



MENTAL HEALTH GUIDEBOOK

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1 INTRODUCTION

The main intent of coming up this plan is to assist and share a basic guide to our faculty and staff who may encounter or know students/fellow personnel undergoing mental health issues at the present time of pandemic.

Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. So it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic and the current modality of remote learning, as well.

Faced with new realities of working from home, skeletal reporting for work, home-schooling of students, and lack of physical contact with other family members, friends and colleagues, it is important that we look after our mental as well as our physical health.

This basic guide aims to help orient people supporting their students and fellow colleagues to integrate psychosocial support skills into their daily work, thereby making a difference to the well-being of people they come in contact with during the pandemic. More specifically, this GUIDE is intended for everyone in the campus; emergency health responders; officials of the University, teachers, staff and people who are providing support to vulnerable family members or members of their community.



1 To provide a basic guide for the 'helper/carer/nurturer'.



2 To understand better about stress, depression and anxiety.



3 To identify common symptoms, causes and self-help ways of coping.



4 To explore 'basics' in helping someone having these conditions.



SPECIFIC OBJECTIVES

STRESS

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TENSYON

In a medical or biological context, stress is a physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Stress can initiate the “fight or flight” response, a complex reaction of neurologic and endocrinologic systems.

(Medicinenet - William C. Shiel, Jr., MD, FACP, FACR)

E Emotional Reactions:
Feeling sad, angry, scared, etc.

B Behavioural Reactions:
Lack of motivation, avoiding doing activities, becoming violent, etc.

P Physical Reactions:
Headaches, muscle pain, back pain, difficulty sleeping, lack of appetite, etc.



NATURE,
SYMPTOMS,
CAUSES &
WAYS OF COPING

SUPPORTING PEOPLE WHO ARE EXPERIENCING STRESS

First, encourage the person to think of something they can do to feel better. People may already have things they do to help themselves in stressful situations. To support them to draw on this knowledge, ask the person, “What has helped you previously when you have felt this way?” or “What do you currently do to help yourself feel better?” You can provide them with prompts if they struggle to think of something, e.g. “Is there anyone who can help you?”; “Are there any activities you used to enjoy doing that you could do?”.



Exercise, walk or dance



Speak to a friend or family member



Listen to music or the radio

If a person cannot think of anything they can do to help themselves, you can make suggestions like:



Make a list of all the things you are grateful for (in your head or on paper)




Try to find time to do an activity you enjoy (a hobby) or find meaningful every day



Do something creative, such as art, singing, crafts or writing



Read a book or listen to an audiobook



Second, try a relaxation activity. If someone appears anxious or stressed, slow breathing may help.

Say: "I have a technique which can help you to feel calmer when you feel stressed. It involves taking some slow breaths together. Is it okay for us to try doing this together?"

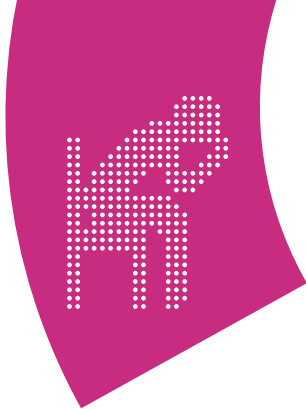
If the person is agreeable, then continue:

"Together with me, take a breath in through your nostrils while counting to 3. Keep the shoulders down and let the air fill the bottom of the lungs and then exhale slowly through your mouth while counting to 6. Are you ready? We will do this 3 times."

DEPRESSION

PAGKALUMBAY

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how we feel, the way we think and how we act. Fortunately, it is also treatable. It causes feelings of sadness and/or a loss of interest in activities once enjoyed. Feeling sad or having a depressed mood (American Psychiatric Association or APA).



TYPES OF DEPRESSION

1. Major Depression
2. Persistent Depressive Disorder
3. Bipolar Disorder
4. Seasonal Affective Disorder (SAD)
5. Psychotic Depression
6. Peripartum (Postpartum) Depression
7. Premenstrual Dysphoric Disorder (PMDD)
8. 'Situational' Depression.

We have all felt “sad” or “blue” at one time or another. Rare bouts of depression that last only a few days are usually not a problem for most people. But, clinical depression - the type that people seek help for - is a different story. The DSM 5 uses the term “major depressive disorder” to classify and diagnose clinical depression. Major depressive episodes are the hallmark features of this type of depression.

