

TRAINING • RESOURCES • CASE STUDIES

FOOTSTEPS

2021 • ISSUE 113

learn.tearfund.org

MENTAL HEALTH AND WELL-BEING



IN THIS ISSUE

- 3 Mental health
- 6 Breaking down barriers
- 9 Building resilience
- 10 Five aspects of healthy living
- 12 Overcoming trauma
- 17 Community-based support

tearfund

IN THIS ISSUE

FEATURES

- 3 Mental health
- 6 Breaking down barriers
- 8 Identity
- 12 Overcoming trauma
- 16 Circle of care
- 17 Community-based support

REGULARS

- 7 BIBLE STUDY: Comfort and restoration
- 15 CHILDREN'S ZONE: Happy!
- 18 RESOURCES
- 19 COMMUNITY
- 20 INTERVIEW: Learning to fly

TAKE AND USE

- 5 Mental health conditions
- 9 Building resilience
- 10 Five aspects of healthy living
- 14 On the frontline

FOOTSTEPS

MENTAL HEALTH AND WELL-BEING

Mental health is just as important as physical health. The two are closely connected and should be considered together. However, too often mental health conditions are not openly discussed leading to lack of understanding, judgemental attitudes, stigma and discrimination.

This edition of *Footsteps* provides practical ideas for how we can break down stigma and discrimination and offer support and understanding instead. Resilience (the ability to cope with and recover from difficult situations) and the importance of talking about our feelings are key themes throughout the edition.

Surrounded by conflicting opinions on how we should live, look and act, it is easy to feel inadequate and unimportant. This can lead to anxiety and depression. The Bible reminds us that we are created by God in his image, and that we are infinitely precious to him. He even knows the number of hairs on our heads (Luke 12:7)! Understanding that God loves us unconditionally and has a purpose for each one of us can help us to face life's difficulties, including mental illness.



A stylized, handwritten signature in black ink that reads 'Jude'.

Jude Collins – Editor

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.

2 Corinthians 1:3–4

📷 Cover photo: With the help of Cheshire Disability Services Kenya, Festus has recovered from depression and is running a successful business. Read his story on page 6. Photo: Cheshire Disability Services Kenya



By Julian Eaton

MENTAL HEALTH

In many ways, mental health is just like physical health. We are all affected by it and we need to take care of it. Physical and mental health are intimately linked, and both contribute to our overall well-being.

Good mental health is when we feel good about ourselves, can cope with the stresses of life and are generally able to think, feel and react in ways that allow us to carry out our normal day-to-day activities. When we are mentally healthy we can maintain good relationships with those around us and contribute effectively to society.

While all of us might experience mental distress from time to time (eg when we lose a loved one or lose a job), this is not considered to be a mental illness unless we stop being able to function well at home, work or socially.

MENTAL ILLNESS

About a quarter of us will experience a mental illness at some point in our lives. These include common problems like depression and anxiety, as well as less common conditions such as schizophrenia and bipolar disorder.

People going through a period of poor mental health may find that the ways they are thinking or feeling are distressing and, in some cases, debilitating. However, many people report that the most difficult thing to cope with is when they experience exclusion from family and community activities or unkind words because of a lack of understanding.

This means that in addition to thinking about how we can support individuals and families, we also need to think about how society treats people with mental health conditions. By working with communities to raise awareness we can help to make

society more inclusive, particularly if people with mental health conditions are empowered to speak for themselves.

MENTAL HEALTH AND POVERTY

Although anyone can suffer from poor mental health, people living in poverty may be particularly exposed to circumstances that can lead to mental illness. The stresses associated with inadequate food and shelter, vulnerability to disasters and limited access to health, education and other services can all increase the risk of developing mental health problems.

Equally, poor mental health can **cause** poverty if someone is no longer able to work, or has to spend a large amount of money to access the support they need. In addition, other family members – particularly women and girls – may need to stay home to look after the person who is unwell, preventing them from going to work or school.

Mental health conditions often respond well to treatment, which may

include a combination of counselling, psychological (talking) therapies and medication. However, in many countries only a small number of people have access to mental health services.

OTHER IMPACTS

People with severe mental health conditions may be hidden away, physically restrained or even imprisoned if it is felt that they are a danger to themselves or others. This occurs in all societies, sometimes formally through health services but also at community level.

Such restraint leaves people with little control over their own lives and increases their vulnerability to violence, financial manipulation and other forms of abuse. National and international laws should provide protection, but in some countries this is not the case.

People living with physical disabilities may experience mental illness if they encounter discrimination, or if they find their impairment difficult to cope with (for example, if they have chronic

☞ Sometimes new mothers suffer from low moods and depression. Support them practically and emotionally and encourage them to get plenty of rest. Photo: Tom Price/Tearfund



pain). In some cases, poor mental health can have a negative impact on physical health, for example because of poor nutrition, inability to sleep, accidents or the side effects of medication.

THE ROLE OF FAITH

The vast majority of people in the world follow a faith and it is very common for people to ask for help from faith leaders if they become unwell with a mental illness. This is particularly the case in countries where mental illness is seen as having a spiritual cause (eg demon possession), rather than a social or medical cause.

Places of worship and faith-based organisations are therefore well placed to provide hope, love and practical support. They can also challenge stigma and advocate for change. Below are some ideas.

RESPOND WITH LOVE

Too often in the past faith leaders have stigmatised mental illness, leading to people being misunderstood and rejected by faith communities and wider society. Instead, welcome people who are experiencing mental distress in a non-judgemental way. Offer the comfort of prayer and someone to talk to in a safe, nurturing environment.

Support the families of people affected by mental illness both spiritually and practically. This may include home visits and help with caring, cooking, cleaning, shopping and other tasks.

HELP TO BUILD RESILIENCE

Offer activities to help people cope with the normal stresses of life, recover from mental illness and learn to live with longer-term mental health conditions.

These may include groups where children and adults can have fun, play games, learn new skills, save and borrow money, make friends, talk and share their concerns. Ensure that these groups are accessible to everyone, including people living with disabilities and people with long-term health conditions such as HIV.

Practise and encourage self-care to boost well-being. Strategies include: getting plenty of sleep; building positive relationships; taking regular exercise; spending time appreciating God's creation; eating healthy food; good hygiene; avoiding misuse of alcohol or drugs; finding the right balance between work and other activities.

People recovering from mental illness will often value support to help rebuild their lives. If they have become isolated, offer to go with them to the market, place of worship or community events until they regain enough confidence to interact with society on their own.

