



OPERATIONAL GUIDANCE

Distance MHPSS Services in Refugee and Internally Displaced Persons Camp Settings

Applied Mental Health Research Group

APRIL 2020 VERSION 1.0

Operational Guidance
Distance MHPSS Services in Refugee and Internally Displaced Camp Settings

Applied Mental Health Research Group
April 2020

Purpose and Use

The purpose of this document is to explain the process of moving existing in-person mental health counseling services to distance MHPSS support for populations in internally displaced persons camps in Kachin state, Myanmar undertaken by the Applied Mental Health Research Group (AMHR) at Johns Hopkins University, along with local partner organizations.

AMHR is sharing this information to provide an example of adaptation and implementation of existing services in a low-resource setting for a conflict-affected population. We hope that our example can provide some operational guidance for other organizations as they look at MHPSS programming in their respective areas.

Further Information

If you are interested in learning more about using these resources or would like technical assistance to set up dissemination through your organization’s network, please contact us.

Dr. Catherine Lee: clee147@jhu.edu

Matthew Schojan: mschoja1@jhu.edu

Table of Contents

Background.....	2
System of Implementation for Distance MHPSS Services	2
Materials and Handouts	3
Additional Resources.....	4
Appendix A: Instructions for Organizations	5
Appendix B: General Mental Health Information.....	7
Appendix C: Contact Information Sheet Template	11
Appendix D: Sanitizing Phone Information	12
Appendix E: Focal Point Instructions for Phone Use.....	13
Appendix F: Focal Point Job Description	15
Appendix G: Focal Point Call Log.....	16
Appendix H: Instructions for AMHR staff calls with PSS Focal Points.....	17
Appendix I: Thinking in a Different Way - Boxes.....	19
Appendix J: Thinking in a Different Way - Triangles	26

Background

The Applied Mental Health Research Group (AMHR)¹ at Johns Hopkins University (JHU) started a process in March 2020 to work with local partner organizations in Myanmar to develop a system of mental health and psychosocial support (MHPSS) care to support vulnerable communities during COVID19. Specifically, AMHR saw the need to redesign and adapt current MHPSS services to address the needs of internally displaced persons living in communities that have no mental health services located within their specific communities. As Internally Displaced Persons (IDP) and refugee camps are increasingly cut off from outside services due to COVID19, AMHR designed a system to provide MHPSS support to these communities that will be isolated and will have reduced access to regular services for an indefinite period of time.

System of Implementation for Distance MHPSS Services

The system includes adding people who reside in the camps who function as MHPSS focal points. These are individuals recruited by AMHR's local partner organizations. Their backgrounds range from having experience with WASH community mobilization to being a school teacher or other community volunteer. The basic criteria for selection for this MHPSS focal point position was that the person: 1) can read/write the local language, 2) has time and interest to support their community during COVID19, and 3) can use social media. These MHPSS focal points do not have MHPSS training and are not considered to be a mental health service provider but, instead, are there to serve the role of distributing MHPSS materials developed by AMHR in a variety of formats and to act as a conduit to access mental health counseling services by phone.

AMHR worked with the local partners to identify at least three MHPSS focal points in each camp, regardless of camp population size, in anticipation of an event where an MHPSS focal point would become ill or need to care for a sick family member. A spreadsheet of sites listing where remote MHPSS services will be made available was developed and includes: camp name, location, population size, number of households, names and contact information of focal points as well as their assigned areas within a camp, and the names and contact information of the mental health counselors who are assigned to them.

MHPSS focal points received an initial kit that includes handouts for community members (see below for descriptions), phones and phone credit, masks, and hand sanitizer. MHPSS focal points distribute these handouts to every household in their designated area in the camp. In addition, the MHPSS focal points post this information in areas in the community where community members can read the materials, share the information on social media, and use audio files of the handout materials to broadcast on local radio stations and on loudspeakers where available.