These episodes are characterized by extreme symptoms that interfere with daily functioning.

IS IT NORMAL TO HAVE DEPRESSION?

Feeling depressed can be a normal reaction to loss, life’s struggles, or an injured self-esteem. But when feelings of intense sadness including feeling helpless, hopeless, and worthless which will last for many days to weeks and keep you from functioning normally, your depression may be something more than sadness.

SYMPTOMS OF DEPRESSION

Clinical depression, or a major depressive episode, can include any of the following symptoms:



Feeling sad most of the time



Feeling tired or having low energy most of the day



Loss of interest in activities once enjoyed



Low self-esteem or feeling worthless



Changes in appetite, weight loss or weight gain



Trouble concentrating



Difficulty sleeping



Feeling helpless or hopeless



Unexplained headaches, stomach problems or muscular/skeletal pain



Thoughts of death or suicide

CAUSES OF DEPRESSION



Abuse. Past physical, verbal or emotional abuse can cause depression later in life



Death or a loss



Other personal problems



Genetics



Conflict



Major events



Serious illnesses

IT ALSO HAPPENS DUE TO?

Stress, Health, and Hormones. Things like stress, using alcohol or drugs, and hormone changes also affect the brain's delicate chemistry and mood. Some health conditions may cause depression-like symptoms. For example, hypothyroidism is known to cause depressed mood in some people.

WAYS OF COPING WHEN ONE IS DEPRESSED



Develop strong social support



Improve your sleep hygiene



Improve your eating habits



Beat procrastination – set deadlines and manage your time well



Learn how to stop negative thoughts



Reduce your stress through relaxation techniques like breathing-focus; body scan which blends with breathing-focus and with progressive muscle relaxation such as guided imagery; mindfulness meditation; yoga, tai chi, and qigong and repetitive prayer.



Get a handle on your household chores- Take control of your daily chores. Start small and work on one project at a time.



Create a wellness toolbox- Think of things you like to do when you're happy, or cuddling your pet, listening to your favorite music, taking a warm bath, or reading a good book.

ANXIETY

PAGKABALISA

Anxiety is more than just feeling stressed or worried. While stress and anxious feelings are a common response to a situation where a person feels under pressure - for example, meeting work deadlines, sitting exams or speaking in front of a group of people - it usually passes once the stressful situation has passed, or 'stressor' is removed.

Anxiety is a normal human experience. In fact, it is considered a beneficial response in certain situations. For example, dangerous situations trigger anxiety in the form of a fight-or-flight stress response that is necessary for our survival. Or, sometimes anxiety gives us the necessary push we need to get things done.

While it's pretty clear that anxiety is normal and even beneficial, for some people it becomes a problem. And, when anxiety becomes a problem, the effects can be physical, emotional and behavioral. Your symptoms may lead to an anxiety disorder if they are:

- **Severe or last a long time**
- **Out of proportion to the situation at hand**
- **Causing extreme behaviors (i.e., avoidance) to reduce the anxiety**

It should also be noted that anxiety can be a central aspect of depression, causing an anxious or agitated depression.

DIFFERENCE BETWEEN “NORMAL” WORRY AND GENERAL ANXIETY DISORDER (GAD)

Worries, doubts, and fears are a normal part of life. It's natural to be anxious about an upcoming test or to worry about your finances after being hit by unexpected bills. When worrying involved in GAD is:

- Excessive
- Intrusive
- Persistent
- Disruptive

“Normal” Worry: Your worrying doesn't get in the way of your daily activities and responsibilities. You're able to control your worrying. Your worries, while unpleasant, don't cause significant distress. Your worries are limited to a specific, small number of realistic concerns. Your bouts of worrying last for only a short period of time.

TYPES OF ANXIETY

1. GENERALIZED ANXIETY DISORDER (GAD)

A person feels anxious and worried most of the time, not just in times of exceptional stress, and these worries interfere with their normal lives for a period of 6 months or more.



2. SOCIAL PHOBIA

A person has an intense fear of being criticized, embarrassed or humiliated, even in everyday situations, such as speaking publicly, eating in public, being assertive at work or making small talk.

3. SPECIFIC PHOBIAS

A person feels very fearful about a particular object or situation and may go to great lengths to avoid it, for example, having an injection or travelling on a plane.