KNOW WHEN TO ASK FOR HELP

There will be occasions when people develop serious mental illnesses such as schizophrenia. Offer prayer, comfort and practical support as you would with any illness, but also encourage them to seek professional help if available.

Find out about the mental health services offered in your region and how to refer people to them. If someone is expressing thoughts of harming themselves or others, seek medical help immediately.

ADVOCATE FOR CHANGE

Where mental health service provision is inadequate, advocate for it to be integrated into the national health care system. This will increase access to care and ensure that people with physical and mental health problems can be seen in the same place, helping to reduce the stigma of mental illness.

This integration is also effective at community level. For example, community health workers can raise awareness about mental health, recognise cases, provide care and refer when needed.

Find out how the law in your country protects the rights of people with mental health conditions. Where the law is inadequate or poorly enforced, call for it to be strengthened. Tearfund's *Advocacy toolkit* provides step-by-step instructions for how to hold governments to account and call for change (see page 18 for details).

OUT OF THE SHADOWS

Mental health is finally coming out of the shadows. People are increasingly able to talk about it and more attention is being given to well-being as part of community relief and development work.

The Covid-19 pandemic has shown us how important mental health is in a global crisis. It has also reminded us that we all have a role to play in supporting those around us who are having a difficult time.

Self-help groups like this one in Uganda provide the opportunity for people to improve their well-being by meeting with others, saving money and investing in small businesses. Photo: Maggie Murphy/Tearfund



.....

Dr Julian Eaton is the Mental Health Director for CBM Global and Assistant Professor at the Centre for Global Mental Health, London School of Hygiene and Tropical Medicine.

*email: julian.eaton@cbm-global.org
www.cbm-global.org*

.....

MENTAL HEALTH CONDITIONS

Mental health conditions range from mild distress to severe, debilitating illness. Over time, with the right support and treatment, many people make a full recovery. Others need help to live with their condition long term.

Psychological (talking) therapies can often help. Through conversation, therapists help people understand how their thoughts can lead to unhelpful emotions and behaviours. They also suggest self-care strategies such as avoiding alcohol, eating healthily and relaxation techniques.

Medication such as antidepressants and mood stabilisers, as prescribed by a psychiatrist, can also be beneficial in some circumstances.

ANXIETY

Anxiety is when worry or fear becomes overwhelming and difficult to control. Symptoms may include restlessness,

trouble sleeping, lack of concentration, nausea, shortness of breath, dizziness and a fast heartbeat.

Anxiety disorders include:

- **Post-traumatic stress disorder:** usually caused by a frightening event that may be re-lived in nightmares or vivid memories. People affected by this disorder may find themselves becoming more angry and upset than usual.
- **Phobia:** an overwhelming fear of an object, place, situation or animal.
- **Obsessive compulsive disorder:** uninvited negative thoughts that cause the person to perform repetitive behaviours in an attempt to reduce their anxiety.

DEPRESSION

Depression is when feelings of sadness last for weeks or months. People with



📷 In Zimbabwe, where psychiatric care is difficult to access, women trained in talking therapies by The Friendship Bench have helped thousands of people to feel better.
Photo: Justin Sutcliffe/The Friendship Bench

depression struggle to make themselves feel better, even by doing things that usually improve their mood.

Other symptoms may include: loss of interest in everyday activities; irritability; feelings of helplessness; tiredness; difficulty sleeping; loss of appetite; aches and pains. Severe depression can cause people to harm themselves or have suicidal thoughts.

There are many different types of depression including:

- **Postnatal depression:** low moods, exhaustion and feelings of helplessness after having a baby.
- **Bipolar disorder:** episodes of depression followed by periods of intense energy and activity.

SCHIZOPHRENIA

This is a severe long-term condition that can make it difficult to distinguish thoughts and ideas from reality.

Symptoms may include hallucinations (hearing or seeing things that do not exist outside of the mind), muddled thoughts, loss of interest in everyday activities, avoiding people and neglecting personal hygiene.

.....
To find out more about mental health conditions and different types of treatment, visit www.mind.org.uk/information-support

PANIC ATTACK

A panic attack is a sudden episode of intense fear that triggers severe physical reactions such as a fast heartbeat, feeling faint, nausea, chest pain and shortness of breath.

Panic attacks can be very frightening: the person might think they are losing control, having a heart attack or even dying.

How to help

If someone is having a panic attack, stay calm. Reassure them that you are there and let them know that it will soon pass and they are safe.

Ask them if they would like to move to a different place and remind them to keep breathing.

Afterwards, they may or may not want to talk about it. Take the lead from them and respond with empathy and compassion.

Panic attacks are not dangerous and will usually pass in less than 20 minutes. However, the person may need emergency help if:

- chest pain moves to their arms or shoulders
- symptoms last for longer than 20 minutes and get worse
- shortness of breath does not improve.



By Vincent Ogutu and Rachel Kitavi

BREAKING DOWN BARRIERS

When Festus became ill with depression and epilepsy his parents wanted him to see a traditional healer. When he decided to go to a psychiatrist instead they were upset. Feeling that Festus had become stubborn and a burden, they stopped looking after him.

This meant he had to get casual work to support himself, while still trying to study. But each time he managed to get some work he would have an epileptic attack, either at work or on his way home. He could not afford his medication and was barely surviving when Cheshire Disability Services Kenya (CDSK) started to support him.

When people with mental health conditions like Festus receive the psychological, medical and social support they need, they often recover completely or learn to live successfully with their condition. However, when they feel rejected and misunderstood by their communities, the combination of psychological and social pressures may result in a level of disability that makes it difficult to carry out day-to-day activities. This is often referred to as a psychosocial disability.

BUSINESS SKILLS

CDSK recognised that Festus' biggest need was steady employment, so they provided him with training in business skills including customer care, book-keeping, sales and marketing. For the last few years he has been making and selling liquid soap and he is now able to afford his medication and meet his other basic needs.

Festus was able to return to his studies and in 2018 he graduated with a diploma in film production from Kenyatta University.

THE IMPORTANCE OF TALKING

Festus now leads a psychosocial support group where he encourages other young people with mental health conditions.

It is not easy for these young people to admit that they are unwell. They are fearful that formal diagnosis will lead to discrimination and that they will lose their jobs once their employers find out.

The monthly support groups provide safe spaces for young people and their parents/carers to share their challenges without fear of being judged. Talking to each other makes them feel better and more able to find solutions to their problems. Over time, the young people usually gain enough confidence to seek professional help, and CDSK arranges for counsellors to spend time with them and their parents/carers.

