

Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak- Version 1.0

IASC

Inter-Agency Standing Committee
IASC Reference group for Mental Health and
Psychosocial Support in Emergency Settings

This is version 1.0 of this document (Feb 2020). It will be updated regularly during the COVID-19 outbreak.
Contact the IASC MHPSS Reference Group (mhpss.refgroup@gmail.com) for a copy of the latest version



INTRO:

This briefing note summarises key mental health and psychosocial support (MHPSS) considerations in relation to the 2019 novel coronavirus (COVID-19) outbreak. The brief was last updated February 2020.

CONTEXT:

- The context of COVID-19 is changing rapidly while the understanding of COVID-19 is constantly evolving.
- For up to date information:
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
 - <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
 - Local and/or state public health agencies



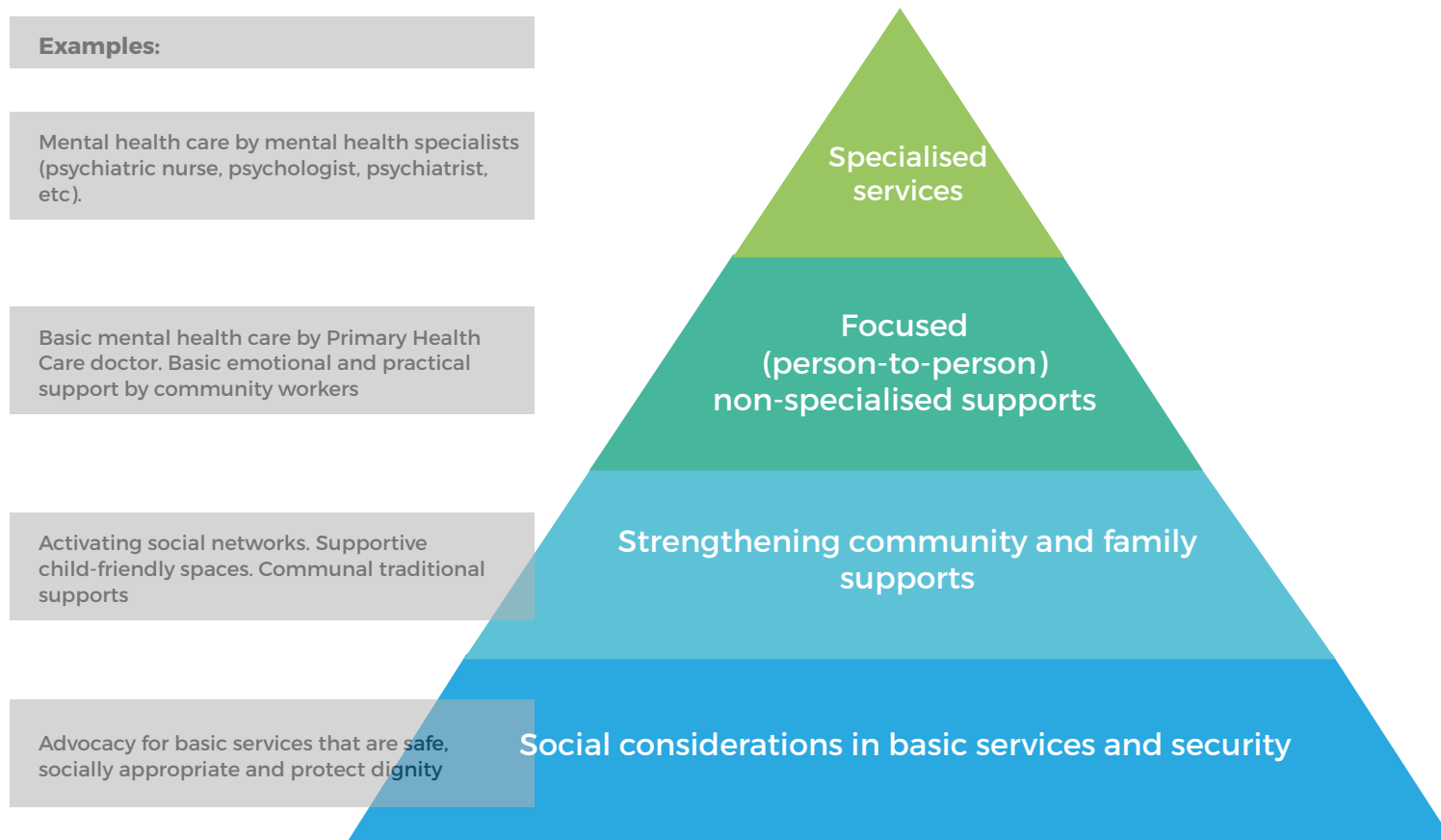
Mental Health and Psychosocial Support (MHPSS)

Global definitions: The composite term 'mental health and psychosocial support' (MHPSS) is used in the Inter Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings to describe *'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition'*. The global humanitarian system uses the term MHPSS to unite a broad range of actors responding to emergencies such as the COVID-19 outbreak, including those working with biological approaches and sociocultural approaches in health, social, education and community settings, as well as to *'underscore the need for diverse, complementary approaches in providing appropriate support'*.¹