4. OBSESSIVE COMPULSIVE DISORDER (OCD)

A person has ongoing unwanted/intrusive thoughts and fears that cause anxiety. Although the person may acknowledge these thoughts as silly, they often try to relieve their anxiety by carrying out certain behaviors or rituals. For example, a fear of germs and contamination can lead to constant washing of hands and clothes.

5. PANIC ATTACK

Anxiety attacks, also known as panic attacks, are episodes of intense panic or fear. Anxiety attacks usually occur suddenly and without warning. Sometimes there's an obvious trigger—getting stuck in an elevator, for example, or thinking about the big speech you have to give—but in other cases, the attacks come out of the blue. If you have agoraphobia, you are likely to avoid public places such as shopping malls, or confined spaces such as an airplane.

6. POST-TRAUMATIC STRESS DISORDER (PTSD)

PTSD is an extreme anxiety disorder that can occur in the aftermath of a traumatic or life-threatening event. PTSD can be thought of as a panic attack that rarely, if ever, lets up. Symptoms of PTSD include flashbacks or nightmares about the incident, hypervigilance, startling easily, withdrawing from others, and avoiding situations that remind you of the event.

7. SEPARATION ANXIETY DISORDER

Children with separation anxiety disorder may become agitated at just the thought of being away from mom or dad and complain of sickness to avoid playing with friends or going to school.



GENERALIZED ANXIETY DISORDER (GAD)

Your worrying significantly disrupts your job, activities, or social life. Your worrying is uncontrollable. Your worries are extremely upsetting and stressful. You worry about all sorts of things, and tend to expect the worst. You've been worrying almost every day for at least six months.

SYMPTOMS OF ANXIETY

BEHAVIOURAL

- Inability to relax, enjoy quiet time, or be by yourself
- Difficulty concentrating or focusing on things
- Putting things off because you feel overwhelmed
- Avoiding situations that make you

PHYSICAL

- Increased heart rate/racing heart
- Shortness of breath
- Vomiting, nausea or stomach pain
- Muscle tension and pain (e.g. sore back or jaw)
- Feeling detached from your physical self or surroundings
- Having trouble sleeping (e.g. difficulty falling or staying asleep)
- Sweating, shaking
- Dizzy, lightheaded or faint
- Numbness or tingling
- Hot or cold flushes
- Difficulty concentrating

THOUGHTS

- "I'm going crazy."
- "I can't control myself."
- "I'm about to die."
- "People are judging me."
- Having upsetting dreams or flashbacks of a traumatic event
- Finding it hard to stop worrying
- Unwanted or intrusive thoughts



FEELINGS

- Overwhelmed
- Fear (particularly when having to face certain objects, situations or events)
- Worried about physical symptoms (e.g. fearing there is an undiagnosed medical problem)
- Dread (e.g. that something bad is going to happen)
- Constantly tense, nervous or on edge
- Uncontrollable or overwhelming panic

CAUSES OF ANXIETY

Family history of mental health conditions. People who experience anxiety often have a history of mental health conditions in their family. However, this doesn't mean that a person will automatically develop an anxiety condition if a parent or close relative has had a mental health condition.

ONGOING STRESSFUL EVENTS

Stressful events can also trigger symptoms of anxiety. Common triggers include:

- Job stress or job/school change
- New learning mode
- Change in living arrangements
- Pregnancy and giving birth
- Family and relationship problems
- Major emotional shock following a stressful or traumatic event
- Verbal, sexual, physical or emotional abuse or trauma
- Death or loss of a loved one

PHYSICAL HEALTH PROBLEMS

Continuing physical health problems can also trigger anxiety or complicate the treatment of anxiety or the physical condition itself. Common conditions that can do this include:

- Hormonal problems (e.g. overactive thyroid)
- Diabetes
- Asthma
- Heart disease

PERSONALITY FACTORS

Some research suggests that people with certain personality traits are more likely to have anxiety. For example, children who are perfectionists, easily flustered, lack self-esteem or want to control everything, sometimes develop anxiety during childhood or as adults.

