

# **Interim Briefing Note**

## **ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL ASPECTS OF COVID-19 OUTBREAK**

**Version 1.5**

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**IASC Reference Group on Mental Health and Psychosocial  
Support in Emergency Settings**

In the absence of internationally agreed upon guidance on the production of easy-to-read documents, this version of the material has been adapted in consultation with organizations of persons with disabilities.

# Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of Covid-19 Outbreak

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

## CONTEXT

- The context of COVID-19 is changing and we our understanding about COVID-19 is still evolving.
- For up to date information go to:
  - <https://www.who.int/emergencies/diseases/novelcoronavirus-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 term MHPSS stands for 'Mental Health and Psychosocial Support'

The term IASC stands for 'Inter Agency Standing Committee'

In the IASC Guidelines, the term MHPSS during any emergency situation is used 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.'

During an emergency situation, like the Covid-19 outbreak, there are many people who work together to provide support.

People work in the fields of health, social, education and community settings.

They work together to provide all the necessary support, in different areas and in different ways to people.

## **IASC GUIDELINES:**

The IASC Guidelines for MHPSS during emergency, the response activities should include different levels of intervention.

These levels have many mental health and psychosocial needs.

These are shown as a pyramid of interventions.

These are arranged in increasing order.

The first step is to provide basic services.

The last step is to provide specialized services.

These specialized services are for people with more severe conditions.

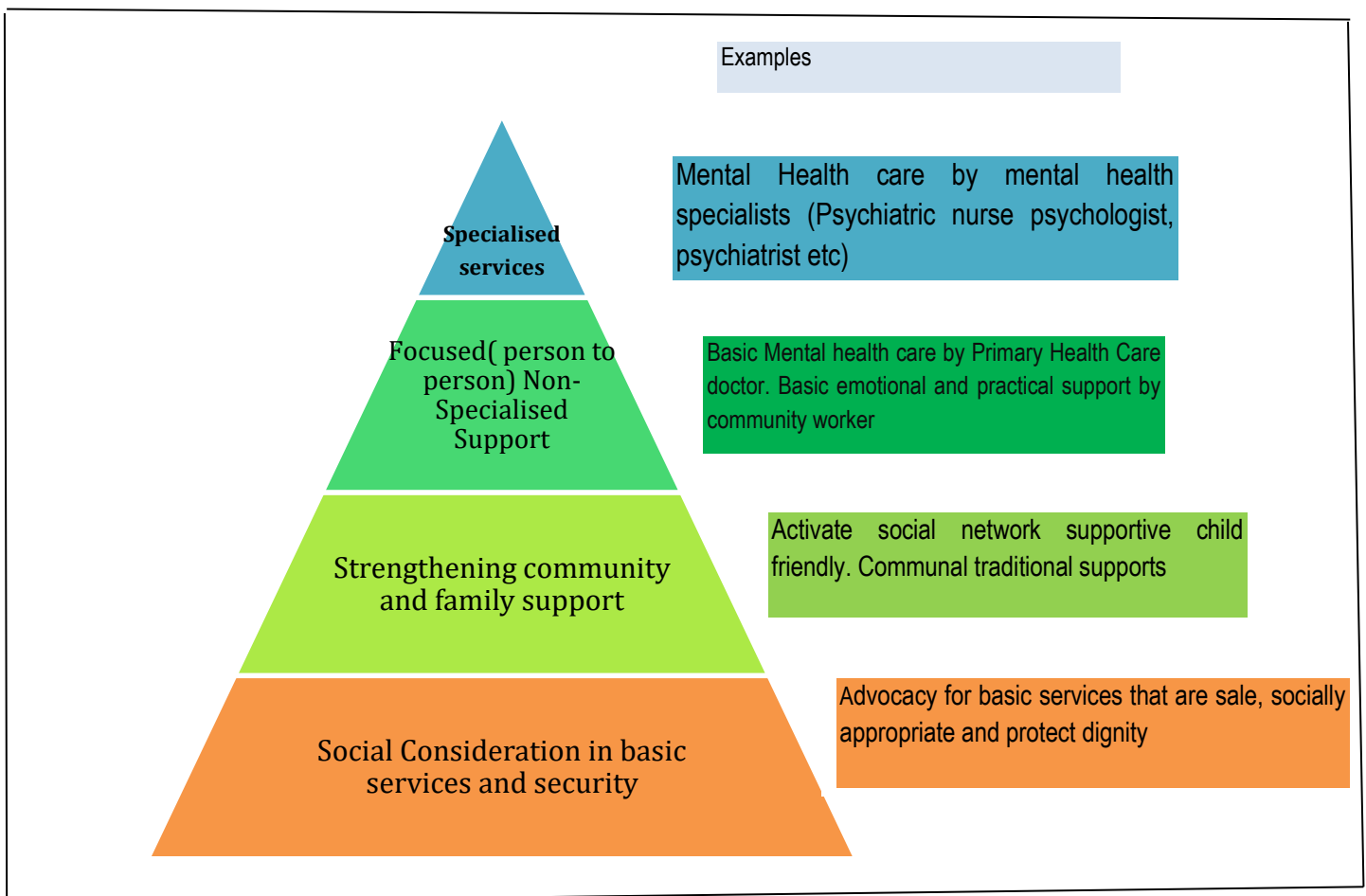
There are also some core principles.