SPEAKING OUT

The young people receive training in communication and interpersonal skills, including how to tell their stories and stand up for their rights. They are encouraged to think about the changes they would like to see in their community and to speak out against stigma and discrimination. In this way, they are gradually breaking down the barriers caused by lack of understanding of mental health conditions.

One young man, Bernard, is so good at standing up for his rights and the rights of others that he has become a mental health advocate with a local non-governmental organisation. He also runs a successful clothing business.

Bernard has schizophrenia but he has been symptom-free for more than six years due to a combination of

medication, counselling and the loving support of his parents.



DISCUSSION QUESTIONS

- Are people in your community able to speak openly about their mental health? If not, how can you make it easier for them to talk about it and ask for help if they need it?
- How can your church or organisation support people with mental health conditions to tell their stories and stand up for their rights?
- How can you help raise awareness and understanding of mental health conditions in your community?

Vincent Ogutu is Programme Manager and Rachel Kitavi is Project Assistant at Cheshire Disability Services Kenya.

email: info@cheshiredisabilityservices.org
www.cheshiredisabilityservices.org

Through hard work and determination, Festus now runs a successful business, making and selling liquid soap. Photo: Cheshire Disability Services Kenya



BIBLE STUDY

COMFORT AND RESTORATION



When people are feeling upset, we can help them by being kind and supportive.

Read 1 Kings 19:3–15

In a group or on your own, think about the following questions:

- How is Elijah feeling in verses 3–5? Have you ever felt like this?
- What does God do in verses 5–9? What does he not do?
- What does God do in verses 10–15? What does he not do?
- What can we learn from the way God interacts with Elijah?

Elijah is tired, upset and alone. He has just had one of the most intense periods of his life: standing up against 450 prophets of Baal; calling down fire from heaven; watching as God brings a rainstorm after years of drought and famine; running 17 miles ahead of a chariot; receiving a death-threat from the queen; fleeing for about 100 miles; and finally finding himself alone in the wilderness.

How does God treat this exhausted man? First, he supports Elijah very practically. He gives him food and allows him to rest.

Once Elijah is starting to feel better, God takes him to Mount Horeb, the mountain of God. This is where God met and spoke to Moses through the burning bush (Exodus 3:1–2), gave him the Ten Commandments and confirmed his covenant with the people of Israel (Deuteronomy 5). Standing in that place, Elijah would have been reminded of God's promises and his past faithfulness. But unlike God's appearance to Moses, which was marked by wind, fire and

earthquakes, this time God comes in a gentle wind.

Finally, once Elijah is fully recovered and renewed, God gives him an important new task, showing that he is precious to God and can still be used by him.

DEPRESSION

Even though the word 'depression' is not found in the Bible, there are many references to despair, hopelessness and deep unhappiness (eg Lamentations and many Psalms). God understands, and he offers us alternatives: forgiveness, love and hope.

We should pray for people with depression, but just as with physical illnesses, God does not always work in ways that we expect. Sometimes God does cure people of their illnesses, but often he brings healing in other ways. It is important to understand that if someone is not cured of depression, it is never the fault of the individual for not having 'enough faith'.

Overcoming depression may require a combination of approaches. Talking to trained counsellors can help change unhelpful thought patterns. Antidepressants can help balance the chemicals in the brain which allow us to feel good. Christian community can help with isolation and loneliness.

PROVIDING SUPPORT

Everyone should feel valued, no matter what they are going through. Visits,

prayer, phone calls and practical support mean a lot. We do not need to be experts in mental health to help. We can stand alongside those who are suffering and hold out Jesus as the source of hope. Matthew 5:4 says: 'Blessed are those who mourn, for they will be comforted.'



DISCUSSION QUESTIONS

God responded to Elijah by giving practical support including food, drink and rest. Then God gently reminded Elijah of his past faithfulness. Finally, he restored him by giving him a new task.

- What can we do to support people practically when they are struggling with low moods and depression?
- How can we support them spiritually?
- Do you know anyone who would benefit from being given a new role to help them feel a valued part of your church and/or community?

This study is taken from Lifting the lid, a six-week Bible study course designed to help churches explore the topics of emotional and mental well-being. Download free of charge from the Livability website. Visit <https://www.livability.org.uk> and search for 'Lifting the lid'.



INTERVIEW

IDENTITY

Dr Ashok Chacko has seen many people's lives transformed through the use of biblical counselling. Here he tells us more about it.

What is biblical counselling?

Biblical counselling helps to connect scripture with real life. It is very practical. We use biblical teaching to help people understand their true identity in Christ and deal with life's challenges.

God loves us and comforts us in our troubles (2 Corinthians 1:3-4).

Why is identity important?

God created us to be image-bearers, reflecting his character in our lives. He designed us to gain our identity from him, and be totally dependent on him, just as Jesus derived his identity through 'every word that comes from the mouth of God' (Matthew 4:4). God wants us to live in harmony with himself, others and the whole of creation. This is summed up in the Hebrew word 'shalom' which refers to the deep peace that comes from harmony.

'WE TRY TO GAIN OUR IDENTITY FROM OUR CULTURE AND OTHER PEOPLE, INSTEAD OF FROM GOD'

Sadly, as a consequence of sin, we have become self-centred rather than God-centred. We try to gain our identity from our culture and other people, instead of from God. This results in us having a distorted image of ourselves and others. We can become fearful and anxious when

we compare ourselves with others or try to please them, rather than relating to God.

Jesus came to reconcile us back to God. When we trust in him, our identity as children of God can be firmly restored in our hearts, giving us confidence to respond differently to the difficulties and pressures we face.

Can you give us an example?

Below is the personal testimony of one of the people I have been counselling, shared with their permission.

'Growing up, I struggled with various kinds of fears and phobias. Talking to a group of people would make me nervous and I constantly feared rejection and disapproval.

'When my father was diagnosed with a terminal illness I started getting panic attacks and became apprehensive about small things. I became easily irritated and responded to family and friends with anger and bitter words. I looked for ways to escape and avoid what I was facing.

'I believed that my happiness depended on changing my circumstances. But the problem was not with my family, it was with me. Realising this, I turned to Jesus in prayer and wept like a small child.

'I know I do not need to hide anything when I approach God because he already knows all my secrets and the desires of my heart. He knows my deep sorrows and pain. He not only sympathises with me, but actually went through unimaginable pain and suffering himself, so he is able to comfort me.

'My anxiety and fear did not vanish straight away, but my way of looking at things started to change. God became bigger than the problems. On the days when I feel weak, I tell myself that I am a new person in Christ, I am cared for and I am no longer a slave to fear (Romans 8:15). I find great comfort in Jesus' words to Paul: "My grace is sufficient for you, for my power is made perfect in weakness (2 Corinthians 12:9)."