IASC guidelines: the IASC Guidelines for MHPSS in Emergency Settings recommends that multiple levels of interventions be integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions (See Figure 1) ranging from embedding social and cultural considerations in basic services, to providing specialised services for individuals with more severe conditions. Core principles include: do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities, adopt multi-layered interventions and work with integrated support systems. Checklists for using the guidelines have been produced by the IASC Reference Group.²



FIGURE 1.
Intervention pyramid for mental health and psychosocial support



Mental health and psychosocial responses to COVID-19

- In any epidemic, it is common for individuals to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:³
 - Fear of falling ill and dying
 - Avoiding approaching health facilities due to fear of becoming infected while in care
 - Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work
 - Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g. racism against persons who are from, or perceived to be from, affected areas)
 - Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
 - Fear of being separated from loved ones and caregivers due to quarantine regime
 - Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine
 - Feelings of helplessness, boredom, loneliness and depression due to being isolated
 - Fear of reliving the experience of a previous epidemic
- Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect the population. Stressors include:
 - Risk of being infected and infecting others, especially if the transmission mode of COVID-19 is not 100% clear
 - Common symptoms of other health problems (e.g. a fever) can be mistaken for COVID-19 and lead to fear of being infected
 - Caregivers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support.
 - Risk deterioration of physical and mental health of vulnerable individuals, for example older adults (Intervention 1) and people with disabilities (Intervention 2), if caregivers are placed in quarantine if other care and support is not in place.⁴

Mental health and psychosocial responses to COVID-19 (Cont.)

- Furthermore, frontline workers (including nurses, doctors, ambulance drivers, case identifiers, and others) may experience additional stressors during the COVID-19 outbreak:
 - Stigmatization towards those working with COVID-19 patients and their remains
 - Strict bio-security measures:
 - Physical strain of protective equipment
 - Physical isolation making it difficult to provide comfort to someone who is sick or in distress
 - Constant awareness and vigilance
 - Strict procedures to follow preventing spontaneity and autonomy
 - Higher demands in the work setting, including long work hours, increased patient numbers and keeping up-to-date with best practices as information about COVID-19 develops
 - Reduced capacity to use social support due to intense work schedules and stigma within the community towards frontline workers
 - Insufficient personal or energy capacity to implement basic self-care
 - Insufficient information about the long-term exposure to individuals infected by COVID-19
 - Fear that frontline workers will pass COVID-19 onto their friends and family as a result of their work
- The constant fear, worry and stressors in the population during the COVID-19 outbreak can lead to long-term consequences within communities and families:
 - Deterioration of social networks, local dynamics and economies
 - Stigma towards surviving patients resulting in rejection by communities
 - Possible anger and aggression against government and frontline workers
 - Possible mistrust of information provided by government and other authorities
 - People with developing or existing mental health and substance use disorders experiencing relapses and other negative outcomes because they are avoiding health facilities or unable to access their care providers
- Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of lack of knowledge, rumours and misinformation.³ Common rumours regarding COVID-19 include:
 - The virus only attacks old people and spares young people and children
 - The virus can be transmitted through pets and people should abandon their pets
 - The use of mouthwash, antibiotics, cigarettes, and liquor with high alcohol can kill COVID-19
 - The disease is premeditated and COVID-19 is a bioweapon designed to target a specific population
 - Food items are contaminated and will spread the virus
 - Only members of specific cultural or ethnic groups can spread the virus
- Social stigma and discrimination can be associated with COVID-19, including towards persons who have been infected, their family members and health care and other frontline workers. Steps must be taken to address stigma and discrimination at all phases of the COVID-19 emergency response. Care should be taken to promote the integration of people who have been affected by COVID-19 without over-targeting (See below: Overarching principles: 'Whole of Society' approach').⁵
- On a more positive note, some people may have positive experiences, such as pride about finding ways of coping and resilience. Faced with disaster, community members often show great altruism and cooperation, and people may experience great satisfaction from helping others.⁶ Examples of MHPSS community activities during a COVID-19 outbreak might include:
 - Maintaining social contact with people who might be isolated using phone calls or text messages
 - Sharing key factual messages within the community, especially with individuals who don't use social media
 - Providing care and support to people who have been separated from their families and caregivers