These core principles are:

- Do not harm
- Promote human rights and equality,
- Use participatory approaches.
- This means that every one has the opportunity to take part
- Build on existing resources and capacities. This means add on to what is already there.
- Adopt multi-layered interventions and

- Work with integrated support systems. This means support systems that need to work together.

**Figure 1: Intervention pyramid for mental health and psychosocial support**



This is the pyramid of interventions. This has many steps.

**The first step in the pyramid is - Social**

**considerations in basic services and security.**

An example of this is Advocacy or asking for basic services that are safe, socially appropriate and protect the dignity of people.

**The second step in the pyramid is - Strengthening community and family supports.**

An example of this is activating social networks.

Having supportive, child-friendly spaces.

Having communal traditional support systems.

**The third step in the pyramid is - Focussed, person-to-person non-specialized supports**

An example of this is basic mental health care support is provided by primary health care doctors.

Community workers are able to provide basic emotional and practical support.

**The fourth step in the pyramid is - Specialized services**

An example of this is the supports that are provided by mental health care specialists like psychologists and psychiatrists.

# MENTAL HEALTH AND PSYCHOSOCIAL RESPONSES TO COVID- 19

1. In any epidemic, it is common for individuals to feel stressed and worried.

Epidemic means a disease that affects many people at the same time and spreads from person to person.

Common responses of people affected, both directly and indirectly, by the epidemic might include:<sup>3</sup>

- 1.1 They may have a fear of falling ill and dying
- 1.2 They may avoid going to health facilities because of the fear of becoming infected there
- 1.3 They may fear losing their job or livelihood.
- 1.4 They may fear not being able to work during isolation
- 1.5 They may fear being socially excluded or placed in quarantine because other people think that they live in areas affected by the disease.
- 1.6 They may feel powerless in protecting loved ones. They may also fear losing loved ones because of the virus.
- 1.7 They may fear being separated from loved ones and caregivers because of quarantine.



1.8 They may fear, having no care support for people with disabilities, the elderly and minor children who have been separated.

1.9 This could be because:

- Parents or caregivers are in quarantine or
- Carers are scared of getting infected.

1.10 When people are isolated, they may feel helpless, bored, lonely or depressed.

1.11 They may fear reliving the experience of a previous epidemic.

## 2. Emergencies always cause stress.

But there are specific stressors that affect people during the COVID-19 outbreak.

These stressors include:

2.1 Risk of being infected and infecting others.

This is more when it is not 100% clear how Covid-19 spreads.

2.2 Common symptoms, like fever, can be mistaken for Covid-19.

This can lead to fear of being infected.

2.3 Since schools are closed, children are at home.

Caregivers may feel more worried if their children are alone without proper care and support.

School closure may have other effects on women who provide informal care within families.

They may have to cut down on their work hours.

This affects their economic opportunities.

2.4 Physical and mental health of individuals who are more vulnerable, like people with disabilities and older persons may be at more risk.

This risk increases if their caregivers are in quarantine or they do not get care and support.

3. Frontline workers, including nurses, doctors, ambulance drivers, case identifiers and others, may experience even more stressors during the COVID-19 outbreak:

3.1. There may be a stigma attached to those working with COVID-19 patients and their remains

3.2 There are Strict biosecurity measures:

- The Protective equipment they wear may cause physical stress
- They may find it difficult to provide comfort to someone who is sick or in distress because of physical isolation
- They need to be always alert and aware
- They may need to follow strict procedures.

This prevents them to act independently or be spontaneous

3.3 There are higher demands in the work setting.

They may have long work hours and more patients.

They also need to keep up-to-date about information on Covid-19 and how best to work.

3.4 Intense work schedules and stigma in the community towards frontline workers may reduce their capacity to use social support.