When we struggle with issues in our lives, recognising that we are children of a compassionate heavenly Father, who loves us unconditionally, enables us to run to him. We are able to see that our dignity and value come from God, and this helps us to face situations with greater resilience and hope.

Dr Chacko is a physician and biblical counsellor in India.

Email: ashokchacko@gmail.com

BUILDING RESILIENCE

WHAT IS RESILIENCE?

Resilience is the ability of an individual or community to cope with stress and function well, even in challenging circumstances such as war, disaster or illness.

Resilient people tend not to allow the difficulties they are experiencing to define who they are. Instead, they are able to see beyond the situation and view bad times as temporary, not permanent. They can adapt and adjust to their changed circumstances and still thrive.

In resilient communities, people draw closer and support one other during difficult times. Their desire to share resources and offer help to the most vulnerable helps them to recover. Good communication and agreement on what should be done in the event of an emergency often enhance resilience.

CAN RESILIENCE BE LEARNT?

Yes! The good news is that we can all become more resilient, and we can help others to grow in resilience too. Here are a few ideas for how to do this by living healthily in five interlinked areas of life: spiritual, physical, emotional, intellectual/creative and social.

SPIRITUAL

Faith helps us to maintain perspective and acts as an anchor when we are feeling overwhelmed (eg Hebrews 6:19).

Being part of a faith community provides identity, hope for the future, reassurance, practical assistance and mutual support.

PHYSICAL

Exercise relieves tension and stress and boosts physical and mental energy. It can reduce the risk of depression, improve sleep and provide an opportunity to meet new people. Spending time enjoying and engaging with God's creation can also enhance well-being, eg admiring the beauty of a sunset or sowing seeds and watching them grow.

A healthy diet, including a variety of fruit and vegetables, provides the energy we need to cope with the stresses we face each day. It also means our bodies are more likely to be able to fight off illnesses.

Most adults need between seven and nine hours of sleep a night to function at their best. Sleep refreshes our bodies and minds and helps us to stay healthy. Not enough sleep can negatively affect mood, energy, relationships and concentration levels.

EMOTIONAL

Emotions such as sadness, joy, anger and fear are an important part of being human. Not expressing our emotions, or expressing them in an unhelpful way, can be unhealthy and destructive to ourselves and others around us.

Being honest with ourselves about how we are feeling, and talking things through with a good listener, can be very helpful.

INTELLECTUAL/CREATIVE

Creative and intellectually stimulating activities help to keep our minds alert and healthy. These may include studies, games, dance, drama, singing, painting, reading and writing.

SOCIAL

We are stronger together than on our own. Healthy relationships give us the energy we need to cope with the normal stresses of life, and to help and support others.

When conflicts arise it is important to resolve them quickly. Unresolved conflict can lead to anxiety, depression and unhelpful behaviour. We should be willing to say sorry when we make mistakes, and quick to forgive both ourselves and others.

We can show people that we care by telling them what we appreciate about them. Children especially need affirmation and acceptance. Too often they experience harsh words and violence. This destroys their trust of others and their sense of self-worth.

Love, kindness, thoughtfulness, gentleness and self-control are all important aspects of healthy relationships.

Use the poster on the following pages to remind yourself and others of the different steps you can take to build resilience.

Ian Orton is the Pastoral Care Coordinator at Tearfund. email: ian.orton@tearfund.org

☐ Taking the time to do things we enjoy, like these women and girls playing football in Bolivia, can be one of the best ways to reduce stress and improve resilience and well-being. Photo: Andrew Philip/Tearfund



FIVE ASPECTS OF HEALTHY LIVING

We need to take care of ourselves if we are to live healthy lives and be in a position to support others. Here are some examples of self-care strategies that we can use to help us build resilience and cope with stress.

Stress is what we feel when we are worried or uncomfortable about something. We all need some stress in our lives because it motivates us to be active, work hard and do our best. However, too much stress, or stress that goes on for a long time, can make us unwell.



FOR PERSONAL REFLECTION

- Which of these self-care strategies do you use regularly?
- Which do you find most helpful?
- Which would you like to use more often?
- What other helpful strategies can you think of?

1 SPIRITUAL

- Spend time in prayer and reflection
- Meditate on God's word
- Enjoy fellowship with other believers



2 PHYSICAL

- Exercise regularly
- Enjoy a balanced diet
- Get enough sleep



3 INTELLECTUAL

- Try new things
- Be creative
- Do things you enjoy



4 EMOTIONAL

- Be honest about your feelings
- Talk through your problems
- Share your life with others



5 SOCIAL

- Build strong relationships
- Practise forgiveness
- Support others



RELAXATION TECHNIQUES

When you are experiencing a high level of stress, try using these techniques to help you relax.

BREATHE

Breathe in slowly through your nose as you count to three in your head. Hold your breath for the count of two. Then breathe out slowly through your mouth over the count of three. Repeat this several times until you feel calmer.

Stress can cause you to take short, shallow breaths and you may become dizzy. This exercise helps to steady your breathing and increases the supply of oxygen to your lungs and brain.

GROUNDING

- Close your eyes.
- Listen to the sounds around you. What can you hear?
- Feel the pressure of your feet on the ground and, if you are sitting down, the pressure of your legs and back on the chair. Slowly think about the different parts of your body and release any tension in your face, shoulders, arms, stomach, hands, legs and feet.
- Breathe slowly and deeply.

This exercise helps you to stay in the present moment instead of worrying about things that may happen in the future, or events that have already happened. It helps you to take control of your thoughts and reduce the tension in your body caused by anxiety or stress.

SAFE PLACE

- Close your eyes.
- Think of a place where you feel safe. Picture this place in detail including the way it makes you feel when you are there.
- Rest for a moment in your safe place.

After a traumatic experience, different things can trigger memories and bring back feelings of terror, distress, grief and pain. This exercise helps you to take control of these memories and remind you that you are safe. Talking to someone about the trauma you have experienced can also be very helpful.



By Stanley Hanya

OVERCOMING TRAUMA

'When I see clouds forming or hear the sound of heavy trucks, I feel sick because it reminds me of what I saw and heard during Cyclone Idai,' says a member of Chipinge community in Zimbabwe.

When Cyclone Idai hit Chipinge in March 2019, the size of the disaster was overwhelming. Many hundreds of people lost family members, friends and neighbours, as well as their homes and possessions. The community was left shattered and traumatised by what they had experienced. People suffered from nightmares, had trouble sleeping and could not walk in the dark because it reminded them of the night the cyclone hit their community. Any rain would cause the trauma to re-emerge.