Overarching principles for an MHPSS response to COVID-19

- Wider context:
 - MHPSS responses must be grounded in the context. Outside of the COVID-19 outbreak, what are the pre-existing and ongoing issues within this community? These issues cannot be separated from the MHPSS response.
 - As the virus spreads to other countries, there must not be a one size fits all approach to addressing the mental health and psychosocial needs of the population.
 - Within each context, it is necessary to understand the needs of specific groups within the population who might experience barriers to accessing information, care and support or be at higher risk of infection. MHPSS support should be accessible and adapted appropriately for the needs of children (Intervention 3), older adults (Intervention 1), people with disabilities (Intervention 2), and other vulnerable groups (e.g. people with compromised immune systems and minority ethnic groups). Consideration must also be made for the specific needs of women, men, girls and boys.
 - MHPSS approaches need to evolve and adapt to the needs of each population affected by COVID-19 and at different times of the outbreak. (i.e., before, during and after high infection rates).
 - Preparedness will considerably improve and accelerate the response at the onset of an outbreak. Countries where the epidemic hasn't yet spread need to prepare a possible MHPSS response. Such countries should use the current response to the COVID-19 outbreak, and MHPSS work done during previous outbreaks, to guide their preparation.
 - Example: COVID-19 MHPSS activities used in China^{7,8,9} might not be relevant in other countries or may need adaptations to fit the new context (including adaptations to culture, language, health and social systems, etc.).
- Strengthen MHPSS in the COVID-19 response
 - MHPSS should be a core component of any public health response.
 - Understanding and addressing mental health and psychosocial considerations will be key to stopping transmission and preventing the risk of long-term repercussion on the population's wellbeing and capacity to cope with adversity.
- This includes the integration of MHPSS approaches and activities within community strategies, community outreach, case identification and contact tracing, as well as activities at health facilities and quarantine sites (Intervention 4), and in discharge/aftercare strategies.
- Mental health interventions should be carried out within general health services (including primary health care (PHC)) and could in addition be organized in other pre-existing structures in the community, such as schools, community centres, youth and senior centres.⁶
- The mental health and wellbeing of frontline workers needs to be addressed and supported. Healthcare workers, case identifiers, workers involved in dead body management, and many other staff and volunteers need to be provided with ongoing MHPSS both during and after the outbreak (Intervention 5).
- Example: Experience indicates that persons in quarantine who can choose during their day (e.g. meal choices), have access to structured activities, have a routine and receive information updates (on notice boards or through text messages) are likely to cope better than individuals confined to an isolated area with decreased autonomy.¹⁰ Integrating a psychosocial approach to establishing quarantine sites will significantly contribute to the well-being of quarantined persons & their families.
- Emphasise coordination
 - MHPSS should be considered a cross cutting issue amongst all sectors/emergency pillars involved in the response.⁶
 - Clear coordination mechanisms and integration of MHPSS technical expertise is critical.
 - Sharing MHPSS information and tools between all sectors/emergency pillars is crucial during an outbreak so as to capitalize on resources. Where there are gaps in knowledge and expertise, online trainings for MHPSS in emergencies should be can be facilitated and pooled between governments and agencies.
 - Example: Risk communication is a key element of any outbreak.^{11, 12} Integrating positive mental health messages (Intervention 6) into all general public messages (TV, social media, etc.) will promote the well-being of the population. It is the responsibility of all sectors (e.g. protection,

Overarching principles for an MHPSS response to COVID-19 (Cont.)

education) including members of the media, to share such messages. A comprehensive public awareness campaign should be mobilized in order to educate communities, address stigma and any excessive fears of contagion, and encourage the public to value and support frontline workers.

● Existing services

- It is important to map existing MHPSS expertise & structures in each region, including private & public health and education services. Mapping serves as a mechanism to pool, mobilize and coordinate resources.
- It is critical to establish or enhance inter-agency and inter-sectoral referral pathways to ensure that children and families with other concerns (such as protection, survival needs, etc.) or more severe distress may access needed services promptly.
- Existing MHPSS workers may not be trained in MHPSS in emergency settings. Providing training and building capacity in appropriate MHPSS approaches in emergencies will encourage existing services to provide MHPSS in the context of COVID-19.
- Precautions should be taken to ensure that people with mental health and substance abuse disorders continue to access medication and support during the outbreak, both in the community as well as in institutions. The right to informed consent must be respected at all times throughout treatment for people with mental health and substance abuse disorders on an equal basis with all other people.
- People who develop symptoms of COVID-19 during a stay in an inpatient mental health facility should receive the same level of good quality treatment and support as all other people.
- Institutions (e.g. inpatient mental health facilities and correctional facilities) and residential settings (e.g. nursing homes and long-term care facilities) need to develop procedures to minimize risk of infection of COVID-19 and protocols for responding to individuals who may have become infected.
- Consideration should be made for people with pre-existing chronic disease or disability whose care might be disrupted during the COVID-19 outbreak.

Steps should be taken to ensure access to medications, daily care, meals, etc. is not interrupted.

- Existing services should be adapted to new conditions and changing service seeking patterns, for example through mobile outreach units visiting people in their homes to provide support, including those with pre-existing mental health and substance abuse disorders. Adaptations may need to be made to community services for people with physical and mental disabilities (for example group based interventions) in a way that minimizes risk of infection but continues necessary support.
- Example: Some MHPSS services might close during an the COVID-19 outbreak. Such closures serve as an opportunity for trained staff to offer MHPSS using less conventional approaches, for example through video and phone calls and social media.

