

Group Activity

“Review the research from the Adverse Childhood Experiences (ACEs) studies”

“Our major finding is that your history of relational health-your connectedness to family, community, and culture-is more predictive of your mental health than your history of adversity.”

- From “What Happened to You?”
Bruce Perry, M.D., Ph.D.
and Oprah Winfrey

Break into groups of 3-4 and discuss:

- What are systems already in place to support relational health of care leavers?
- What else is needed?
- What could we do to further support relational health for care leavers?
- How can we ensure consistency and sustainability of our efforts over time?

Share among whole group.

Come to consensus on one idea the group will pursue to enhance connectedness with and among care leavers.





Discussion Questions

Take a moment to reflect individually and, if possible, discuss with others:

1. *What is the difference between anxiety and worry?*
2. *What strategies do you use to reduce your anxiety?*
3. *What might be some unhealthy coping mechanisms of a person with GAD?*
4. *What might NOT be helpful to someone with generalised anxiety disorder?*
5. *Why might rhythm be a good therapeutic tool for anxiety?*
6. *How would you describe a healing environment?*



Additional Resources

“Connectedness is what helps us manage transitions and regulate in the face of nonstop bombardment of novelty.”

- What Happened to You?

By Bruce Perry, M.D., Ph.D. and Oprah Winfrey

1. **What Happened to You? Conversations on Trauma, Resilience, and Healing**, Bruce Perry, M.D., Ph.D., and Oprah Winfrey
1. **The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma**, Bessel van der Kolk, M.D.
1. **The Deepest Well: Healing the Long-Term Effects of Childhood Adversity**, Nadine Burke Harris, M.D.
1. **Adverse Childhood Experiences (ACEs) Overview**
<https://bit.ly/3B8fYzs>
1. **Generalised Anxiety Disorder: When Worry Gets Out of Control**, National Institute of Mental Health,
<https://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad>
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<https://www.nimh.nih.gov/get-involved/education-awareness/shareable-resources-on-anxiety-disorders>
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Lesson 4:

Loss and Grief



Lesson 4: Loss and Grief

“It can be difficult to comfort somebody who is grieving but offering them our love and support can be the most important thing”

- Susan Ajok, Country Director
Child’s i Foundation

Guiding Questions:

- What are the stages of grief?
- How does grief and loss contribute to depression?
- What are the stages of mourning when experiencing a loss of a loved one?
- How does grief and loss impact care leavers specifically?
- How might we help people experiencing grief and loss?
- What is it important to know about posttraumatic growth?



Young adult reflecting on experience in institutional care:

“I was about seven years old when I went to the orphanage with my two younger siblings. I went from being my mother’s favorite to being just one of over 200 kids. I remember the time when my auntie came to visit and I wanted to go back with her and I couldn’t. After educating us for six years, we got on the truck, they drove us to town and just left us there. You feel worthless. Like how can somebody do this after six years? What are we supposed to do now? As time goes by, you shut down.

We must support care leavers as they build their own community with their peers. This will help them develop a deeper sense of belonging. Despite everything, I can still say I was grateful for what I went through. It turned me into a stronger, more compassionate person.”



Loss and Grief

“Grief is the way we respond normally to loss or any traumatic event that has happened in our lives.”

- Susan Ajok, Country Director,
Child’s i Foundation

What is grief?

Grief is a person’s emotional response to the experience of loss.

Grief is a normal response to loss during or after a disaster or other traumatic event. Grief can happen in response to loss of life, as well as to drastic changes to daily routines and ways of life that usually bring one comfort and a feeling of stability.

Examples include:

- Losing a parent
- Placement in a children’s home
- Leaving a children’s home
- Many people are experiencing grief during the COVID-19 pandemic due to illness and death of friends and loved ones as well as other impacts of the pandemic

Other types of loss include unemployment, not making enough money, loss or reduction in support services, and other changes in lifestyle. These losses can occur simultaneously, which can complicate or prolong the period of grief, and delay a person’s ability to adapt, heal, and recover.

The Five Stages of Grief

A theory developed by psychiatrist Elisabeth Kübler-Ross suggests that individuals go through five stages of grief after the loss of a loved one: denial, anger, bargaining, depression, and acceptance.