MHPSS focal points participate in a call twice per week with local supervisors to review how many community members have come to them to use the phones to call a mental health counselor, as well as to give feedback on the materials and to provide an update on their sense of

¹ <https://www.jhsph.edu/research/centers-and-institutes/global-mental-health/>

the levels of stress in the camp due to COVID19 and any adjustments that need to be made to the handouts or process for the system's implementation.

MHPSS focal points use the phones they are provided to allow community members to call one of the local partner organization's mental health counselors directly. In northern Myanmar, where this system was first implemented, the local partner organization counselors are trained in the Common Elements Treatment Approach (CETA)² and these counselors have received training on providing CETA by phone.

Materials and Handouts

To implement this system AMHR developed the following accompanying materials:

1. Instructions for Organizations: used by AMHR to work with individual organizations to implement activities. (Appendix A)
2. General Mental Health Information: the initial handout in a series of handouts that outlines, in detail, actions for dealing with stress and coping during COVID19. This information is in line with WHO general information on mental health during the pandemic, but provides more details on how and why to respond to mental health problems resulting from the COVID19 pandemic – both the disease and the control measures. The guidance note on stress and coping has been translated into Jingphaw Kachin and Myanmar languages and is available for translation to other languages, as needed. (Appendix B)
3. Contact Information Sheet Template: used by AMHR to work with individual organizations to tailor their implementation plans and instructions for community members on how to reach mental health counseling support. For each camp, there is a site-specific version of this document with the relevant MHPSS focal point and assigned counselors' names and contact information. (Appendix C)
4. Sanitizing Phones Information: instructions for focal points on how to clean phones between use. (Appendix D)
5. Focal Point Instructions for Phone Use: guidance for focal points on serious mental health issues that necessitate prioritized use of the phones to reach mental health counselors. (Appendix E)
6. Focal Point Job Description: a document provided to focal points that outlines their roles and responsibilities. (Appendix F)
7. Focal Point Call Log: provided to focal points in camps to record contacts with community members and calls to mental health counselors. (Appendix G)

² <https://www.cetaglobal.org/>

The focal points also have calls twice a week with a specific member of the AMHR local team to gather information on the process. (Appendix H)

AMHR also developed an additional handout with information on “thinking in a different way during difficult times” (cognitive coping). A version that explains the process in simplified terms using boxes to explain the process was adapted for use with IDP communities in Myanmar (Appendix I) and was developed from the version that explains the processing using triangles that more accurately depict the relationship between thoughts, feelings and behaviors (Appendix J). This cognitive coping handout is undergoing pilot testing with select individuals from the IDP communities where it will be distributed. After any necessary revisions, the “thinking in a different way during difficult times” handout will be sent to the MHPSS focal points (again, enough copies for each household as well as posting in common areas in the camp). AMHR continues to work on additional guidance to supplement the initial stress and coping document and the “thinking in a different way during difficult times” (cognitive coping) document. AMHR aims to have all documents written in simple text that can be understood at the community level.

Additional Resources

AMHR is also working with The Refugee Response in the U.S. to produce a series of videos and audio recordings using the above-mentioned guidance notes that will be produced in a number of languages for distribution (<https://www.refugeeresponse.org/>).

IASC Interim Briefing Note Addressing Mental Health And Psychosocial Aspects Of Covid-19 Outbreak:

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

For more information on CETA:

<https://www.cetaglobal.org/>

Johns Hopkins Bloomberg School of Public Health Global Mental Health:

<https://www.jhsph.edu/research/centers-and-institutes/global-mental-health/>

MHPSS.net Toolkit for COVID19:

<https://app.mhpss.net/toolkit4covid19>

Appendix A: Instructions for Organizations

Instructions for Organization on Implementation of Distance MHPSS Services

Handouts

1. The “Stress and Coping during coronavirus (COVID19)” handout should be distributed to staff in your organization, people in the camps, section leaders, and anyone else you have access to. In particular, the PSS focal points you have arranged in each of the camps should have sufficient copies of these to distribute and post in the camps (1 copy per household in their area, additional copies for posting in their area, and at least 5 copies for him/her to keep at his/her house).
2. The contact information should be specific to your organization. Our suggestion is that you print copies specifically for each camp so that only the PSS focal person contact information for that camp appears. So, if you are distributing to 5 camps, you would have 5 different types of this document.
3. Be sure to add your organization’s logo on the document before printing. It should appear after the USAID and JHU logos.