● Build on local care structures

- National mental health, social care and welfare programmes, educational settings and local governmental and non-governmental organizations can and should play a key role in MHPSS response.
- In areas where formal MHPSS services are absent, identify the main sources of care (e.g. families, social groups, and in some contexts, religious leaders and traditional healers) to collaborate with and work through.
- Local actors, including trusted and respected community leaders and may already be serving as frontline providers offering psychosocial support to their communities, including issues related to death, dying, grief and loss related to the outbreak.
- Support these actors with both knowledge of COVID-19 as well as MHPSS skills (e.g. Psychological First Aid) and how (and where) to refer individuals who may need more specialised support. Ensure that sufficient personnel are equipped with knowledge and skills to deliver MHPSS to children, people with disabilities and other vulnerable adults.

Overarching principles for an MHPSS response to COVID-19 (Cont.)

- Example: Some frontline workers may experience ostracization by their family or community due to their fear and stigma; or indeed some families of responders may also be stigmatized and isolated from their community. This stigmatization can be detrimental to the mental wellbeing of affected persons and can make an already challenging situation far more difficult (and may affect the morale of workers). During this time, it is important that the mental wellbeing of responders is protected. Engaging with community leaders is a key step to counteract such misconceptions. Peer support groups for responding health staff might also offer opportunities for other social support during the response, while sharing staff care information.
- Protective environments
 - Strong emphasis needs to be placed on the strength and resourcefulness of communities rather than weaknesses and vulnerabilities.
 - The response must seek to create safe and protected environments for care and make use of existing resources and strengths.
 - Individual actors and the collective response should ensure that all actions protect and promote wellbeing.
 - Key psychosocial principles, including hope, safety, calm, social connectedness and self- and community efficacy, should be embedded across every intervention.
 - Special consideration should be made to ensure the protection of vulnerable groups, including children, people with disabilities, older adults, people who are immunocompromised and ethnic/cultural groups being targeted with stigma or discrimination.
 - Telephone hotlines might serve as an effective tool to supporting people in the community who feel worried or distressed. It is important to ensure that hotline staff/volunteers are trained and supervised in MHPSS (e.g. Psychological First Aid) and have current information about the COVID-19 outbreak to avoid undue harm to callers.
 - Example: WeChat, WhatsApp, social media and other forms of technology can be used to set up support groups/maintain social support, especially for those in isolation.
- Example: The bereaved need to have the opportunity to mourn. If traditional burials are not possible, dignified alternatives that maintain local customs and rituals need to be identified and practiced (Please refer to IASC MHPSS guidelines Action Sheet 5.3).^{1,12}
- 'Whole of society' approach
 - Whilst there needs to be focused interventions with specific objectives and target groups, MHPSS needs a 'whole of society' approach.
 - A 'whole of society' approach requires addressing the MHPSS needs of the entire affected population regardless of their direct or indirect contact with the virus, race/ethnicity, age, gender, vocation or affiliation.
 - MHPSS activities that are applicable to all members of society include:
 - Promotion of self-care strategies, such as breathing or other cultural practices
 - Normalisation messages about fear and anxiety and ways people can support others (Intervention 6)
 - Clear, concise and accurate information about COVID-19, including how to access help if one becomes unwell
 - Example: Deaths may be caused by reasons beyond COVID-19, for example flu or an unrelated pneumonia. The families impacted by these deaths will need MHPSS related to mourning in the same way that families who have lost members due to COVID-19 infection do.
- Longer-term perspective
 - Emergencies can lead to an influx of resources, which creates an important opportunity to strengthen long-term mental health, social care and social welfare structures.^{6,12,13}
 - Example: Building the capacity of local health and non-health actors will not just support MHPSS in the current COVID-19, but also support the preparation for future emergencies.

Globally Recommended Activities

The list below outlines fourteen key activities that should be implemented as part of the response to COVID-19.