Stages

Denial

In the Denial stage, reality has shifted complexly in this moment of loss. It can take some time to adjust to this new reality. One may reflect on the experiences



shared with the person lost, and might find themselves wondering how to move forward in life without this person. Denial attempts to slow this process down and take it one step at a time, rather than potentially overwhelming the individual with emotion.

Anger

While in the Anger stage, it is common to experience intense anger after the loss. There is so much to process that anger may feel like it provides an emotional outlet. When in anger, one often feels less scared and less vulnerable. Anger tends to be the first thing felt when there is a release of emotions related to loss. This can leave one feeling isolated and they may subsequently be perceived as unapproachable by others. This unapproachability can create a barrier in moments when that individual most needs comfort, connection, and reassurance.

Bargaining

When coping with loss, it isn't unusual to feel so desperate that you are willing to do almost anything to alleviate or minimize the pain. This is where bargaining comes in. There are many ways we may try to bargain. Bargaining can come in a variety of "promises" we make or try to make, including:

- Promising to be better
- Asking God for forgiveness

When bargaining starts to take place, one often directs requests to a higher power, or something "bigger" that may be able to influence a different outcome.

Depression

During the processing of grief, there comes a time when one's imagination calms and they can slowly start to look at the reality of the present situation. The loss may be felt more abundantly at this stage. The emotional fog may clear and the loss can feel more real and unavoidable. One might find themselves retreating, being less sociable, and reaching out less to others about what they are experiencing. Although this is a very natural stage of grief, dealing with depression after loss can be extremely isolating.

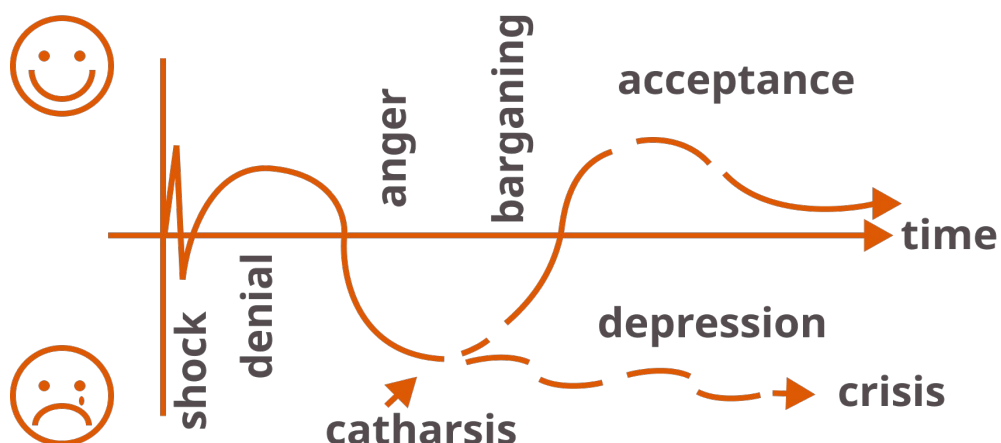


Acceptance

The fifth and often final stage is acceptance. Here, there is stability or resignation and one accepts how this loss has changed one's life. With acceptance, one can accept the reality of what happened and begin to look for ways to move on.

As we consider the five stages of grief, it is important to note that people grieve differently and may or may not go through each of these stages or experience each of them in order. One may move from one stage to the other and possibly back again before fully moving into a new stage. There is no specific time period suggested for any of these stages. Someone may experience the stages fairly quickly, such as in a matter of weeks, where another person may take months or even years to move through to a place of acceptance.

Grief and Loss Can Lead to Depression



Timpo, CC BY-SA 4.0 <<https://creativecommons.org/licenses/by-sa/4.0/>>, via Wikimedia Commons



Grief and depression are quite different but can appear similar as they can both lead to feelings of intense sadness, insomnia, poor appetite, and weight loss. Depression can be a natural part of grief but stands out from grief as being more persistent, with constant feelings of emptiness and despair and difficulty feeling pleasure or joy. This graphic depicts how phases of grief might manifest over time.

If depression symptoms continue, or grief begins to get in the way of how one lives, works, shares relationships, or lives day-to-day, then it's important to try and obtain additional support.

Attachment Theory and Grief

Strong early relationships between parents/primary caregivers and children are vital in a child's healthy development. John Bowlby focused his work on researching the emotional attachment between parent and child.⁷ From his perspective, these early experiences of attachment with important people, such as parents and caregivers, help to shape one's sense of safety, security, and connection.