Frontline workers may not be able to use social support because of their long working hours and the stigma / attitude against them in the community.

3.5 People with disabilities may find it difficult to manage basic self-care because of support personnel not being available.

3.6 There is not enough information about the long-term exposure to individuals infected by Covid-19.

3.7 Fear that frontline workers will pass COVID-19 onto their friends and family as a result of their work

4. The Covid-19 outbreak can lead to constant fear, uncertainty and stress. This can have long-term consequences within the communities, families and vulnerable individuals. These consequences include:

4.1 Drop in the number of social networks, of local relationships and of economies.

4.2 There may be a stigma towards surviving patients. This may result in rejection by communities

4.3 There may be a possibility of higher emotional state, anger and aggression against government and frontline workers.

4.4 There is a possibility of anger and aggression against children, spouses, partners and family members

4.5 There is a possibility of not trusting information provided by the government and other authorities

4.6 People who are developing or have existing mental health and substance-use disorders, may be experiencing relapses and other negative outcomes. This may be because they are avoiding health facilities or unable to access their care providers.

5. Some of these fears and reactions are because of dangers that are real.

Many reactions and behaviours are also because of :

- lack of knowledge,
- rumours and
- information that is not correct.

6. Social stigma and discrimination can be associated with COVID-19.

This can be towards persons who have been infected, their family members and health care and other frontline workers.

Steps must be taken to address this stigma and discrimination during emergency response.

Care should be taken to integrate people who have been affected by COVID-19 (See below: Overarching principles: 'Whole of Society' approach').<sup>5</sup>

7. On a more positive note, some people may have positive experiences. These include them being proud about finding ways of coping and resilience.

Faced with disaster, community members often show great spirit of humanity and cooperation.

People may experience great satisfaction from helping others.

Examples of MHPSS community activities during a COVID-19 outbreak might include:

- Maintaining social contact with people who might be isolated. This may be done using phone calls, text messages and the radio.
- Sharing key facts within the community. Especially for individuals who do not 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

## 1. Wider context:

### 1.1 MHPSS responses must be based in the context.

Issues that exist in the community, other than Covid-19, cannot be separated from MHPSS response.

### 1.2 As the virus spreads to other countries, the mental health and psychosocial needs of the population cannot be addressed in the same way. The response needs to be specific to each place.

Example: COVID-19 MHPSS activities used in one country - may need to be changed to fit the context or situation of another country. It could include adaptations to culture, language, health and social systems, etc.

### 1.3 Within each context and population of a place, it is necessary to understand the needs of specific groups of people. Some people may face barriers. They may not be able to access information or care and support. They may be at higher risk of infection.

MHPSS support should be accessible.

It should be adapted in a way that children, older adults and persons with disabilities and other people who may be vulnerable.

Specific needs of women, men, girls and boys also need to be considered.

1.4 For response to Covid-19 to be effective, it is important to look at gender aspects.

There are different health issues, different vulnerability to infection faced by men and women and the treatment they receive.

Response needs to consider these differences.

1.5 MHPSS approaches need to evolve and adapt to the needs of each population affected by COVID-19.

Different approaches are needed for different stages of the outbreak i.e. before, during and after high infection rates.

1.5 Countries where the epidemic has not spread as yet need to prepare MHPSS response.

To prepare, they need:



- to use the current MHPSS response
- along with the MHPSS work done during earlier outbreaks.

Once the country is prepared, it will improve and speed up the MHPSS response.

## **2. Strengthen MHPSS in the COVID-19 response**

2.1 MHPSS should be a core or main component of any public health response.

2.2 Understanding and addressing mental health and psychological aspects are the main ways of stopping the spread.

This will also help prevent long term effect on the well-being of people and capacity to cope with situations.

2.3 MHPSS approaches and activities need to be integrated along with :

- Community strategies and community outreach.
- Case identification and
- Contact tracing, as well as
- Activities at health facilities and

- Quarantine sites
- Discharge or aftercare strategies.

2.4 Mental health interventions should be carried out within general health services, including primary health care (PHC)).

They should also be organized in other places in the community, such as schools, community centres, youth and senior centres.

2.5 Involve women, since they have direct interaction with community. They have knowledge about prevention activities.

2.6 The mental health and wellbeing of frontline workers needs to be addressed and supported.

MHPSS services need to be provided both, during and after the outbreak, to the following people:

- Healthcare workers,
- Persons who identify cases
- Other staff and
- Volunteers

Example: Experience shows that persons who are in quarantine cope better if :

- They can make choices about things like, what they would like to eat
- They can follow a routine
- They have access to structured activities
- They receive information on a regular basis.