LOCAL SUPPORT

While carrying out a needs assessment in Chipinge it became clear to a team from the Evangelical Fellowship of Zimbabwe that there was a desperate need for psychological support. As a result, 60 local church and community facilitators were trained by Africa University in Mental Health First Aid (see box on page 13).

The objective was to build a team of local people able to provide mental health support to their community, both immediately and in the longer term. The group was trained in topics such as trauma, survivor empowerment and healing of memory.

The facilitators are now supporting community members both one-to-one and in small groups. They refer people to organisations such as Childline and the Department of Social Welfare if more specialised support is needed from social workers and counsellors.

One of the facilitators, Mr Sithole, says that the journey they are travelling with individuals has helped them understand that addressing trauma is a process, not an event: 'There is a need to build relationships with people so they can share with you what they are experiencing, and how it has affected their lives.'

The training has helped the facilitators to overcome some of their own trauma as well. Mr Nduna, a church leader, says, 'Before the training I did not know

TRAUMA

Trauma is an emotional response to a deeply distressing or disturbing event. Initial reactions of shock and denial may be replaced by unpredictable emotions, feelings of hopelessness, sadness, despair, guilt and physical symptoms such as nausea and headaches.

Some people may develop **Post-traumatic stress disorder** and suffer from persistent and frightening nightmares and other memories of their ordeal.

Vicarious trauma is when people who spend time supporting survivors of traumatic events begin to experience symptoms of trauma themselves.

that I was traumatised and hurting, but during the training I managed to get help and now I am able to help my family and others.'

HELPING EACH OTHER

Mr Sithole and Mr Nduna are conducting monthly group sessions with a maximum of six people in each group.

One group member says, 'When we were speaking one-to-one with facilitators I was seeing progress, but I still felt I was in my own world. But when we began group sessions I realised that others were also facing the same trauma and together we are helping each other.' Another adds, 'Healing takes time, but we feel that the burden is not as heavy as it was.'

.....

Stanley Hanya is the Church and Community Mobilisation Coordinator with the Evangelical Fellowship of Zimbabwe.

email: ehanya@gmail.com
www.efzimbabwe.org

.....

📷 Chinguema in Mozambique indicates the level reached by flood water during Cyclone Idai. The cyclone had a devastating impact in Mozambique, Malawi and Zimbabwe. Photo: David Mutua/Tearfund



MENTAL HEALTH FIRST AID

The Mental Health First Aid programme was developed in Australia in 2000 and since then it has been adopted by many other countries. The aim is to increase community understanding of mental health and the different things that can affect well-being. Trainees learn how to notice the signs of poor mental health and gain the confidence to reassure and support people in distress.

Many Mental Health First Aid courses use the acronym 'ALGEE' to help participants remember the steps to follow.

A ASSESS FOR RISK OF SUICIDE OR HARM

If you are worried about someone, choose a good time and place to talk to them about it. If you notice signs of self-harm or extreme distress they may be in a crisis situation and require immediate professional help. Otherwise, continue to the next step.

L LISTEN WITHOUT JUDGEMENT

A person experiencing a mental health problem needs to be able to talk without feeling judged. Do not worry if you do not know what to say. The most important thing you can do is to listen carefully with patience and compassion.

G GIVE REASSURANCE AND INFORMATION

Support the person in whatever way you can – practically, emotionally and spiritually. This may include providing nutritious meals, offering prayer or meeting up regularly to talk. Provide the person with trustworthy information to help them understand what they are experiencing. It can be comforting for people to know that they are not the only ones feeling this way.

E ENCOURAGE SELF-HELP AND OTHER SUPPORT STRATEGIES

Encourage the person to ask for support from family, friends and spiritual leaders. Other self-help strategies include regular exercise, getting sufficient sleep and starting a new hobby such as drawing or growing vegetables. Encourage the person not to misuse alcohol or other drugs as these can make the problem worse.

E ENCOURAGE APPROPRIATE PROFESSIONAL HELP

Mental health conditions can often be effectively treated with a mix of medical and psychological therapies. Where possible, encourage the person to speak to a doctor or community health worker about what they are experiencing and the impact it is having.



CASE STUDY: STRENGTHENING BODY AND MIND

The rooftop in Jordan is cold and wet from the rain, but after a short discussion, all the men are out running in a circle, starting the warm-up exercises.

For the next 45 minutes, the 12 men on the rooftop are running, jumping, moving arms up and down, doing push-ups, squats and other exercises.

PAINFUL STORIES

All the men in this fitness group are refugees from Syria. They have painful stories to tell of war, flight and the loss of loved ones, homes and businesses. When they arrived in Jordan, many found the loss of community and the inability to work and provide for their families very difficult.

'Basically, we just sat at home, causing trouble and problems in the family,' says one participant. 'But now we are coming out to take part in activities. And when we meet and visit each other, we talk. We are like friends and brothers now.'

FITTER AND HEALTHIER

After the exercises are over, all of the men agree that they are feeling fitter and healthier because of the programme. It is also helping their mental health. 'I feel more peace, and I am calmer now,' says one participant. 'It has helped my nerves... I have learnt to control my anger better, so I don't hurt other people.'

One of his friends adds: 'Life as a refugee is hard. Before the programme, I could be at home, really depressed. Now I have something to go to, there is a regular pattern in my days and my mood has improved.'

The men also highlight the positive value of the discussions at the beginning of each gathering. 'We have learnt how to treat our children and wives well, how to act in a good way, giving more love and strength,' says one man. Another shares how he no longer beats his wife when he



Exercise and community: two good ways to build resilience and begin to overcome trauma. Photo: Stella Chetham/Tearfund

is angry. 'I also feel more capable of treating neighbours and people in the community well,' he says.

email: publications@tearfund.org



By Karla Jordan

ON THE FRONTLINE

People working with members of their own communities who have survived traumatic events are exposed to many different physical and emotional challenges.

For example:

- They are likely to be working in difficult and dangerous situations while also trying to look after the needs of family members.
- They have often lived/are living through the crisis situation themselves and may be suffering from trauma.
- They may be grieving the loss of loved ones.
- As they support other survivors and listen to their stories, they may become increasingly upset and stressed (known as 'vicarious trauma').

In Iraq, many of Tearfund's national staff were survivors of the 2014 ISIS attacks and subsequent displacements. Each day they negotiated their way through military checkpoints, managed community expectations and delivered essential support services.