British psychiatrist Colin Murray Parkes developed a model of grief based on Bowlby's theory of attachment, suggesting there are four phases of mourning when experiencing the loss of a loved one⁸

- **Shock and numbness:** Loss in this phase feels impossible to accept. Most closely related to Kübler-Ross's stage of denial, one is overwhelmed when trying to cope with their emotions. Parkes suggests that there is physical distress experienced in this phase as well, which can lead to somatic (physical) symptoms.
- **Yearning and searching:** As one processes loss in this phase, one may begin to look for comfort to fill the void the loved one has left. One may try to do so by reliving memories through pictures and by looking for signs from the person to feel connected to them. In this phase, one may become very preoccupied with the person that's been lost.
- **Despair and disorganization:** One may find themselves questioning and feeling angry in this phase. The realization that the loved one is not returning feels real, and one can have a difficult time understanding or finding hope in the future. One may feel a bit aimless in this phase and find a desire to retreat from others as the pain is processed.
- **Reorganization and recovery:** In this phase, one feels more hopeful that one's heart and mind can be restored. As with Kübler-Ross's

⁷ Contributions of attachment theory and research: A framework for future research, translation, and policy, 2017: Jude Cassidy, D. Jones

⁸ Coping with loss: Bereavement in adult life, 1998



acceptance stage, sadness or longing for the loved one doesn't disappear. However, one moves towards healing and reconnecting with others for support, and finding small ways to re-establish some normalcy in one's daily life.

Children and young people who grow up in institutional care are likely to experience grief and mourning given that they nearly all experience an attachment loss when in a children's home. Awareness of these phases can assist caregivers in supporting these children as they process these phases.

"It's very much possible that they can thrive through a supportive environment that realizes their potential and builds on it"

- Maurice Osire Tukei, Clinical Psychologist

How to Help People Experiencing Loss and Grief

It can be so difficult to know what to say or do when someone has experienced loss. Here are a few considerations when providing support:

- **Avoid rescuing or fixing.** Remember, the person who is grieving does not need to be fixed. In an attempt to be helpful, we may offer uplifting or hopeful comments without dismissing or diminishing the pain or loss.
- **Don't force it.** We may want so badly to help and for the person to feel better, so we believe that nudging them to talk and process their emotions will help them faster. This is not necessarily true. They may not be ready and it can be an obstacle to their healing.
- **Be there / Make yourself accessible.** Offer space for people to grieve. This lets the person know you are available when they are ready. We can invite them to talk with us but remember to provide understanding and validation, regardless, if they are not ready just yet. Remind them that you are available for them and not to hesitate to come to you.
- **Ask how they're feeling.** Each day can be different for someone who is grieving; take the time to listen and understand what they are going through.
- **Be sure to talk about everyday life, too.** Someone's loss and grief do not have to be the focus of all conversations.
- **Ask them how you can help.**

It is important to remember that everyone copes with loss differently. **Have patience and allow time for the individual to process all of their emotions.**



It can be difficult trying to comfort someone who is grieving. However, often it is the simple offer of love and support that is the most important.

Signposting:

Speak to your local youth officer, or Probation and Social Welfare Officer. You can also try contacting the [list of organizations](#) for professional help and provide this same support to the person you are trying to help.

“Every child deserves a chance to live a good life”

- Grace Atim, Counseling Psychologist,
Child's i Foundation

Group Activity: Stages of Grief Jig Saw

Instructions:

1. Each member of the group is assigned one of the five stages of grief.
2. Have them individually review reading related to their assigned stage then be prepared to share with the group the following:
 - A brief summary of the stage
 - How it might be relevant to children & youth who have experienced institutional care
 - One example of a comment or question they might utilize with youth during that stage

Growth, Healing, Hope

Posttraumatic Growth

What is posttraumatic growth?