These people do better than people who are isolated without being able to make choices or participate. Thus, including psychosocial approach in establishing quarantine sites will help in the well-being of people who are in quarantine and their families.

### **3. Emphasize coordination**

3.1 MHPSS should be included in all sectors that are involved in responding to an emergency or outbreak.

3.2 How MHPSS services are provided requires professional, technical knowledge.

This knowledge needs to be integrated.

Coordination systems are very important.

3.3 MHPSS information and tools must be shared with all sectors and emergency response services during an outbreak.

This helps make the most of all resources.

3.4 In an emergency, wherever there is a need for knowledge or expertise, MHPSS training must be provided online.

This knowledge must be shared among government and other agencies.

Example:

Risk communication is a key element of any outbreak.

Positive mental health messages through all general public messages on TV or social media, will promote the wellbeing of the people.

It is the responsibility of all sectors (e.g. health, social welfare, protection, education) including members of the media, to share such messages.

A public awareness campaign should be organized to educate the community about the outbreak.

Correct information helps people not to discriminate against others and not have unnecessary fear.

3.5 Encourage the public to value and support frontline workers.

3.6 Ensure that women are involved at the local and national level for making policies for COVID-19 .

## **4. Existing services**

4.1 It is important to map the MHPSS knowledge and structures in all services.

These include government or private health services, in education and other social welfare services.

This mapping must be done for each region.

Mapping helps in knowing where these services are.

This helps in better coordination and helps people reach MHPSS services quickly, whenever needed.

4.2 It is important to establish referral systems between different agencies and different sectors.

This helps people reach services quickly, especially children and families who may have more protection and survival needs or people who have more severe distress.

Referrals for survivors of gender-based violence must also include safety measures for residents and clients.

4.3 MHPSS workers may not be trained in MHPSS in emergency settings.

Providing training and building capacity in MHPSS approaches during emergencies will help existing services provide MHPSS during COVID-19.

4.4 Need to ensure that people with mental health and substance abuse disorders, who are living in the community and in institutions, are able to access medicines and support during the outbreak.

Their right to informed consent must always be respected, same as for other people.

Informed consent means that complete information is given and once people understand the information, people can make their own decision based on it.

4.5 People in an in-patient mental health facility who get Covid-19, should receive the same good quality treatment and support like other people.

In-patient means when a person needs to stay in a facility for treatment.

4.6 Institutions like mental health facilities and residential settings like those providing long-term care facilities need to have :

- Procedures that can be put in place to reduce the risk of infection of COVID-19 and
- Set of rules for helping individuals who may have become infected.

4.7 Steps need to be taken to ensure that people with disabilities and people who have chronic diseases are able to get medicines, meals and daily care without any difficulty during the Covid-19 outbreak.

4.8 Changes should be made to services and how people seek services to make the process easier.

For example mobile units could provide support at home to persons with mental health and substance abuse disorders.

Changes could be made to community services for persons with physical and mental disabilities so that they receive support, without risk of infection.

Example: Some MHPSS services might close during the COVID-19 outbreak. This is an opportunity for trained

staff to provide MHPSS in other ways, for example through video and phone calls and social media.

## **5. Build on local care structures**

- 5.1 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.
- 5.2 In areas where MHPSS services are not there, work with and work through other people who provide care like families, social groups, religious leaders and traditional healers.
- 5.3 Leaders who are trusted and respected in the community may already be providing psychological support to people there, during times of loss because of the outbreak. Involve these community leaders.
- 5.4 Support these persons with information about Covid-19 and about MHPSS.  
Provide information on how and where to refer individuals who require specialized support.



Ensure that enough people have the knowledge and skills to provide MHPSS to children, people with disabilities, survivors of gender-based violence and other vulnerable adults.

### 5.5 Example:

Some frontline workers may get excluded from their family or community due to fear and stigma.

Some families of front line workers may get isolated from their community.

This can make it more difficult for the workers. It may affect their mental wellbeing.

To prevent this from happening, it is important to work with community leaders and provide correct information to people, through them.

Peer support groups for health staff and other workers also may offer opportunities for social support.

## **6. Protective environments**

- 6.1 Strong emphasis needs to be placed on the strength and resourcefulness of communities and not on weaknesses and vulnerabilities.

6.2 The response must aim to create safe and protected environments for care.

It should make use of existing resources and strengths.

6.3 All MHPSS response actions must protect and promote wellbeing of individuals and groups.

6.4 The main psychosocial principles are:

- Hope,
- Safety,
- Calm,
- Social connectedness,
- Self worth and
- Community worth are.