Further distribution of Handouts

- The written material can be shared as .pdf documents or photo files on social media or via email to other organizations.
 - o You can consider if you want to include the “Information on How to Reach Help” section – if you are willing to accept calls from other areas.

Logistics

- AMHR will provide your organization with the electronic files translated in local language.
- Your organization will need to update the “Information on How to Reach Help” and then email this back to JHU to keep on file.
- A “kit” (box or bag) should be put together for each PSS focal point that includes: 3 phones (labeled as, for example, “Org name PSS Phone #1” “Org name PSS Phone #2” and “Org name PSS Phone #3” where phone #1 is for the focal point to use to talk with JHU and the other two phones are for community members to use to talk with counselors), printed handout on how to clean phones after use, additional talk time, printed copies of handouts, printed copies of additional information in local language on COVID19 prevention from sources such as WHO and MOHS, notebook, pens, a printed list of the name/phone number/additional contact information for the CETA provider(s) that he/she will have contact with.

Orientation and On-going Communications

- Each PSS focal point will have an orientation call with AMHR
- The PSS focal point will have a call twice a week with AMHR (example: every Monday and Thursday) at a set time, as well as any time he/she has a question
- During the regular call between the PSS focal point and AMHR, the following should be discussed:

- In general, how are people feeling in the camp right now? What is the level of stress the PSS focal point is seeing people experience? How are they expressing this stress?
- What ways have the handouts been distributed?
- Who contacted the PSS focal point (what day, for what reason, basic information about sex/age/etc, and what steps were taken)?
- What questions does the PSS focal have about the materials or how to support people to manage their stress during this situation?
- What, if any, additional information should be provided to people to help them manage stress? What changes are needed to our system or materials?
- AMHR will type of notes from each of the calls in an Excel sheet for tracking and circulate information back to your organization

Appendix B: General Mental Health Information

Stress and Coping with the Coronavirus (COVID19)

Basic Facts about the COVID19 Epidemic

The whole world is currently experiencing an epidemic of a new infectious disease. This disease is called COVID19 and is caused by a virus. This is a stressful time for everyone and even before the disease arrives in a community, residents may feel isolated from people and services. Feeling isolated in this way is never a good feeling. Isolation may make people feel abandoned as well as fearful and anxious. This can produce strong negative emotions and behaviors in both adults and children. People who are experiencing negative emotions can engage in harmful behaviors toward themselves and others. This document contains advice on how people can cope with these stresses and reduce their effects. Coping with stress will make you, the people you care about, and your community stronger.

General Information about Stress

Everyone reacts differently to stressful situations.

- How stress affects you can depend on:
 - Your family situation. For example, being a caregiver to children or elderly is more stressful than being alone.
 - Your employment situation. Being unable to work is much more stressful when you are the person responsible for the family income.
 - The situation in the community. Crowded living conditions and lack of access to basic needs make the situation much more stressful.
- Since everyone reacts differently according to their personal situation, you should not compare yourself to others or feel badly if you feel more stressed than others.