It is important not to minimize difficult experiences or painful feelings. However, it may, after a time, bring hope to individuals to know that sometimes positive change can be experienced as a result of the struggle with a crisis or



traumatic event. Posttraumatic growth, while not universal to everyone's experience of trauma, generally occurs in five areas:

- A sense that new opportunities have emerged
- Closer relationships
- Increased sense of one's strength, self-esteem, and identity
- A greater appreciation for life
- Spiritual development

Ways to support posttraumatic growth: ³

- Utilize "expert companionship" - companions who can listen for long periods and who are seen as understanding to what the experience of trauma and its aftermath is like. Through a patient listening process, there can be fashioned a new life narrative.
- Support the development of positive self-definition and identity-ie, who I am and how I tell others who I am
- Education about the shattering of core beliefs and the basic physiological changes that one might experience. This can help individuals better understand their experience and their reactions.
- Help the individual learn ways to reduce psychological distress and work towards a healthy reflection of their experiences.
- Once trust is built and an individual is ready, invite them to share about their experience. Over time, evaluation of one's core beliefs may be reconfigured.
- Ultimately, one can support an individual's appreciation of living more boldly and may be able to facilitate positive changes in the lives of others.

Brutally Honest Optimism

Optimism reduces our sense of helplessness when things feel out of control. It also allows motivates us to take constructive action. However this is not the Pollyanna, unicorns and rainbows, "everything's going to be okay" brand of optimism - it is tempered by the discipline to confront the most brutal facts of our current reality.

Perception of Control Over Events

What makes an experience traumatic is that we were not able to control the circumstances that led to us being harmed in some way. Recovery is about regaining control through primary control (taking action to change a situation) or secondary control (changing our orientation to a situation).

4 Factors Leading to Post-Traumatic Growth

Coping Style

What is your coping style? Do you immediately start problem-solving (active coping) or do you escape into a fantasy world (avoidance coping)? Both approaches can be helpful, but in the long term, avoidance turns into denial, which prevents you from ever truly living in the present because you are so busy stuffing down your past. The best predictor of post-traumatic growth is 'acceptance and positive reinterpretation' - a coping style characterized by optimism and humor.

Strong Sense of Self

Having a strong sense of self depends on having a purpose in life, high self-esteem, and being able to create a coherent narrative. Without being able to make sense of our story, we cannot integrate it, learn from it, or get a distance from it. A coherent narrative prevents us from unconsciously repeating the lack of connection we experienced with our parents in our relationship with our own children.

Post-Traumatic Growth



5 Domains of Post-Traumatic Growth

Personal Strength

- Stronger for the experience
- Better able to handle blows
- More wisdom and maturity

Closer Relationships

- Strengthened social ties - can rely on people
- Help craft trauma narratives that contribute to meaning
- Sense of belonging
- Unity

Greater Appreciation for Life

- Greater gratitude, hope, kindness, leadership, love, spirituality, and teamwork

New Possibilities

- Reprioritize values and time commitments
- Accomplish goals that would have been delayed
- More understanding of friends and family

Spiritual Development

- Readjust spiritual beliefs to encompass trauma, or
- Revise spiritual beliefs altogether

taken from Echo Parenting -
<https://www.echoparenting.org/dev/wp-content/uploads/2018/07/Post-Traumatic-Growth-Web-8x11.pdf>



Discussion Questions

Take a moment to reflect individually and, if possible, discuss with others:

1. *How might the five stages of grief (denial, anger, depression, bargaining, acceptance) manifest in care leavers? What might anger or bargaining look like?*
2. *What are some ways you might suggest supporting children and youth with feelings of loss or grief?*
3. *How might awareness of the possibility of posttraumatic growth support youth who have experienced institutional care develop optimism for their future?*

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Summary





Summary

We have shared a significant amount of information about the impact that stress, trauma, loss, and grief can have on children and youth who experience institutional care; as well as the barriers related to mental health stigma. We discussed ways that we can support youth and communities as they heal in spaces filled with belonging and develop hope for a flourishing future. Here's a brief review:

1. Understanding Stress and Trauma

- Trauma has a long-term impact on physical and mental health and well-being.
- Traumatic experiences might result in PTSD, depression, anxiety, thoughts of suicide, and/or substance abuse.
- A sense of belonging has a positive impact on identity development and self-esteem and vice versa.
- Recovery and healing require caring and supportive relationships with parents, caregivers, peer mentors, and other community support providers.
- We need to ensure that long-term, adaptive support systems, and structures are in place for successful transitions into our families and communities.

1. Depression and Suicidal Thoughts and Feelings

- With significant amounts of unaddressed trauma, chances are high that youth in institutional care will experience depression.
- A key contributing factor of depression is the absence of a sense of Belonging, which is about love and safety, purpose, connection, identity, family, community, friendship, and hope.
- Over time, without a sense of belonging, youth may become angry at society, despondent with life, and even suicidal.
- Stigma related to mental illness, depression, and suicidal thoughts result in loneliness, isolation, and resistance to reach out and seek help.
- Increasing someone's sense of connectedness to others is a protective factor for depression and suicide.