These should be included in every intervention.

6.5 There need to be special measures to ensure the protection of vulnerable groups. Vulnerable groups include:

- Children,
- People with disabilities,
- Older adults,
- Women who are pregnant and lactating,



- People exposed to gender-based violence,
- People who are immuno-compromised and
- Ethnic or cultural groups that face discrimination.

6.6 Telephone hotlines might serve as an effective tool to support people in the community who feel worried or distressed.

For this, it is important to ensure that hotline staff/volunteers are trained and supervised in MHPSS (e.g. Psychological First Aid).

They must also have current information about the COVID-19 outbreak.

Example: WeChat, WhatsApp, social media and other forms of technology can be used to set up support groups or maintain social support, especially for those who are 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).

## 7. 'Whole of society' approach

7.1 Focused interventions with specific objectives and target groups are necessary but MHPSS needs a 'whole of society' approach.

7.2 'Whole of society' approach means addressing MHPSS needs of the entire affected population.

This is regardless of their direct or indirect contact with the virus, race/ethnicity, age, gender, vocation or affiliation.

7.3 MHPSS activities that are applicable to all members of society include:

- Promoting self-care strategies, such as breathing exercises, relaxation exercises or other cultural practices
- Messages about fear and anxiety and ways people can support others (Intervention 6)
- Clear 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.

## **8.Longer-term perspective**

8.1 During emergencies there could be an increase of resources.

This creates an opportunity to strengthen long-term mental health, social care and social welfare structures.

Example: Building the capacity of local health and non-health personnel will support MHPSS in the current COVID-19.

It will also support preparation for future emergencies.

# GLOBALY RECOMMENDED ACTIVITIES

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

1. Conduct a quick assessment of :
  - The MHPSS issues and needs that are linked to the context and culture of the area.
  - The available resources,
  - The needs for training and
  - The gaps where training is required for better MHPSS care.
  
2. Strengthen the MHPSS coordination by supporting the association between MHPSS agencies, the government and other partners.

MHPSS initiative should coordinate across sectors.  
It should include coordination among health, protection and other personnel.  
A MHPSS Technical Working Group should be created to support personnel in all sectors.

3. Set up or add to an existing system for identification and provision of care to people with mental health conditions and substance abuse disorders.

For this system put together:

- Information from gender sensitive assessments,
- Information about already identified needs and
- Information about existing resources

Each health care system should have at least one person who is trained in MHPSS.

It should also have a system to identify and provide care to people with common and severe mental health conditions.

For all this to happen, resources need to be provided over a long period of time.

A proper plan needs to be developed for MHPSS so that there is money and other things available for it to continue over a long time.

4. Establish a MHPSS strategy for:

- Persons with Covid-19,
- For survivors,
- For contacts [ especially those who are in isolation]
- Family members
- Frontline workers
- Broader community

Special attention must be paid to the needs of special and /or vulnerable groups like:

- Children
- Older adults
- Pregnant and lactating women
- People at risk of or facing gender-based violence
- People with disabilities

The MHPSS strategy must address the following things:

- Fear
- Stigma
- Negative coping strategies, for example substance abuse
- Other needs identified through assessment
- Build on the positive coping strategies
- Promote close links between communities and health, education and social welfare services.

5. MHPSS response should include health and psychosocial concerns.

Women and girls, especially those who face violence or are at risk of violence may face barriers in getting psychosocial support services.

These obstacles need to be removed.



6. Correct information about Covid-19 must be available to frontline workers, community workers and patients who have Covid-19.

They should have information about:

- How to prevent the spread of Covid-19 from person to person
- How to get health care support
- How to promote psychosocial wellbeing

7. Training on essential principles of psychosocial care, on psychological first aid and on making referrals must be provided:

- To all frontline workers like nurses, volunteers, teachers
- To all non-health workers in quarantine sites
- People trained in MHPSS must be there in :  
places where Covid-19 treatment is given and  
places where people stay in quarantine

Training can also be given online to avoid the risk of infection

8. Referrals must be there for persons with mental health conditions.

These referrals must be there across all sectors like health, protection and gender-based violence.

All personnel involved must have information about this system and how to use it.

9. All workers responding to Covid-19 must be able to access places where they can get psychosocial support.

Psychosocial support is just as important as providing physical safety through information and equipment.

Wherever possible, regularly check psychosocial status of frontline workers.

Their needs must be kept in mind while planning MHPSS response.