Stress during an infectious disease outbreak can include:

- Constantly being fearful and worrying about your own health and the health of your loved ones
- Feeling emotionally upset most of the time
- Feeling nervous or shakiness inside
- Changes in sleeping or eating patterns
- Difficulty sleeping or concentrating
- Strained relationships
- Being short-tempered or angry more easily
- Having thoughts of dying or hurting ones' self
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs
- Feelings of sadness and depression
- A loss of interest in things you are normally interested in
- Feeling lonely or isolated

- Feeling tired or slowed down
- Unable to do your normal activities due to your feelings of stress
- Reactions of violence against oneself or others in the family or outside the home
- In addition to these items children and youth may also be more irritable or aggressive, have bad dreams, experience physical symptoms of stress (i.e. headaches, stomach aches) or be more attached to their parents/guardians

If you experience one or more of these reactions to the extent that you are hurting yourself or others, you are not able to do your normal activities, or you feel miserable much of the time then you need to take action to reduce your stress. You can use this list to check in on yourself and your family and friends each day. You should look for changes that show you or someone you know needs to try the suggestions below and/or find additional support.

Steps for supporting yourself and others around you

The list below includes things that you might not think are related to stress but are very important in reducing it. These items are just suggestions to try out for some people some of the items will work better than others and that is ok. We encourage everyone to try out as many of these as they can when possible. The suggestions are:

1.1 Take care of yourself– This may look a little different for each individual. Some suggestions are:

- Try to maintain your regular meal times and include healthy foods as much as possible.
- Get up and move around inside and outside your house as much as you can and as much as the regulations in your community allow you.
- Give yourself time to get plenty of sleep (e.g., 8 hours).
- Avoid or limit tobacco, chewing betel, drinking alcohol, and using drugs. Do not increase your use of these or any other substances in order to cope.
- Follow your regular routine to bathe and take care of your personal hygiene

1.2 Connect with others– If regulations in your community require you to keep your physical distance from others outside the home this doesn't mean avoiding talking to them. Not talking to other people will add to your feelings of stress and isolation.

- Some ways include: Social media, telephone or meeting outside houses separated by at least 1 meter (3 feet) but 2 meters (6 feet) is recommended.
- Try to talk with someone at least 3 times a day, every day.
- It's important to talk about your concerns and how you are feeling.

1.3 Try to calm yourself when stress starts to increase–

- Try taking in deep breaths – in through the nose and out through the mouth very slowly. Take at least 5 deep, long, slow breaths.
- Pray or meditate. There are many ways to do this. One may be sitting quietly for 10 minutes to pray or meditate.

- Tell yourself more positive thoughts such as “I am not alone in this” or “I can get through this.” Say a positive thought to yourself 5 times in the morning, afternoon and evening.

1.4 Stay informed but limit media time –

- Check the news during the morning, afternoon and evening just for 10 minutes from a trusted source.
- Set a timer or note the time you start so you keep to 10 minutes.
- Avoid social media as your only source of information. Be aware that there are often false rumors during a crisis that are spread on social media.
- Recommended information sources include:
 - MoHS (<https://www.mohs.gov.mm/>)
 - Voice of America (<https://www.voanews.com/>)
 - Radio Free Asia (<https://www.rfa.org/burmese/>)

1.5 Do things that bring you joy– These vary for each person.

- Some suggestions include: reading, spending time with children, gardening, walking, listening to music, singing, playing music, meditation, prayer, etc.
- Do the activity for at least 10 minutes – at least twice a day.

1.6 Seek help when needed– If you are having strong feelings of stress despite these suggestions, and/or are thinking about hurting yourself or others, please reach out!

- Check listings for counselors available in your area who can talk to you by phone

Further Information about the COVID19 Epidemic

The whole world is currently experiencing an epidemic of a new infectious disease. This disease is called COVID19 and is caused by a virus. It mainly affects the lungs and is spread in the same way that colds and influenza are spread – through coughing, sneezing, and touching surfaces that a person with the disease has recently touched, coughed, or sneezed on. Tests to tell if someone has the disease are very limited. Antibiotics are not effective and currently there is no medicine that can cure the disease. The disease affects all ages. Because it is new, no-one is immune and there is no vaccine yet. Everyone is at risk of getting it.

The main symptoms are cough, fever, and tiredness. Most cases are mild and many people get the disease without even knowing it. But some people are seriously affected and may have difficulty breathing. A small percentage – about 1% in populations affected up to now – will die. Most of the people who die are either old or have other chronic diseases but some are young and healthy and it is not known why their illness was serious.