3. Anxiety

- An important and often overlooked topic is generalised anxiety disorder, which is persistent and involves excessive worrying about different situations, activities, and events.
- It's important to recognize the signs and symptoms of generalised anxiety disorder and to understand the underlying causes or triggers.
- If you know someone is struggling with anxiety, emotional support, and practical strategies can help.
- Create positive experiences by spending quality time together
- Focus efforts on relational health. Ensure systems are in place to support connectedness to family, community, and culture.

4. Grief and Loss

- Depression, which is a natural stage of the grief process, can result in feelings of emptiness, despair, loneliness, and isolation.
- Nearly all children in institutional care experience an attachment loss of a loved one, which, in turn, impacts one's sense of safety, security, and connection.
- Patience, a willingness to listen, and being accessible are ways to help someone cope with and recover from loss and grief.
- Sometimes positive change can be experienced as a result of the struggle with a crisis or traumatic event.
- The overall keys to recovery and healing include feeling a sense of belonging, developing one's unique identity, and feeling empowered.
- Together we can make a difference! When families, social workers, and youth-serving organisations co-create relationship-oriented, coordinated, comprehensive, and sustainable systems of support, we improve the mental health, physical health, resiliency, and overall well-being of young people in our communities.

“The most important thing this child needs from you...is love.”

- Mark Kigozi



Discussion Guide for Facilitators





Discussion Guide for Facilitators

This document provides a summary of the discussion questions from each episode in the video series and may be used to support facilitators of a group collectively viewing the video series.

Some reminders to consider while preparing for hosting or facilitating discussion include:

- Emphasizing equality
- Setting the tone for a respectful community
- Strategies to keep the flow moving
- Keeping the focus on the group as a whole
- Releasing the desire to “fix” or “rescue”
- Expect emotion or discomfort to arise and name and normalize it in advance

Discussion Questions

Welcome

- Introductions
- Agreements

Introduction

- What hope do you have for participating in this discussion that aims to support the well-being of children and youth who have experienced institutional care?
- Adversity impacts us all. What is one thing you believe strengthens an individual's ability to overcome adversity?

Lesson 1 Trauma and Stress

- What behaviours might indicate a vulnerable youth is experiencing PTSD? What are some structures and systems that need to be in place for effective support?
- What are some common beliefs about people with mental health challenges? Where do you think those beliefs or mindsets come from? How might you (and this group) influence change in negative attitudes (prejudices) and behaviours (discrimination)?
- What support might each of these groups need to help integrate



children and youth from institutional care back into their communities:

- Parent(s)
 - Caregivers
 - Practitioners
 - Peer mentors
- What local organisations or partnerships can be built to increase the number of relationships and resources youth who leave care can turn to in a crisis?
 - How might we enhance family and community engagement to support vulnerable youth?
 - How might the pandemic be affecting young people (youth that have left care) and their aspirations? How are they coping with the added pressures (and stress)?

Lesson 2 Depression and Suicidal Thoughts/Feelings

- Have you ever noticed symptoms of depression in others? How did that manifest?
- What are some ways one can support individuals with feelings of depression?
- What are some ways one might ameliorate stigma around mental health, depression, and suicide?
- What might be some things one can do to enhance feelings of belonging for children and youth who have experienced institutional care?
- What are some things you can do to care for your well-being?

Lesson 3 Anxiety

- What is the difference between anxiety and worry?
- What strategies do you use to reduce your anxiety?
- What might be some unhealthy coping mechanisms of a person with generalised anxiety disorder?
- What might NOT be helpful to someone with generalised anxiety disorder?
- Why might rhythm be a good therapeutic tool for anxiety?
- How would you describe a healing environment?



Lesson 4 Grief and Loss

- How might the five stages of grief (denial, anger, depression, bargaining, acceptance) manifest in care leavers? What might anger or bargaining look like?
- What are some ways you might suggest supporting children and youth with feelings of loss or grief?
- How might awareness of the possibility of posttraumatic growth support youth who have experienced institutional care develop optimism for their future?

Summary

- After participating in this Project, what is one key learning you are taking away?
- What is one hope you have for the future of the children and youth in your community?