- 1 Conduct a rapid assessment of the context and of culturally specific MHPSS issues, needs and available resources, including training needs and capacity gaps across the spectrum of care (Refer to IASC MHPSS guidelines Action Sheet 2.1).¹
- 2 Strengthen MHPSS coordination by facilitating collaboration between MHPSS agencies, government and other partners. Coordinating MHPSS should be a cross-sectoral initiative, including health, protection and other relevant actors. If sector meetings are being held, an MHPSS Technical Working Group should be created to support actors in all sectors.
- 3 Use information from assessments, including identified needs, gaps and existing resources, to set up/contribute to a system for the identification and provision of care to people with common and severe mental health conditions and substance abuse disorders. As part of ongoing health system strengthening, every health facility should have at least one person trained and a system in place to identify and provide care for people with common and severe mental health conditions (using the *mhGAP Humanitarian Intervention Guide and other tools*).¹⁸ This requires the allocation of longer-term resources and the development of an MHPSS advocacy strategy to influence funding, quality coordination and sustainable, long-term initiatives.
- 4 Establish a MHPSS strategy for COVID-19 cases, survivors, contacts (particularly those in isolation), family members, frontline workers and the broader community, with special attention to the needs of vulnerable groups (e.g. children, older adults and people with disabilities). Ensure that the strategy addresses: fear, stigma, negative coping strategies (e.g. substance abuse) and the other needs identified through assessment and is building on positive, community-proposed coping strategies and promotes close collaboration between communities and health, education and social welfare services.
- 5 Integrate mental health and psychosocial considerations into all response activities.
- 6 Ensure that accurate information about COVID-19 is readily available and accessible to frontline workers, patients infected with COVID-19, as well as community members. Information should include evidence-based practice for preventing transmission, how to seek out healthcare support, as well as messages to promote psychosocial wellbeing (Intervention 6).
- 7 Train all frontline workers (including nurses, ambulance drivers, volunteers, case identifiers, teachers and other community leaders), including non-health workers in quarantine sites, on essential psychosocial care principles, psychological first aid and how to make referrals when needed.¹⁴ COVID-19 treatment and isolation/quarantine sites should include trained MHPSS staff. Online trainings might be used if it is not possible to bring staff together due to infection risks.
- 8 Ensure that a functioning referral pathway for persons with mental health conditions is activated between all sectors involved, (including health, protection and gender-based violence), and that all actors operating in the response are aware and use such a system.
- 9 Provide all workers responding to the COVID-19 outbreak with access to sources of psychosocial support (Intervention 5). This must be of equal priority with ensuring their physical safety through adequate knowledge and equipment. Where possible, ensure regular review of frontline workers' psychosocial status to identify risks, emerging issues and shape the response to their needs.¹⁵
- 10 Develop activity toolkits that parents, teachers and families can use with their children in isolation, including messages on preventing the spread of the disease such as hand washing games & rhymes. Children should not be separated from their families unless for treatment and the prevention of infection.¹⁶ If separation must occur, then a safe and reliable alternative should be found and with regular family contact provided while maintaining child protection measures. (Please see: Minimum Standards for Child Protection in Humanitarian Action).¹⁷
- 11 Establish opportunities for the bereaved to mourn in a way that does not compromise public health strategies to reduce the spread of COVID-19 but reflects the traditions and rituals of the community.¹²
- 12 Establish measures to reduce the negative impact of social isolation in quarantine sites. Communication with family and friends outside of the site, as well as measures that promote autonomy (e.g. choice in daily activities) should be facilitated and promoted (Intervention 4).¹⁹
- 13 In the early recovery phase, support health authorities to establish sustainable and community-based mental health and psychosocial services.¹³
- 14 Establish monitoring, evaluation, accountability and learning mechanisms to measure effective MHPSS activities. (Refer to IASC MHPSS guidelines Action Sheet 2.2).^{1,12}

INTERVENTION 1:

Helping older adults cope with stress during the COVID-19 outbreak

- Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, withdrawing, overly suspicious during the outbreak/while in quarantine. Provide emotional support through informal networks (families) and mental health professionals. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary.
- The suggestions below generally apply to community-dwelling older people. For older people in residential care (e.g., assisted living, nursing homes), administrators and staff need to ensure safety measures are in place to prevent mutual infection and the outbreak of excessive worries or panic (the same as in hospitals). Likewise, support needs to be provided to care staff who may be in extended lock-down/quarantine with residents and not able to be with their families.
- Older adults are particularly vulnerable to COVID-19 given their limited information sources, weaker immune systems, and the higher COVID-19 mortality rate found in the older population. Pay specific attention to high-risk groups, i.e. older people who live alone/without close relatives; who have low socioeconomic status and/or comorbid health conditions such as cognitive decline/dementia or other mental health conditions. Older people with mild cognitive impairment or early stages of dementia need to be informed of what is happening within their capacity and provided support to ease their anxiety and stress. For people at moderate and late stages of dementia, their medical and daily living needs need to be met during the quarantine time.
 - Medical needs of older adults with/without COVID-19 need to be met during the outbreak. This includes uninterrupted access to essential medicines (for diabetes, cancer, kidney disease, HIV). Tele medicine and online medical services can be used to provide medical services.
 - Isolated or infected older people shall be presented with truthful information on risk factors and chances of recovery.
 - During quarantine, adjust respite or home care services to use technology (WeChat, WhatsApp) to provide trainings/counselling for family caregivers at home, also include psychological first aid training for family caregivers.
- Older people may have limited access to messaging apps, like WeChat.
 - Provide older adults with accurate accessible information and facts about the COVID-19 outbreak, the progression, treatment, and effective strategies to prevent an infection.
 - Information needs to be easily accessible (i.e. clear, simple language, large font) and come from multiple trusted (media) sources (public media, social media and trustworthy health care providers) to prevent irrational behaviour such as stocking of non-effective medical herbs.
 - The best way to contact older people is via their landline phones or through regular personal visits (if possible). Encourage family or friends to call their older relatives regularly and teach older people how to use video (chat).
- Older people might not be familiar with the use of protective devices or prevention methods or refuse to use them.
 - Instructions on how to use protective devices need to be communicated in a clear, concise, respectful and patient way.
- Older people may not know how to use online services such as online shopping for daily supplies, consultation/helplines, or health care.
 - Provide older people with details and how to get practical help if needed, like calling a Taxi, or dropping off supplies.
 - Distribution of goods and services such as preventive materials (e.g., facial masks, disinfectants), sufficient grocery supplies, and emergency transportation access can reduce anxiety in everyday life.
- Provide older people with simple physical exercises to perform at their home/in quarantine to maintain mobility and reduce boredom.
- Encouraging older adults with expertise, experiences and strengths to volunteer in community efforts to respond to the COVID-19 outbreak. Elders can provide peer support, neighbour checking, and childcare for medical personnel restricted in hospitals fighting against COVID-19.