Although most people who get the disease have mild symptoms, the disease is causing concern throughout the world because it is so infectious. Even though a small percentage of people get seriously ill and on average only 1% of people die from the disease, this is still a lot of people if most of the population get the disease. This can overwhelm available medical resources.

We expect that most people will get this disease, especially in populations with crowded living conditions. Everyone must be prepared for the arrival of the disease in their community. Many services and activities may need to temporarily stopped or reduced until the epidemic passes. This is to protect everyone because limiting contact between people is the best way to reduce spread of this disease. You will hear about other things you can do to protect yourself, including frequent handwashing with soap, avoiding touching your face – especially your eyes, nose and mouth - and keeping a distance of at least 1 meter (three feet) and 2 meters (6 feet) is recommended from other people you do not live with. These measures will definitely help to slow down transmission and everyone should do them. It is very important to also make sure that you help children to do the same- it is often hard for little children to remember to do these things so as an adult it is important that you remind them frequently. However, everyone should also expect that some people will still become ill and die.

This is a stressful time for everyone and even before the disease arrives in a community, residents may feel isolated from people and services. Feeling isolated in this way is never a good feeling. Isolation may make people feel abandoned as well as fearful and anxious. This can produce strong negative emotions and behaviors in both adults and children. People who are experiencing negative emotions can engage in harmful behaviors toward themselves and others. This document contains advice on how people can cope with these stresses and reduce their effects. Coping with stress will make you, the people you care about, and your community stronger.

Appendix D: Sanitizing Phone Information

**Instructions for PSS focal points on phone cleaning and use
COVID19 response**

1. Before giving a PSS phone to a person to use, wipe down the phone using hand sanitizer or other liquid with at least 70% alcohol.
2. If someone in your area needs to use one of your PSS phones to contact a counselor, ask the person to first wash his/her hands using soap and water. Then give them the phone while still maintaining at least 1 meter (3 feet) – 2 meters (6 feet) is recommended - distance between yourself and the person. An example of this would be placing the phone on a chair and then walking back. Have the phone number of the counselor they will call written down and available for the person or read it aloud to him/her from a distance.
3. Tell the person you are there if they need any assistance, but make sure you are not listening in to the conversation.
4. Allow the person to use the phone in a private place at least 1 meter (3 feet) – 2 meters (6 feet) is recommended – away from other people, but still within your line of sight.
5. When the person is finished, ask him/her to return the phone while still maintaining at least 1 meter (3 feet) – 2 meters (6 feet) is recommended - distance between yourself and the person. An example of this would be asking the person to place the phone on a chair and then walking back.
6. Wipe down the phone using hand sanitizer or other liquid with at least 70% alcohol.
7. Wash your hands with soap and water.

Appendix E: Focal Point Instructions for Phone Use

Instructions for PSS focal points on responding to requests to use PSS phones: COVID19 response

As the PSS focal point person for your organization in your camp, one of the tasks you will have is to connect people in your community who need additional support with mental health counselors by phone. We do not know how many people will request to use the PSS phones you have been given by the organization, but we want to provide guidance for you on how to support people who reach out for additional help beyond what is written in the handouts you are distributing.

If many people are coming to ask you for help to call a counselor, you may need to make decisions on how to prioritize use of the phones. The following is guidance on what to review with people who come and ask to use the phone to call a counselor and a description of 5 serious issues that can come up where you would allow a person to use the phone.

When someone comes to you and asks for your help to contact a counselor, ask the person if he/she has read and understands the “stress and coping during COVID19” handout. If he/she has not read it, provide him/her a copy and read through it together. If he/she has read it already, review to make sure he/she understands the information. Ask if he/she has tried the techniques described in the document.