SELF-HELP TIPS ON HOW TO ADDRESS ANXIETY

TIP 1: CONNECT WITH OTHERS

- Build a strong support system
- Talk it out when your worries start spiraling



- Know who to avoid when you're feeling anxious
- Be aware that having an anxiety can get in the way of your ability to connect with others

TIP 2: LEARN TO CALM DOWN QUICKLY

To self-soothe, use of one or more of your physical senses:

- **Sight.** A beautiful view, family photos, cat pictures on the Internet.
- **Sound.** Listen to soothing music, sing a favorite tune, or play a musical instrument, sounds of nature.
- **Smell.** Light scented candles. Smell the flowers in a garden. Breathe in the clean, fresh air.
- **Taste.** Slowly eat a favorite treat, savoring each bite. Sip a hot cup of coffee or herbal tea. Chew on a stick of gum. Enjoy a mint or your favorite hard candy.
- **Touch.** Give yourself a hand or neck massage. Cuddle with a pet. Wrap yourself in a soft blanket. Sit outside in the cool breeze.
- **Movement.** Go for a walk, jump up and down, or gently stretch. Dancing, drumming, and running can be especially effective.

TIP 3: GET MOVING

- **Exercise** is a natural and effective anti-anxiety treatment. It relieves tension, reduces stress hormones, boosts feel-good chemicals such as serotonin and endorphins, and physically changes the brain in ways that make it less anxiety-prone and more resilient.

TIP 4: LOOK AT YOUR WORRIES IN NEW WAYS

TIP 5: PRACTICE RELAXATION TECHNIQUES

Regular relaxation techniques such as mindfulness meditation, progressive muscle relaxation, and deep breathing can reduce anxiety symptoms and increase feelings of relaxation and emotional well-being.

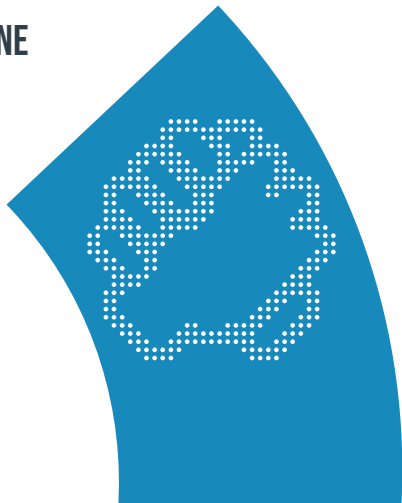
TIP 6: ADOPT ANXIETY-BUSTING HABITS LIKE GET ENOUGH SLEEP; LIMIT CAFFEINE; AVOID ALCOHOL AND NICOTINE; EAT RIGHT.

Note: If their worries, fears, or anxiety attacks have become so great that they're causing extreme distress or disrupting your daily routine despite of doing self-help coping strategies, **it's important to seek professional help.**

THINGS TO DO TO SUPPORT SOMEONE

When a student or a colleague is referred by others or voluntarily referred (self-referred). Immediately, assess the situation if you can handle the person by extending your listening ear. **Supporting a person with active listening is a great help!**

Listening is the most essential part of supportive communication. Rather than immediately offering advice, allow



people to speak in their own time and listen carefully so that you can truly understand their situation and needs, help them feel calm and be able to offer appropriate help that is useful to them. Learn to listen with your: (a) giving the person your undivided attention; (b) truly hearing their concerns; (c) with care and showing respect and empathy.

Active listening is a technique to help you listen well and communicate supportively. It involves 3 steps:



1. LISTEN ATTENTIVELY

- Really try to understand the person's point of view and feelings.
- Let them talk; remain quiet until they have finished.
- Block out distractions – is it noisy around? Can you go somewhere quieter? Can you calm your mind and focus on the person and what they are saying?
- Be warm, open and relaxed in the way you present yourself.

2. REPEAT

- Repeat messages and key words the person has said, e.g. "You say looking after your academics while working household chores can be overwhelming."
- Ask for clarification if there is something you didn't understand, e.g. "I didn't quite understand what you said just then, could you please explain again?"

3. SUMMARIZE AT THE END WHAT YOU HAVE UNDERSTOOD

- Identify and reflect key points you heard the person say, so that they know you have heard them and to be sure you have understood them correctly, e.g. "From what you have just said, I understand that you are mainly worried about [summarize main concerns they have expressed], is that correct?"

Remember: Be aware of both your words and your body language (if face to-face).