INTERVENTION 2:

Supporting the needs of people with disabilities during a COVID-19 outbreak

People with disabilities and their caregivers face barriers that could prevent them from accessing care and essential information to reduce their risk during the COVID-19 outbreak.

These barriers might include:

- Environmental barriers:
 - Risk communication is essential to promote health and prevent the spread of infection and reduce stress in the population, however information is often not developed and shared inclusive to people with communication disabilities.
 - Many health centres are not accessible to people with physical disabilities. Due to urban barriers and lack of accessible public transit systems, people with disabilities might not be able to access health care in facilities.
- Institutional barriers:
 - The cost of health care prevents many people with disabilities from being able to afford essential services.
 - A lack of protocols established to take care of people with disabilities in quarantine.
- Attitudinal barriers:
 - Prejudices, stigma and discrimination against people with disabilities, including the belief that people with disabilities cannot contribute to the outbreak response or make their own decisions.

These barriers can lead to additional stress for people with disabilities and their caregivers during the COVID-19 outbreak.

The inclusion of the voices and needs of people with disabilities during outbreak planning and emergency response is critical to maintaining both physical and mental health while reducing risk of being infected with COVID-19:

- Accessible communication messages need to be developed, including considerations for people with disabilities (including sensory, intellectual, cognitive and psychosocial disabilities). Examples might include:
 - Accessible websites and factsheets ensuring that people with visual disabilities can read key information about the outbreak.
 - News and press conferences about the outbreak include certified sign language interpreters validated by people with deafness.

- Health staff know sign language or at least have certified sign language interpreters validated by people with deafness.
- Messages being shared in understandable ways to people with intellectual, cognitive and psychosocial disabilities.
- Forms of communication that do not rely solely on written information should be designed and utilised. These include face to face communication or use of interactive websites to communicate information.
- If caregivers need to be moved into quarantine, plans must be made to ensure continued support for people with disabilities who need care and support.
- Community based organizations and leaders in the community can be useful partners in communicating and providing MHPSS support for people with disabilities who have been separated from their families and caregivers.
- People with disabilities and their caregivers should be included in all stages of the outbreak response.

Sources:

ONG Inclusiva. *Recommendations for health protection of people with disabilities during outbreaks: Lessons learned from the 2019 novel coronavirus*. ONG Inclusiva: 2020.

Campbell, V. A., Gilyard, J. A., Sinclair, L., Sternberg, T., & Kailes, J. I. Preparing for and responding to pandemic influenza: implications for people with disabilities. *American journal of public health*, 2009; 99 Suppl 2(Suppl 2), S294–S300. <https://doi.org/10.2105/AJPH.2009.162677>

Department of Health UK. *Pandemic Influenza: guidance on preparing mental health services in England*. Department of Health UK: London, 2008.

INTERVENTION 3:

Messages & activities for helping children deal with stress during the COVID-19 outbreak

Encourage active listening and an understanding attitude with the children. Children may respond to a difficult/unsettling situation in different ways: clinging to caregivers, feeling anxious, withdrawing, feeling angry or agitated, having nightmares, bedwetting, frequent mood-changes, etc.

- Children usually feel relieved if they are able to express and communicate their disturbing feelings in a safe and supportive environment. Every child has his/her own way to express emotions. Sometimes engaging in a creative activity, such as playing and drawing can facilitate this process. Help children find positive ways to express disturbing feelings such as anger, fear and sadness.
- Encourage an increased sensitive and caring environment around the child. Children need adults' love and often more dedicated attention during difficult times.
- Remember that children often take their emotional cues from the important adults in their lives, so how adults respond to the crisis is very important. It's important that adults manage their own emotions well and remain calm, listen to children's concerns and speak kindly to them and reassure them. If appropriate and depending on the age, encourage parents/caregivers to hug their children and repeat that they love them and are proud of them. This will make them feel better and safer.
- If possible, make opportunities for children to play and relax.
- Keep children close to their parents and family, if considered safe for the child, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from his/her primary caregiver, ensure that appropriate alternative care is provided and that a social worker, or equivalent, will regularly follow up on the child.
- If children are separated from their caregivers, ensure regular and frequent contact (e.g. via phone, video calls) and re-assurance. Ensure all child protection and safeguarding measures are addressed.
- Keep regular routines and schedules as much as possible or help create new ones in a new environment, including learning, playing and relaxing. If possible, maintain schoolwork, study or other routine activities that do not endanger children or go against health authorities. Children should continue to attend school if it is not a risk to their health.
- Provide facts about what is going on and give clear child-friendly information about how to reduce risk of infection and stay safe in words they can understand. Demonstrate to children how they can keep themselves safe (e.g., show them effective handwashing)
- Avoid speculating about rumours or unverified information in front of children.
- Provide information about what has happened or could happen in a reassuring, honest and age-appropriate way.
- Support adults/caregivers with activities for children during home isolation/quarantine. Activities should explain the virus but also keep children active when they are not at school, for example:
 - hand washing games with rhymes
 - imaginary stories about the virus exploring the body
 - make cleaning and disinfecting the house into a fun game
 - draw pictures of virus/microbes that to be coloured by children
 - explain person protective equipment (PPE) to children so that they are not scared