Look and listen for signs that the person is currently experiencing any of the following serious issues:

Serious Issues

1. Talking about wanting to be dead, or wanting to hurt or kill themselves or others
2. Has threatened or harmed self or others in the last two weeks
3. Concerns about ongoing physical violence or child abuse that is occurring in their home
4. Unable to do normal activities like sleeping, bathing, eating or caring for other family members because of high levels of stress
5. Is drinking alcohol or using drugs more than before, or using alcohol and drugs to the point that he/she is drunk or high and his/her speech and behavior are affected

If the person is currently experiencing any of these five serious issues and wants to talk with a counselor, use the PSS phone to connect that person with a counselor immediately – this means using one of the PSS phones right at that time when the person is there talking with you (if the person agrees to call the counselor).

Some people may come to you without any of the serious issues listed above. For some of these people, they may be coming to use the PSS phone to call a counselor because they are worried about COVID19 or other issues, feel unhappy, want someone to talk to, or want some basic advice on a problem not related to their mental health. In these cases we would encourage them to use the coping skills listed on the handout and/or refer them to other resources within the camp that would be better able to address their concerns. For some people they may simply not feel comfortable explaining why they want help. In these cases you should allow the person to

April 2020 Version 1.0

use a PSS phone to call a counselor directly and then the counselor will decide if they are the best person to help that person.

If you are unsure if an issue that someone comes to you with is serious or not then it is always best to call the counselor and get their advice.

The main thing to remember is that if there is anyone who is having any of the five serious issues listed above, you should connect him/her with a counselor immediately.

Appendix F: Focal Point Job Description

AMHR/JHU COVID19 Psychosocial Support (PSS) Focal Point Job Description

Requirements

- Experience with outreach or is well connected/trusted in the camp
- Has time and interest to support his/her community during COVID19 response
- Speaks and reads Kachin
- Speaks and reads Burmese, if possible
- Able and willing to use social media to share PSS messages
- Can maintain project phones (cleaned, charged, top up talk time)
- Can commit to a minimum of 3 months in this position, with possibility of extension

List of duties

- Disseminate written messages by whatever means are effective in his/her camp, including printed material, audio, video
- Arrange phone connection with providers for persons who request to speak with a mental health counselor
- Complete call log to record use of PSS phones by community members to call mental health counselors
- Maintain PSS phones:
 - Clean before and after use
 - Charge phones
 - Top up phones
- Communicate by phone/Skype/WhatsApp/WeChat/chat with JHU focal points on the mental health situation of residents within the camp by phone twice a week.
 - Issues they are seeing and hearing about
 - Reporting on use of PSS phones to call counselors.
- Understand the need for flexibility and possible changes in duties based on changing needs, according to their time and capacity.

Supplies provided by JHU/organization

- Printed handouts: to be distributed to each household, as well as posted in the camp at important places. Additional copies should be kept by the PSS focal point in his/her home for reference.
- Printed “call log”: to record use of the PSS phones by community members to call mental health counselors assigned by the organization.
- Mask/hand gel: to be used when interacting with people and also to clean phones before/after use according to instructions.
- Phone/SIM: based on individual need, a phone and/or SIM card will be provided so that PSS focal points have a phone number for use during the project.
- One additional PSS phone with SIM and talk time: to be used by community members to call and talk with the mental health counselors assigned by the organization.