WORDS

Use supportive phrases to show empathy ("I understand what you are saying") and acknowledge any losses or difficult feelings that the person shares ("I am so sorry to hear that", "That sounds like a tough situation").

BODY LANGUAGE (IF FACE TO-FACE)

Includes your facial expressions, eye contact, gestures and the way you sit or stand in relation to the other person.

Be sure to speak and behave in ways that are appropriate and respectful, according to the person's culture, age, gender and religion. Do not pressure the person to speak if they do not want to.

We are not to diagnose, but only to listen to their issues and possibly give your support by encouraging the person to be referred to health professionals.

It is important to note also that sometimes when a person wants to talk to you, they may not be seeking advice, but rather just need to discuss their concerns.

WHEN COMMUNICATING REMOTELY (E.G. OVER THE TELEPHONE)

- If talking about a sensitive subject, make sure that the person is able to speak, e.g. "I'm calling to speak to you about your health concern. Are you able to speak freely at this time? You can answer simply yes or no."
- Clarify any miscommunications or misunderstandings, e.g. "It's different now we are talking over the phone, and I wasn't quite sure what you meant when you said... can you explain further?"
- Allow for pauses when the person stays silent.
- Make helpful comments to normalize silence such as, "It's ok, take your time", "I'm here when you want to talk", etc.
- Try to minimize disruptions, e.g. "I am having trouble hearing you, would it be possible for you to move to a quieter area?" Make sure that you are in a quiet area when calling the person.

REFER WHEN NECESSARY

- Suggest to the person to see a doctor or health professional and/or help them to make an appointment.
- Provide a person with necessary information on **where to refer**:

THE UP MINDANAO OFFICE OF STUDENT AFFAIRS (UPMIN-OSA) MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

UPMin-OSA is offering *Mental Health & Psychosocial Support Services* amid the current COVID-19 pandemic for both UPMin students and employees (faculty, REPS, admin staff, and personnel through the help of the following mental health partners:



DOH - Southern Philippines
Medical Center



PMHA - Davao Chapter



Psychological Consultancy
Services



AUPAEU - UP Mindanao
Project Tambayayong

Ms. Sheena Nazareno
Instructor, Davao Doctors
College (DDC); Moderator,
Alliance of Psychology Students
of Davao Doctors College



UP MINDANAO MENTAL HEALTH HELPLINE



FOR STUDENTS:

<http://tiny.cc/UPMinMentalHealthHelpline>



FOR EMPLOYEES:

<http://tiny.cc/MentalHealthHelpline>



COUNSELING AND TESTING SECTION

Email: cts_osa.upmindanao@edu.ph
Mobile No. 09055107118

DEPARTMENT OF HEALTH – DAVAO REGION HOTLINE

COVID-19 MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



CALLS ONLY
8:00AM - 5:00PM

GLOBE
SMART
SUN

0977 760 8610
0939 768 3627
0933 404 1070
0933 404 1072



PHILIPPINE MENTAL HEALTH ASSOCIATION (PHMA) DAVAO CHAPTER

76-A Pag-asa St., S.I.R. Phase 2, New Matina Davao City



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INSTITUTE OF PSYCHIATRY AND BEHAVIORAL MEDICINE

Southern Philippines Medical Center, J.P. Laurel Ave, Bajada Davao City



**OPD CONSULTATION
BY APPOINTMENT**

MONDAY - FRIDAY
8:00AM - 3:00PM



CALL OR TEXT

SMART 0999 224 9783
TM 0936 068 9225



TELEPHONE CONSULTATION AND E-PRESCRIPTION

To continue the provision of mental health services to our patients during the COVID-19 pandemic where suspension of land travels and enforcement of strict border protocols is being implemented.



SCHEDULE

MONDAY - FRIDAY
8:00AM - 3:00PM



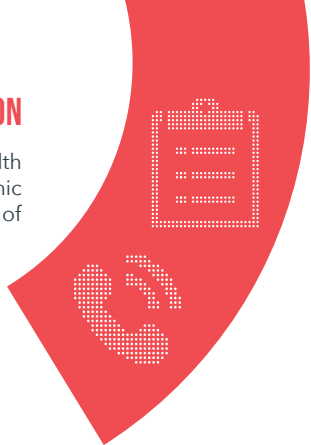
CALL OR TEXT

SMART 0939 370 3531
TM 0965 874 9742



TEL. NO.:

227-1531; 227-2731;
287-7730; local: 5077



INSTRUCTIONS

CALL OUR HOTLINES

A brief interview will be conducted and identifying data will be asked.