In recognition of the pressures they were under, Tearfund, together with a local partner, launched an initiative in 2019 to support their resilience and well-being.

The initiative had three components:

1. Training on topics including stress, self-care, managing interpersonal stress and understanding trauma.
2. Regular group consultations with a local therapist to help them talk through challenges including work-related stress, loss and grief.
3. Individual consultations for staff members who needed private psychological support.

Participants reported their greatest learning to be around self-care and coping strategies. One staff member said, 'I feel more ready to face stress. I used to avoid stress but now I know I am better at managing it at a personal level.'

Others noticed changes in behaviour in the team including improved mutual understanding, compassion and patience. 'This kind of training is very helpful,' said one participant. 'It gives us space to talk

to each other and understand how our colleagues are feeling.'

VICARIOUS TRAUMA

Anyone who works with survivors of traumatic events such as natural disasters, war, accidents or sexual and gender-based violence can be affected by vicarious trauma. This includes church and community volunteers, development workers and health professionals.

Vicarious trauma may result in:

- lingering feelings of anger and sadness about the person's situation
- distancing, numbing and detachment
- staying busy and avoiding listening to stories of traumatic experiences.

If you are badly affected by things you see, hear or experience, it is important to talk to someone about how you are feeling.

In addition, try to use self-care strategies to help you cope with the different stresses associated with your work.

For example:

- Avoid long hours at work, take regular breaks and take time off when you need to.
- Be realistic about what you can accomplish.
- Seek social and peer support from family members, friends and colleagues.

Karla Jordan worked as a Protection Adviser with Tearfund Iraq until early 2020.

📷 A local member of Tearfund staff takes the thumbprint of an internally displaced person as part of a cash assistance programme in Iraq. Photo: Abigail Drane/Tearfund





Happy!

WHAT MAKES YOU FEEL HAPPY?

- * Being with someone you love?
- * Singing and dancing?
- * Playing a game?
- * Reading a book?
- * Spending time with animals?
- * Something else?

There are many things that make us happy, and when we are happy we feel good!

Unfortunately, nobody feels happy all the time because there are things in life that make us feel sad. But when we are feeling sad, doing something we enjoy can often make us feel better. Talking to someone about how we are feeling can also help.

In the space above, draw pictures of some of the things that make you happy.



BIBLE VERSE MEMORY CHALLENGE!

It is good to thank God for the special things in our lives. Spend some time saying thank you to God for the things that make you happy, and talk to him about anything that is making you feel sad.

Can you learn this Bible verse?

'You have changed my sadness into a joyful dance; you have taken away my sorrow and surrounded me with joy.'
(Psalm 30:11 Good News Translation)

By Kimberly Lacroix, Sugandh Dixit, Kavita Nair and Bhargavi Davar

CIRCLE OF CARE

We first met 44-year-old Sukanta while conducting a survey to assess psychosocial needs in Laxminagar basti, a low-income neighbourhood in western India. Living in a small concrete room with her husband and youngest son, Sukanta was expressing thoughts of ending her life.

Local field staff spoke with Sukanta. They explained the Seher programme and obtained consent to work with her. Consent with each client at every step is crucial, and for Sukanta it showed that we respected her choices and that she had ownership of her needs.

The team spent time with Sukanta, listening to her and discussing her concerns across every area of life. They found that she was malnourished, unable to sleep, felt dizzy, anxious, on the edge of crying, and experienced *dhad dhad* – a racing heartbeat. Sukanta shared that she had been diagnosed with HIV ten years previously and that her husband and son were also living with HIV.

Despite being surrounded by people, Sukanta received very little support from her family and social circle. Her husband was abusive, one son was estranged and she was mourning the loss of two daughters. She felt isolated and rejected and had little self-esteem.

NUTRITION

We identified that poor nutrition was a major barrier to Sukanta's recovery, both physical and psychological. We encouraged her to eat healthily, discussing the benefits of a balanced diet. We connected her with the local *anganwadi* (government childcare centre) and organised for a partner organisation to send food. However, Sukanta remained weak and family conflicts reduced her desire to cook.

We then asked a Community Mental Health Volunteer (CMHV) to help prepare food for the family. CMHVs are peers

who help vulnerable members of their community to socialise and feel more included. The CMHV paid regular visits to Sukanta providing companionship and emotional support, and motivating her to take care of herself.

RELATIONSHIPS

It was important to address the violence that Sukanta and her son were experiencing. Her husband was upset with his HIV diagnosis and had become dependent on alcohol to cope. Resentment between the family members prevented them from caring for themselves and each other. Sukanta appeared numb to the violence and refused to take legal action.

Maintaining our ethical commitment to respect her choice, we decided to adopt a combination of home-based counselling, arts-based therapies and self-care activities to increase her self-esteem and strengthen her ability to speak up against the violence. We sang spiritual and traditional songs with her to enhance feelings of peace and connection with her surroundings.

MEDICAL CARE

We accompanied Sukanta to tuberculosis and HIV treatment clinics. Sukanta was admitted for special medical care multiple times, and each time we strongly encouraged her family to help. Eventually, they started to go with her to the hospital.

Regular interaction with the family helped them to learn care-giving skills and reminded them of their responsibility to look after Sukanta. Pressure on the family from neighbours to provide proper care also helped, as well as creating stronger social bonds.

FINAL YEARS

As Sukanta began to improve, she started to take care of herself and her son.



Life can be difficult for people living in the crowded low-income areas of India's cities.
Photo: Bapu Trust

Following her husband's death, we helped her to access a government pension and gain financial independence. By now, her parents-in-law were supporting her and her estranged son had returned. Her CMHV also continued to support her as a friend.

In this way, Sukanta's circle of care changed, expanded and became more nurturing. As her support system grew, we began to step back. After several contented years, Sukanta passed away in June 2020.

.....

Together, Kimberly Lacroix, Sugandh Dixit, Bhargavi Davar and Kavita Nair lead, shape and implement the Seher Comprehensive Urban Community Mental Health and Inclusion Programme in India.

*email: camhpune@gmail.com
<https://bapustrust.com/seher-inclusion-program>*

COMMUNITY-BASED SUPPORT

Sabera, in Afghanistan, used to beat her children and pull out chunks of her own hair. She had no interest in money, her house or even her family. She did not care if she lived or died.*

For seven years, Sabera suffered from severe depression. It started after two of her children died and her husband had a serious accident.

'We did not know why she was sick or what was wrong with her,' says Sabera's husband, Isaaq*. 'We did not know anything about mental health or that Sabera's condition could be treated.'