Source: WHO. *Helping children cope with stress during the 2019-nCoV outbreak (Handout)*. WHO: Geneva, 2020.

INTERVENTION 4: MHPSS activities for adults in isolation/quarantine

During quarantine, where possible, safe communication channels should be provided to reduce loneliness and psychological isolation (e.g. WeChat).



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ACTIVITIES THAT WILL SUPPORT ADULTS' WELLBEING DURING HOME ISOLATION/QUARANTINE

- Physical exercise (e.g. yoga, tai chi, stretching)
- Cognitive exercises
- Relaxation exercises (e.g. breathing, meditation, mindfulness)
- Reading books and magazines
- Reduce the time spent looking at fearful images on TV
- Reduce time listening to rumours
- Search information from reliable sources
- Reduce time looking for information (1-2 times per day, rather than every hour)

INTERVENTION 5:

Supporting people working in the COVID-19 response

MESSAGES FOR FRONTLINE WORKERS:

- Feeling stressed is an experience that you and many of your colleagues are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Workers may feel that they are not doing a good enough job, that there is a high demand on them, and additional new pressures including following strict OSH procedures.
- Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak, even if you feel that way. In fact, stress can be useful. Right now, the feeling of stress may be keeping you going at your job and providing a sense of purpose. Managing your stress and psychosocial wellbeing during this time is as important as managing your physical health.
- Take care of your basic needs and employ helpful coping strategies- ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical wellbeing.
- Some workers may unfortunately experience ostracization by their family or community due to stigma. This can make an already challenging situation far more difficult. If possible, staying connected with your loved ones through digital methods is one way to maintain contact. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.
- This is likely a unique and unprecedented scenario for many workers, particularly if they have not been involved in similar responses. Even so, using the strategies that you have used in the past to manage times of stress can benefit you now. The strategies to benefit feelings of stress are the same, even if the scenario is different.
- If your stress worsens and you feel overwhelmed, you are not to blame. Everyone experiences stress and copes with it differently. Ongoing and old pressures from your personal life can affect your mental wellbeing in your day

to day job. You may notice changes in how you are working, your mood may change such as increased irritability, feeling low or more anxious, you may feel chronically exhausted or it may feel harder to relax during respite periods, or you may have unexplained physical complaints such as body pain or stomach aches.

- Chronic stress can affect your mental wellbeing and your work and can affect you even after the situation improves. If the stress becomes overwhelming, please approach your lead or the appropriate person to ensure you are provided with appropriate support.

MESSAGES FOR TEAM LEADERS OR MANAGERS:

If you are a team leader or manager, keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfil their roles- whether health workers or in allied supporting roles.

- Regularly and supportively monitor your staff for their wellbeing and foster an environment which promotes staff speaking with you if their mental wellbeing worsens.
- Ensure good quality communication and accurate information updates are provided to all staff. This can help to mitigate any worry about uncertainty that workers have and helps workers to feel a sense of control.
- Consider if there is any capacity to ensure your staff get the rest and recuperation they need. Rest is important for physical and mental wellbeing and this time will allow workers to implement their necessary self-care activities.
- Provide a brief and regular forum to allow workers to express their concerns and ask questions and encourage peer-support amongst colleagues. Without breaking confidentiality, pay particular attention to any staff who you may be aware are experiencing difficulties in their personal life, previously experiencing poor mental health or who are lacking in social support (possibly due to community ostracization).

INTERVENTION 5:

Supporting people working in the COVID-19 response (Cont.)

- Training in PFA can benefit leads/managers and workers in having the skills to provide the necessary support to colleagues.
- Facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services, including on-site MHPSS staff if available or telephone-based support or other remote-service options.
- Managers and team leads will face similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role. It is important that the above provisions and strategies are in place for both workers and managers, and that managers are able to role-model self-care strategies to mitigate stress.

FOR INFORMATION ABOUT THE RIGHTS OF WORKERS DURING THE COVID-19 OUTBREAK, REFER TO:

WHO. *Coronavirus disease (COVID-19) outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health*. WHO: Geneva, 2020. https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

Source: WHO and the International Labour Organization (ILO). *Occupational safety and health in public health emergencies: A manual for protecting health workers and responders*. WHO & ILO: Geneva, 2018.