About us



No Limit Generation is a Washington DC-based 501c3 organization. In times of crisis, educators, families, and youth serving professionals are not often equipped with the adequate training or resources they need to address the unique challenges faced by children. No Limit Generation (NLG) bridges this gap with a unique human-centered process that combines powerful storytelling with evidence-based guidance from respected community leaders and national experts.

For more information, visit www.nolimitgen.org. Training videos are an effective, scalable, and sustainable response to what is a local (and national) mental health crisis among children. They are accessed in 100+ countries and all 50 states, and designed to support educators, parents/guardians, youth serving professionals, and humanitarian aid workers.



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child's foundation

Child's i Foundation

An Uganda-based social impact organization with big impact, that works with governments, national partners, and a worldwide network of supporters. The focus of Childsi Foundation's mission is to highlight the harm and cost of orphanages in Uganda and around the world whilst also addressing the root causes of child and family separation.

Their vision is for all children to belong and grow up in safe and loving families in an orphanage-free Uganda. Through their proven work with communities and the Ugandan government, they have achieved an orphanage-free district, demonstrating that change is possible.

For more information, visit www.childsifoundation.org.



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About us



Uganda Care Leavers

Uganda Care Leavers (UCL) is a social welfare project designed to support children, youths, and adults who have spent all or part of their childhood in institutional care (also known as residential facilities, child care facilities and orphanages.) UCL is supported by Alternative Care Initiatives.



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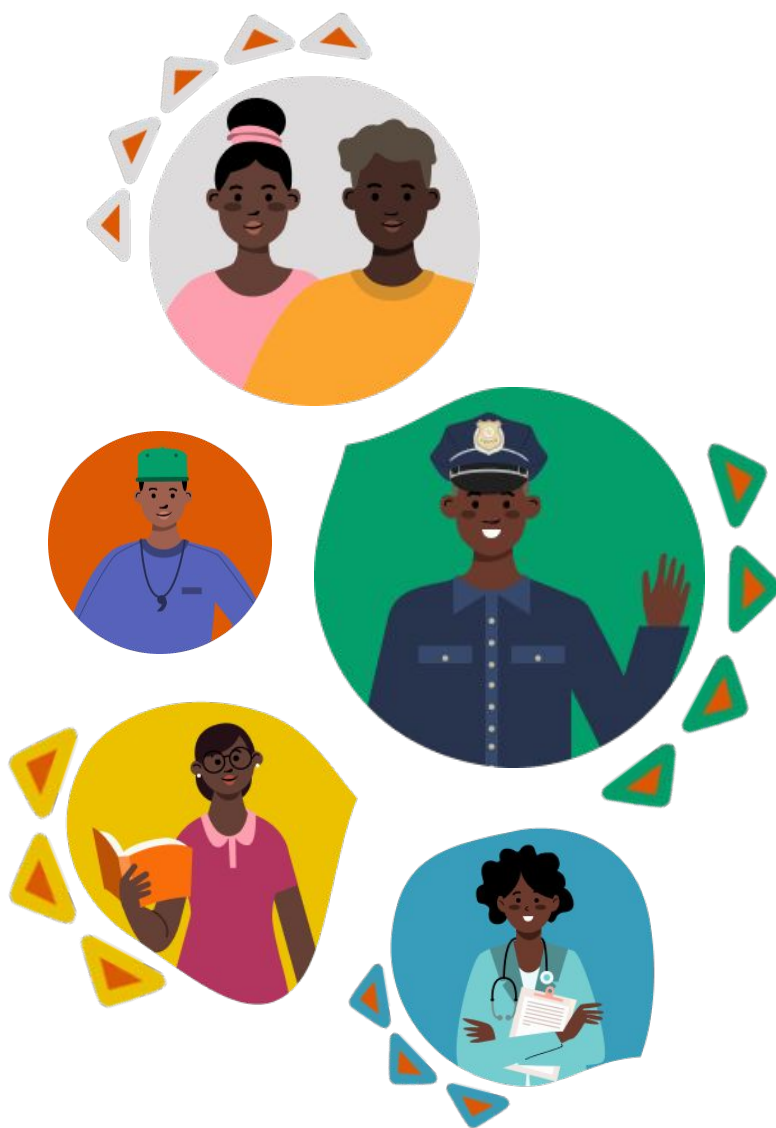


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