10. The following things need to be done for children:

- Develop activity kits that tell children about how the disease spreads. This could have games and rhymes on hand-washing.
- Parents, families and teachers, can help children use these activity kits when they are in isolation.
- Children should not be separated from families.
- They should only be separated for treatment or for preventing them from infection.

- If children have to be separated from their family, they should be in a safe place.
- They must be allowed to keep in touch with their family.
- Child protection measures must be in place.

11. People who have lost someone to Covid-19 must be allowed to mourn.

Both public health strategies; and traditions and rituals of the community must be kept in mind during this time.

12. Reduce the negative impact of social isolation in quarantine sites.

Allow people to communicate with family and friends.

Allow them to make choices for example- choices on daily activities.

13. Support health authorities to establish community-based mental health and psychosocial services, during the early recovery phase.

14. For measuring effective MHPSS activities, establish ways to monitor, evaluate, bring in accountability and ways for learning.

# INTERVENTION 1: HELPING OLDER ADULTS COPE WITH STRESS DURING THE COVID-19 OUTBREAK



1. During the outbreak or when they are in quarantine, older adults may become more anxious, angry, stressed, agitated, withdrawn or overly suspicious.

This is more likely to happen to those who are in isolation or have dementia or face a decline in their cognitive abilities.

Dementia means becoming forgetful or having difficulties with memory.

Support them in the following ways:

- Provide emotional support through informal networks like families and through mental health professionals.
- Provide simple information on how to reduce the risk of infection

- Provide information about what is going on.
- This information must be simple and easy to understand.
- Repeat the information whenever necessary

2. For older people living in residential care like assisted living or nursing homes, the staff needs to make sure that:

- There are safety measures in place
- There are safety measures to prevent catching the infection from each other
- Make sure that people do not worry or panic

Also make sure that support is there for the persons who provide care.

Care providers are also in quarantine with the residents. They are not able to go home and be with their families.

3. Older persons are more vulnerable to Covid-19. This is because older people:

- They have weaker immune systems
- They are more at risk of dying from Covid-19
- They have limited sources of information

Among older people, there is a need to pay more attention to:

- People who live alone or without close relatives
- People who have low socio-economic status
- People who have cognitive decline or dementia or other mental health conditions.

Persons with mild cognitive decline or early stage of dementia need information about what is happening in ways that they can understand.

They need support to bring down their level of stress and anxiety.

During an outbreak, it needs to be ensured that persons with moderate or late stage of dementia, who are in quarantine, get their medical and daily living needs.

- The medical needs of older adults need to be met during the outbreak.
- They must get medicines they need.
- Medical services that are available Online and over the telephone should be used if possible.
- Older people, who are in isolation or have been infected with Covid-19, must be told the truth about the risk factors and the chances of recovery.

- During quarantine, respite or home care services must use technology like WhatsApp, to provide training or counselling for family caregivers at home.

Family caregivers must also get psychological first aid.

9 Older persons may be able to use messaging apps like WeChat.

- Provide older persons with the correct information and facts on the Covid-19 outbreak.  
Give information about how it progresses, the treatment and how to prevent infection.
- The information needs to be accessible.  
This means it should be in clear, simple language and in large font.  
Information should come from a trusted media source so that people do not do things without thinking, like stocking up non-effective medical herbs. Things like these do not make sense.
- The best way to contact older persons is by calling them on their landline or going to visit them, if that is possible.  
Family and friends should be encouraged to teach older persons to use video chat.

10 Share instructions on how to use protective devices or how they can prevent themselves from getting the infection.

These instructions must be shared patiently and in a manner that is respectful.

Information should be shared in a way that they can easily understand.

11 Older persons may not know how to shop online.

They may not know how to use helplines for consulting people or using helplines for health care.

- Provide older people information on how to get help when they need it for example on how to call a taxi.
- Distributing goods and services; preventive materials like masks and disinfectants, grocery supplies, emergency transportation access can reduce worry.

12 Provide older people with simple physical exercises that they can do at home or in quarantine.

This can help maintain mobility and reduce boredom.



# **INTERVENTION 2: SUPPORTING THE NEEDS OF PEOPLE WITH DISABILITIES DURING A COVID-19 OUTBREAK**

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

**These barriers might include:**

## **1. Environmental barriers:**

- Information about the infection; how to prevent it from spreading and how to reduce stress is necessary.

However, this information is often not developed and shared in ways that includes persons with communication disabilities.

- Many health centres are not accessible to people with physical disabilities.

People with disabilities might not be able to get to health care facilities because of urban barriers and lack of accessible public transport systems.