There are strong connections between people's social situations and their mental health. For example, poverty, gender inequality, violence, poor physical health or financial concerns may result in poor mental health. Equally, mental health conditions may cause or deepen poverty. This is particularly the case when families have little understanding of mental health or cannot access the support they need.

Where support is available, the stigma and shame associated with mental health conditions may stop people from accessing it. Stigma may also cause people to withdraw from social contact, or keep family members hidden at home.

By involving the whole community in supporting people affected by poor mental health, some of these problems can be overcome.

RECOVERY

When Sabera heard about the mental health support being offered by Tearfund's partner, she agreed to meet with one of their counsellors. She was offered talking therapy and appropriate medication, and she soon started to feel better.

At the same time, Tearfund's partner was working with local volunteers and organisations to increase their understanding of mental health and their support for people affected by mental health conditions. As a result, Sabera was given silkworms by her local community council, allowing her to start a small business. With the money made from the business she bought some livestock.

Being able to earn money and engage in meaningful work contributes as much to many people's recovery and self-esteem as access to medication and counselling. 'I am very happy,' says Sabera. 'Now, I value my life and my family.'

Isaaq, who had been struggling to work while also looking after Sabera and their nine children, says, 'Now, our life is ten times better than before!'

Through the wider influence of Tearfund's partner in the region, six television companies are broadcasting regular programmes about mental health and the government of Afghanistan has asked for training in positive behaviour management for staff from their kindergartens.

HOW TO INVOLVE COMMUNITIES

- Take time to understand the local situation and build trust and strong relationships. Community members and local staff and volunteers can all help with this.
- Engage passionate and committed staff/volunteers who want to see positive change and who are willing to break the silence around mental health.
- Be flexible and respond to different needs that local organisations/community groups have for training and support. Recognise that understanding of mental health is often weak and behaviour change, not just knowledge transfer, is important.
- Bring local faith and community groups together so they can learn from each other and develop joint initiatives.
- Make sure organisations and community groups know how to refer people to specialist psychiatric services, where available.
- Work with local media outlets (radio stations, newspapers) to share messages about social inclusion and mental health.
- If possible, take government officials to see your work. This often increases their support for a community-based approach to mental health care and may result in funding to expand the project.

📷 Sabera, Isaaq and one of their sons. Photo: Tearfund's partner



*names changed

email: publications@tearfund.org



PREVIOUS FOOTSTEPS

- FOOTSTEPS 112: Communicable diseases, particularly the article on page 14 'Coping with a pandemic'
- FOOTSTEPS 108: Living with disability
- FOOTSTEPS 102: Health and faith
- FOOTSTEPS 86: Stigma
- FOOTSTEPS 68: Forgiveness and reconciliation

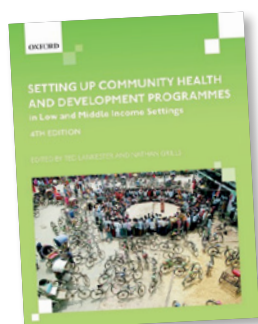
Visit www.tearfund.org/footsteps to download free copies, or contact us to order paper copies in English, French, Portuguese or Spanish.



SETTING UP COMMUNITY HEALTH AND DEVELOPMENT PROGRAMMES IN LOW AND MIDDLE INCOME SETTINGS

Edited by Ted Lankester and Nathan J Grills (fourth edition)

Clear and practical advice on how to start, develop and maintain health care programmes in rural or urban settings. The book includes a chapter on community mental health by Julian Eaton. Published by Oxford University Press in association with Arukah Network. Visit www.oup.com/academic to buy or download the book.



BEYOND DISASTER

By the Trauma Healing Institute

A guide for people who have survived, or are surviving, disasters. This Bible-based booklet offers strategies for coping in the short term, guidance on what to expect during recovery and practical steps for the journey towards emotional and spiritual healing. Download free of charge from <https://beyonddisaster.bible> Available in multiple languages.



WHERE THERE IS NO PSYCHIATRIST

By Vikram Patel (second edition)

This practical guide provides a basic understanding of mental health and how to assess and support people with mental health conditions. Download free of charge from www.cambridge.org/core/books or write to Cambridge University Press, Shaftesbury Road, Cambridge, CB2 8BS, UK.



LIFTING THE LID

A Bible study resource to help churches and other groups explore the topics of emotional and mental well-being. Visit <https://livability.org.uk> and search for 'Lifting the lid'.



USEFUL WEBSITES

who.int

Search the 'health topics' section of the World Health Organization website for information and fact sheets on many different mental health conditions. Available in multiple languages.

wfmh.global/publications

The World Federation for Mental Health offers publications on different mental health topics. They are free to download in various languages.

childrenforhealth.org

Children for Health is dedicated to developing children as communicators of essential health messages in their families and communities. Download pamphlets, books, posters and smartphone/tablet resources free of charge in multiple languages.



ADVOCACY TOOLKIT

By Joanna Watson

A comprehensive, practical and accessible guide to the theory and practice of advocacy. Download free of charge from https://learn.tearfund.org/advocacy_toolkit To order paper copies, email publications@tearfund.org or write to us using the address on page 19. Available in English, Spanish, Portuguese and French.



KNOTTY PROBLEM

Question: I am looking after a family member with a mental health condition and I am finding it difficult to cope. What can I do?

Answer: Caring for a person with a mental illness can be very difficult.

You may experience many distressing emotions:

- anger at the person who is ill, for making life hard
- sadness at seeing someone you love suffer
- guilt because of negative thoughts about the person
- hopelessness about the future for the person who is ill, and yourself
- frustration at finding that, no matter what you do, the illness remains
- shame because of what neighbours and other community members may think or say about the illness.

These emotions are common in all carers. Make sure you talk about your feelings with friends and family and find time to do things that you enjoy. Also ask for practical help from others if you need it.

Support group

If possible, join a support group for people who are in a similar situation to you. If there is no group available, consider starting one, or asking someone else to start one.

Meeting together regularly with other carers and sharing your experiences can be very helpful. You might also want to invite a community health worker to provide advice to the group on how to



Meeting with other carers to talk and share experiences can be very helpful.

manage difficult behaviours, for example. Or you could work through the book *Where there is no psychiatrist* which contains many practical tips (see page 18 for details).

Your support group will be well placed to help others in the community understand mental health conditions better, helping to reduce stigma and discrimination.

Patience

With the right combination of therapy, medication and social support, many people with a mental health condition will recover, but it can take a long time.