FOR OUR OLD PATIENTS

Using your HRN number, OPD records will be checked if eligible for e-prescription.

FOR NEW PATIENTS AND THOSE LOST TO FOLLOW-UP

You are advised to see a local physician and have the physician endorse the patient's Mental Status Examination through phone.

E-PRESCRIPTIONS

An e-prescription will be sent to the patient through e-mail.



WHAT TO DO WHEN ENCOUNTERING SOMEONE IN SERIOUS DISTRESS

1. SAFETY FIRST!

Make sure that you, the person and others are safe from harm. If you feel unsafe, leave and get help. If you think the person may hurt themselves, get help (ask a colleague, call emergency services, security guards, responders, etc.). Do not put yourself at risk.

2. LET THEM KNOW WHO YOU ARE

Introduce yourself clearly and respectfully - your name and your role, and that you are there to help. Ask them for their name so that you can address them.

3. KEEP CALM

Don't shout at the person or physically restrain them.

4. LISTEN

Use your communication skills, as described in the previous page. Do not pressure the person to talk. Be patient and reassure them that you are there to help and to listen.

5. OFFER PRACTICAL COMFORT AND INFORMATION

If possible, offer the person a quiet place to talk, or offer a glass of water. These gestures of comfort will help them feel safe. Ask them what they need - don't assume that you know.

6. HELP PEOPLE REGAIN CONTROL

- If the person is anxious, support them to breathe slowly.
- If the person is out of touch with their surroundings, remind them where they are, the day of the week and who you are. Ask them to notice things in their immediate environment (e.g. "Name one thing you see or hear").
- Help them to use their own good coping strategies and to reach out to supportive people in their lives.

7. PROVIDE CLEAR INFORMATION

Give reliable information to help the person understand the situation and what help is available. Make sure that you use words they can understand (not complicated words). Keep the message simple and repeat it or write it down if needed. Ask them if they understand or have any questions.

8. STAY WITH THE PERSON

Try not to leave the person alone. If you can't stay with them, find a safe person (a colleague, a friend) to be with them until you find help or they feel calmer.

9. REFER TO SPECIALIZED SUPPORT

Do not go beyond the limits of what you know. Let others with more specialized skills, such as doctors, nurses, counselors and mental health professionals to takeover. Link the person directly with support, or make sure that they have contact information and clear instructions for getting further help.

If you are talking on the phone, try to stay on the line with the person until they calm down and/or you are able to contact emergency services to go and help directly. Check that they are comfortable and able to talk.

DO'S – OR THINGS THAT MAY ALLOW YOU TO HELP SOMEONE

- Spend time talking about their experiences.
- Let them know you're there to listen without being judgmental.
- Talk openly about their feelings.
- Encourage them to use self-help strategies (e.g. breathing exercises).
- Encourage them to try to get enough sleep, exercise and to eat well.
- Highlight the option of seeing a doctor or health professionals.

- Assist the person to see a doctor or health professional by giving the right information of mental health practitioners in the area.
- Immediately contact a doctor or hospital, if they become a threat to themselves or others.
- Encourage them to call or text you. Talking on the phone and knowing someone is there to pick up can actually be comforting to someone that is trying to control their anxiety. Anxiety can make people feel lost and alone.
- As helper/carer, take care of yourself, too. Recognize that your goal is to help, not to cure the person or relieve them from their anxiety.
- Patience with ourselves, and those we care for, is an essential ingredient even though it may seem beyond our reach at times.

DON'TS - OR THINGS THAT CAN BE UNHELPFUL

- Don't pressure them to "just relax" or "calm down".
- Don't stay away or avoid the person.
- Don't pressure them to manage how they're feeling with drugs or alcohol.
- Don't assume that you can make them feel less anxious on your own.
- Don't assume the problem will just go away.
- Don't bring up the anxiety often. This is a tricky one - while you want to be there to talk about it, there are some anxieties, like panic attacks, that can be triggered by thinking about it. In other words, if you ask someone, "How are your panic attacks?" you may accidentally trigger an attack. Let them bring it up with you.



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