## **2. Institutional barriers:**

- Many people with disabilities are not able to afford essential services because of high costs.
- There are no procedures set for taking care of persons with disabilities in quarantine.

## **3. Attitudinal barriers:**

There is discrimination against persons with disabilities. People believe that persons with disabilities can not make their own decisions. People think that persons with disabilities can not take part in the outbreak response.

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

The inclusion of the voices and needs of people with disabilities is necessary during the planning stage and during the emergency response.

This helps them maintain physical and mental health. It also helps reduce the risk of being infected with Covid-19.

3.1 There is need for accessible communication messages.

These messages need to keep in mind the needs of persons with sensory, intellectual, cognitive and psychosocial disabilities.

Examples might include:

- Websites that are accessible and factsheets that ensure that people with visual disabilities can read key information about the outbreak.
- There must be certified sign language interpreters during news and press conferences about the outbreak.
- Health staff should know sign language or have certified sign language interpreters.
- Messages should be shared in ways in which people with intellectual, cognitive and psychosocial disabilities can easily understand.
- Forms of communication should not only be based on written information.

Face to face communication or interactive websites must be used to communicate information.

3.2 If caregivers need to be moved into quarantine, plans must be there so that people with disabilities who need care and support continue to get support.

3.3 Community based organizations and leaders in the community can be useful partners in communicating and providing MHPSS support.

They can be especially useful for people with disabilities who have been separated from their families and caregivers.

3.4 People with disabilities and their caregivers should be included in all stages of the outbreak response.

## **INTERVENTION 3: MESSAGES & ACTIVITIES FOR HELPING CHILDREN DEAL WITH STRESS DURING THE COVID-19 OUTBREAK**



**1. Encourage active listening and an understanding attitude with the children.** Children may respond to a difficult or an unsettling situation in different ways:

- They may cling to caregivers,
- They may feel anxious,
- They may withdraw,
- They may feel angry or agitated,
- They may have nightmares,
- They may wet their beds,
- They may have frequent mood-changes, etc.

**2. Children usually feel better if they are able to express and communicate their feelings that are disturbing.**

**They must be able to do this in a safe and supportive environment.**

Every child has his/her own way to express emotions.

Some children can express themselves through play or by drawing.

Help children find positive ways to express disturbing feelings such as anger, fear and sadness.

**3. Encourage an increased sensitive and caring environment around the child.** Children need adults' love and often more special attention during difficult times.

4. Children take their emotional cues from the important adults in their lives.

Thus, it is important for adults to :

- Manage their emotions well
- To remain calm
- Listen to their children's concerns
- Speak kindly to them
- Reassure their children
- If appropriate and depending on their child's age – hug the child.
- Parents should tell their children that they love them and are proud of them.
- This will ensure that the children feel better and feel safe.

5. If possible, make opportunities for children to play and relax.

6. Keep children close to their parents and family.

If the child needs to be separated due to risk of infection, make sure that there is proper arrangement of appropriate, alternative care.

Make sure that a social worker regularly follows up with the child.

7. If children are separated from the caregivers, they should be able to speak with them on the phone and via video calls. This will reassure them.

Ensure child protection and safety measures are in place.

8. If possible, keep regular routines and schedules for playing, learning or create new schedules in a new environment.

If it is not a risk to their health, children should attend school.

They should continue with schoolwork and other routine activities.

9. Provide information to children.

The information should be clear, easy to understand and child-friendly.

Show children how they can keep safe for example teach them how to wash their hands properly.

10. Avoid discussing information that is not in front of children.

11. Provide information about what has happened or could happen.

Provide this information in a reassuring, honest and age-appropriate way.

12. Support adults or caregivers with activities for children during home isolation or quarantine.

Explain the virus through the activities.

These activities should 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.



## INTERVENTION 4: MHPSS ACTIVITIES FOR ADULTS IN ISOLATION/QUARANTINE



During quarantine, where possible, safe ways of communication like phone hotlines and social media should be provided.

This can reduce loneliness and psychological isolation.

### **Activities that will support adults' wellbeing during home isolation/quarantine:**

1. Physical exercise like yoga, tai chi, stretching
2. Cognitive exercises

3. Relaxation exercises like breathing, meditation, mindfulness
4. Reading books and magazines
5. Reduce the time spent looking at fearful images on TV
6. Reduce time listening to rumours
7. Search information national radio or national news bulletins. The information will be accurate.
8. Look for information only 1 or 2 times per day, rather than every hour
9. Recognize that home is sometimes not a safe place for all women.  
Information should be available on access to safety, or immediate security.