It can be helpful to compare the condition to a physical illness. For example, if someone breaks a leg it takes time to heal, just as a mental health condition takes time to heal. Even after the leg is better, the person still has to slowly regain their strength before they can use it fully. Similarly, even when the obvious signs of a mental health condition have gone, the person still needs time to get well.

With a broken leg there can sometimes be permanent disability, and this can also be the case with mental illness. When this happens, everyone in the family will need time and support as they adjust to the new situation.

Answer adapted from *Where there is no psychiatrist* by Vikram Patel

FOOTSTEPS

ISSN 0962 28619

Featuring practical solutions to development challenges, *Footsteps* magazine inspires and equips people to work with their local communities to bring positive change.

Footsteps is free of charge to grassroots development workers and church leaders. Those who are able to pay can buy a subscription by contacting the Editor. This enables us to continue providing free copies to those most in need. Readers are invited to contribute views, articles, letters and photos.

Footsteps is available in French as *Pas à Pas*, in Portuguese as *Passo a Passo* and in Spanish as *Paso a Paso*. It is also available in Hindi.

Editor: Jude Collins

Tearfund, 100 Church Road, Teddington, TW11 8QE, UK

Tel: +44 20 3906 3906

Fax: +44 20 8943 3594

Email: publications@tearfund.org

Website: learn.tearfund.org

Translations Editors: Carolina Kuzaks-Cardenas, Alexia Haywood, Helen Machin

Editorial Committee: Barbara Almond, Maria Andrade, J Mark Bowers, Dickon Crawford, Rei Crizaldo, Mike Clifford, Paul Dean, Helen Gaw, Ted Lankester, Liu Liu, Roland Lubett, Ambrose Murangira, Rebecca Weaver-Boyes, Joy Wright

Design: Wingfinger Graphics, Leeds

Illustrations: Unless otherwise stated, illustrations are from Petra Röhr-Rouendaal, *Where there is no artist* (second edition).

Scripture quotations taken from the Holy Bible, New International Version Anglicised (unless otherwise stated). Copyright © 1979, 1984, 2011 Biblica. Used by permission of Hodder & Stoughton Ltd, an Hachette UK company. All rights reserved.

Printed on 100 per cent recycled FSC-accredited paper, using environmentally friendly processes.

Subscription: Write or email, giving brief details of your work and stating preferred language, using the addresses given above. Alternatively, follow the instructions below for subscribing to e-footsteps and tick to receive printed copies.

e-footsteps: To receive *Footsteps* by email, please sign up through the Tearfund Learn website, learn.tearfund.org. Follow links to 'Footsteps' on the homepage.

Change of address: Please give us the reference number from your address label when informing us of a change of address.

Copyright © Tearfund 2021. All rights reserved. Permission is granted for the reproduction of text from *Footsteps* for training purposes provided that the materials are distributed free of charge and that credit is given to Tearfund. For all other uses, please contact publications@tearfund.org for written permission.

Opinions and views expressed in the articles do not necessarily reflect the views of the Editor or Tearfund. Technical information supplied in *Footsteps* is checked as thoroughly as possible, but we cannot accept responsibility should any problems occur.

Tearfund is a Christian relief and development agency working with partners and local churches to bring whole-life transformation to the poorest communities.

Published by Tearfund. A company limited by guarantee. Registered in England No 994339.

Registered Charity No 265464

(England and Wales)

Registered Charity No SC037624

(Scotland)

Please write to: The Editor, *Footsteps*, 100 Church Road, Teddington, TW11 8QE, UK

✉ publications@tearfund.org [facebook.com/tearfundlearn](https://www.facebook.com/tearfundlearn)



📷 Young people from high-risk communities in Guatemala enjoying team-building games.
Photo: Ivan Monzon

INTERVIEW

LEARNING TO FLY

Ivan Monzon Muñoz is a social psychologist and Director of Youth Culture and Risk Reduction with Fundación Doulos in Guatemala. Here he discusses some of the lessons he has learnt about resilience after working with marginalised communities for many years.

What does resilience mean to you?

When I moved with my family to Haiti after the earthquake in 2010 I thought I knew a lot about resilience. At that point I would have described it as 'the ability to return to stability after a crisis'. But after four years working in communities where crisis is part of 'normal' life, my concept of resilience changed to something like 'the ability to persevere, despite the crisis'. Not like a butterfly shaking off the dust after a volcanic eruption and flying away, but like a caterpillar trying to become a butterfly in the crater of an active volcano! Difficult, but not impossible.

Now, in Guatemala, I support churches and ministries to build strong relationships with vulnerable young people and create a supportive and nurturing environment for them. This helps them to not only survive, but also thrive.

What are the particular challenges young people in the region face?

Many young people are exposed to violence and crime from an early age including recruitment into armed gangs, domestic abuse and sexual and gender-

based violence. Other pressures include unemployment and natural disasters. The Covid-19 pandemic has made some of these problems worse.

Sadly, some try to escape from reality through drug and alcohol use, compulsive video-gaming, pornography and suicide. Many struggle with anxiety and depression leading to lack of motivation and, in some cases, violence and unpredictable behaviour.

How can these young people be supported?

It is easy to assume that food and clothes are among the main things that disadvantaged families and young people need, especially in the middle of a crisis such as war, an earthquake or Covid-19. However, after more than ten years working with vulnerable communities, I feel that the mental health aspects of resilience are often not given sufficient consideration.

Many young people feel alone. They do not have anyone they trust to talk to about their feelings and personal problems. One teenager in an urban neighbourhood recently said to me, 'We can get food and clothes, but what we need the most is more people believing in our dreams, and believing that we can reach these dreams.' Another said, 'I would love to have someone in my life to talk to about my problems.'

When young people have someone who really cares about them and their lives (even if this person is not with them all the time), there is a greater chance that

they will overcome the problems they are experiencing.

Young people also need opportunities to interact with their peers, enjoy recreational activities such as sport, and give and receive kindness, respect and affection.

How can churches help?

- **UNDERSTAND** Spend time with young people to find out what the problems are in their neighbourhoods, and the pressures they are experiencing.
- **MENTOR** Be willing to listen with love and without judgement, using basic mentoring skills such as empathy and active listening.
- **TRAIN** Promote economic resilience through educational support, skills training and livelihoods projects.
- **CREATE SPACE** Provide safe spaces where young people can spend social and recreational time together. This will help to build trust and will give the youngsters opportunities to relax, talk and support each other.
- **PROVIDE HOPE** Where there is violence, recrimination and blame, Jesus offers love, peace, forgiveness and hope. This can be life-changing for young people as they start to grow wings and learn how to fly.

email: imonzon@doulosgt.org