INTERVENTION 6:

Community MHPSS messages during the COVID-19 outbreak

The messages below focus on promoting mental health and wellbeing in communities affected by COVID-19.


MESSAGES FOR THE GENERAL PUBLIC FOR DEALING WITH STRESS DURING THE COVID-19 OUTBREAK:

- It is normal to feel sad, distressed, worried, confused, scared or angry during a crisis.
- Talk to people you trust. Contact your friends and family.
- If you must stay at home, maintain a healthy lifestyle (including a proper diet, sleep, exercise and social contact with loved ones at home). Keep in touch with family and friends through email, phone calls and making use of social media platforms.
- Don't use tobacco, alcohol or other drugs to cope with your emotions.
- If you feel overwhelmed, talk to a health worker, social worker, similar professional, or another trusted person in your community (e.g., religious leader or community elder).
- Have a plan where to go and seek help for physical and mental health and psychosocial needs, if required.
- Get the facts about your risk and how to take precautions. Use credible sources to get information, such as WHO website or, a local or state public health agency.
- Decrease the time you and your family spending watching or listening to upsetting media coverage.
- Draw on skills that you have used in the past during difficult times to manage your emotions during this outbreak.

Source: WHO. Coping with stress during the 2019-nCoV outbreak (Handout). WHO: Geneva, 2020.

References

1. Inter-Agency Standing Committee (IASC). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. IASC: Geneva, 2007.
2. IASC. *Guidelines on Mental Health and Psychosocial Support in Emergency settings: checklist for field use*. IASC: Geneva, 2008.
3. International Federation of Red Cross and Red Crescent Societies (IFRC). *Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus*. IFRC: Hong Kong, 2020.
4. ONG Inclusiva. *Recommendations for health protection of people with disabilities during outbreaks: Lessons learned from the 2019 Novel Coronavirus*. ONG Inclusiva, 2020.
5. IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. *Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks: A Guide for Public Health Programme Planners*. IASC: Geneva, 2015.
6. World Health Organization (WHO). *Mental Health and Psychosocial Consideration in Pandemic Human Influenza (2005 Draft version)*. WHO, 2005.
7. National Bureau of Health and Disease Control and Prevention (2020). *Response to new coronavirus pneumonia: Psychological adjustment guide*.
8. West China Medical University. *New coronavirus handbook for public psychological protection*. West China Medical University, 2020.
9. Bao Y, Sun Y, Meng S, Shi J, Lu L. 2019-nCoV epidemic: address mental health care to empower society. *Lancet*. February 7, 2020 [https://doi.org/10.1016/S0140-6736\(20\)30309-3](https://doi.org/10.1016/S0140-6736(20)30309-3)
10. IFRC. Personal communication, February 11, 2020.
11. Center for the Study of Traumatic Stress, Uniformed Services University of Health Sciences. *Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak*. No date.
12. Pan American Health Organization (PAHO). *Protecting Mental Health During Epidemics*. PAHO, 2006.
13. WHO. *Building back better: sustainable mental health care after emergencies*. WHO: Geneva, 2013.
14. WHO, CBM, World Vision International & UNICEF. *Psychological first aid during Ebola virus disease outbreaks*. WHO: Geneva: 2013.
15. WHO and the International Labour Organization (ILO). *Occupational safety and health in public health emergencies: A manual for protecting health workers and responders*. WHO & ILO: Geneva, 2018.
16. The Alliance for Child Protection in Humanitarian Action. *Guidance note: Protection of children during infectious disease outbreaks*. The Alliance for Child Protection in Humanitarian Action, 2018.
17. The Alliance for Child protection in humanitarian action. *Minimum Standards for Child Protection in Humanitarian Action*. The Alliance for Child Protection in Humanitarian Action, 2019.
18. WHO & United Nations High Commissioner for Refugees. *mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies*. WHO: Geneva, 2015.
19. New Zealand: Ministry of Health. *Psychosocial impacts of quarantine and interventions that may help to relieve strain: Guidance notes*. Ministry of Health: New Zealand, 2009.



Important Documents & Web-Links

Psychological First Aid

https://www.who.int/mental_health/publications/guide_field_workers/en/

IASC Guidelines for mental health and psychosocial support in emergency settings

<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc-guidelines-mental>

IASC Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings

<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings/content/iasc-inter-agency-referral>

IASC A common monitoring and evaluation framework for mental health and psychosocial support in emergency settings

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common>

The Alliance for Child Protection in Humanitarian Action Guidance note: Protection of children during infectious disease outbreaks

<https://alliancecpha.org/en/child-protection-online-library/guidance-note-protection-children-during-infectious-disease>



This is version 1.0 of this document (Feb 2020).
It will be updated regularly during the COVID-19 outbreak.
Contact the IASC MHPSS Reference Group
(mhpss.refgroup@gmail.com) for a copy of the latest version

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