# INTERVENTION 5: SUPPORTING PEOPLE WORKING IN THE COVID-19 RESPONSE

## Messages for frontline workers:

1. You, as frontline workers and people who work with you may feel stressed.

It is quite normal to feel this way in the current situation.

You may feel that they are not doing a good enough job.

There is a high demand for you.

2. Stress and other feelings that come along with stress do not mean that you cannot do your job or that you are weak.

In fact, stress can be useful.

Right now, the feeling of stress may be keeping you going at your job.

It may provide a sense of purpose.

It is important to manage stress and psychosocial wellbeing along with physical health.

3. You need to take care of your basic needs and employ helpful coping strategies.

- Make sure you get enough rest and respite during work or between shifts

- Eat sufficient food. Eat healthy food
- Engage in physical activity
- Stay in touch with family and friends
- Avoid tobacco, alcohol or other drugs. These are negative coping strategies. They can harm you in the long term.

4. Family members or people in the community may ostracize frontline workers because of stigma.

Ostracize means to keep away from.

This can make it even more difficult for the workers.

If separated from family, it is important to keep in touch over the phone and video call.

Ask for support from people who work with you, from the manager or other people you trust.

They also have similar experiences and will understand.

5. Many frontline workers may not have experienced this situation earlier. Especially for frontline workers who have not been involved in this kind of response.

6. It is a unique situation.

Using strategies used earlier, to deal with stressful situations, will help.

Even if the situation is different.

7. If you feel more stress, do not blame yourself.

Everyone experiences stress. Everyone copes differently with stress.

The pressures in your personal life can affect your mental well being, in your day-to-day job.

You may notice the following things about yourself:

- You may notice changes in how you are working
- Your mood may change
- You may be more irritable
- You may feel low
- You may be more anxious or worried.
- You may feel tired all the time
- You may find it difficult to relax during breaks
- You may have body pains or stomach aches or other unexplained physical complaints

8. Stress over a long period of time can affect mental well being.

It can affect you even after the situation improves.

If the levels of stress are too high to cope with, please contact persons who can provide the support that you need.

## **Messages for team leaders or managers:**

If you are a team leader or manager, keep all staff protected from chronic stress and poor mental health. This will ensure that health workers and other support workers are able to fulfill their roles better.

1. Monitor the wellbeing of your staff regularly.  
Support them and create an environment where they feel comfortable to speak with you if their mental wellbeing is affected.
2. Ensure that all members of the staff get regular updates and accurate information.  
This can help them feel more in control and less worried and reduce uncertainty.
3. Try and ensure that your staff gets adequate time to rest and recover.  
Rest helps with physical and mental wellbeing.  
This helps workers time for self-care activities.
4. Provide a brief and regular forum where workers can share concerns and ask questions.

Encourage workers to support each other. This is called peer-support.

Pay special attention to any members of the staff who :

- May be facing difficulties in their personal life,
- May have been having poor mental health from earlier
- May not have social support or the community may have isolated them

5. PFA training can be useful for managers or leaders and workers. It can enable them to provide support to others working with them.

6. Facilitate and ensure that staff know where they can get :

- Mental health and psychosocial support services.
- Online MHPSS support
- Support over the telephone or
- Supports that they can access from their homes, without going any place.

7. Managers and team leaders will face similar stress.

They are also responsible for their team and this will add to the levels of stress.

It is important that all the strategies given above are there for workers and managers.

Managers can become role-models.

They can show how self-care strategies can lessen the 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.

## **INTERVENTION 6: COMMUNITY MHPSS MESSAGES DURING THE COVID-19 OUTBREAK**

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

**Messages for the general public for dealing with stress during the COVID-19 outbreak:**



1. It is normal to feel sad, distressed, worried, confused, scared or angry during a crisis.
2. Talk to people you trust. Contact your friends and family.
3. If you must stay at home, maintain a healthy lifestyle. Eat a proper diet, get regular sleep, exercise and maintain social contact with loved ones at home. Keep in touch with family and friends through email, phone calls and social media platforms.
4. Do not use tobacco, alcohol or other drugs to cope with your emotions.
5. If you feel stressed, talk to a health worker, social worker, similar professional, or another trusted person in your community. This can be a religious leader or a community elder.
6. Have a plan where to go and seek help for physical and mental health and psychosocial needs, if required.
7. Get the facts about your risk and how to take precautions. Get information from places you can trust such as WHO website or a local or state public health agency.
8. Decrease the time you and your family spend watching or listening to upsetting media coverage.
9. Use skills that you have used in the past during difficult times to manage your emotions during this outbreak.