Appendix H: Instructions for AMHR staff calls with PSS Focal Points

Tasks assigned to AMHR caller

- After PSS focal points have received their “kits”, set up a time to talk with each one together
 - o Questions to ask on the first call and fill in on the “covid19_MHPSS Focals Master List” under Dropbox folder “9. Camp-based Implementation”
 - Person’s age
 - Any columns not already filled in on the “Master” list
 - o Questions to ask on the first call and fill in on the “covid19_MHPSS_Master call notes” under Dropbox folder “10. Focal Point Call Schedule and Notes”
 - Preferred/possible language for ongoing calls (Kachin or Burmese), use this information to assign appropriate AMHR staff to do future calls
- What to explain on the first call:
 - o Review their job description and role using “covid19_camp focal point JD”
 - o Explain the handouts and materials that are in the “kit”
 - covid19 general MH information (“stress and coping” document)
 - covid19 MH contact information (“how to reach help” document)
 - covid19 PSS Call Log (“how to record the number of people who come to you and what actions are taken”)
 - covid19 focal point instructions phone usage (“when to immediately call a counselor” document)
 - covid19_Sanitizing phones instructions
 - Hand gel / masks that might be included by organizations
 - Phones/SIM cards (1 smart phone for them, 1 regular phone for community)
 - o Discuss ways that they can distribute the handouts
 - 1 copy for each household in their area
 - Extra copies that they keep in case people come to request
 - Places they can post it in the community
 - o Ask about how to use the loudspeaker in their area and explain that we will be sharing audio materials. Ask if they would be able to have audio played for their community (loudspeaker or other way)
 - o Set up regular days for their calls (2 times per week – example, Tuesday and Friday) and set the time that these calls will take place
 - o In general, how are people feeling in the camp right now? What is the level of stress the PSS focal point is seeing people experience? How are they expressing this stress?
- After calling all of the focal points, create a “call schedule” with the days/times that calls with the focal points will take place. Be sure to record who the AMHR staff person is who is assigned to each call. This can be put in our shared Dropbox folder under the folder “10. Focal Point Call Schedule and Notes”
- During the regular call, the following should be discussed:

- In general, how are people feeling in the camp right now? What is the level of stress the PSS focal point is seeing people experience? How are they expressing this stress?
 - What ways have the handouts been distributed?
 - Who contacted the PSS focal point (what day, for what reason, basic information about sex/age/etc, and what steps were taken)?
 - What questions does the PSS focal have about the materials or how to support people to manage their stress during this situation?
 - What, if any, additional information should be provided to people to help them manage stress? What changes are needed to our system or materials?
 - Ask the focal point to send a photo of each new page (since the last call) of their “call log” to you
 - Save these according to each focal point in a folder in Dropbox
- You will record this information in the “covid19_MHPSS_Master call notes” in the Dropbox folder “10. Focal Point Call Schedule and Notes”

Appendix I: Thinking in a Different Way - Boxes

Stress and Coping with the Coronavirus (COVID19) Thinking in a Different Way in Difficult Situations

Every individual has stress in life at different times—some big, some small. The current COVID19 pandemic is causing stress for many people worldwide. Stress can cause some problems like disrupting our sleep, making us feel sad, angry, or irritable. One way we can feel less stressed is to work on changing our thoughts or the things we tell ourselves in our minds.

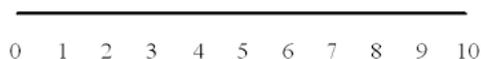
This handout is to help you understand **how** you can change your thoughts when you cannot change the things that are happening around you. By changing how you think about a situation you can actually feel better and that can result in more helpful actions or behaviors (even though the situation stays the same).

Before we start it's important to first understand what a thought is, what a feeling is and what a behavior is.

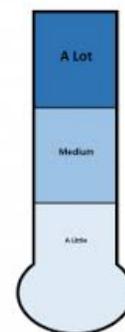
	<p>Thoughts are things we say to ourselves in our heads.</p> <p>Examples: “I am too busy to take care of my family properly.” “I wish this would be over soon.” “This is really bad!”</p>
	<p>Feelings are emotions or things we “feel”</p> <p>Examples: happy, sad, angry, fear, worry, frustration, resentment, envy, disgust.</p>
	<p>Behaviors are things we do or actions. It's something you could see or hear someone else doing.</p> <p>Examples: running, jumping, crying, talking, or an expression on a face.</p>

More information on feelings:

Feelings come to us in different levels of strength or intensity. We can use numbers to score how strong the feelings are, as shown in the picture below where 10 is the strongest intensity, and 0 is none. Or we can use a picture like a thermometer that shows something like “a little” all the way to “a lot”. For example, one situation may make us very angry, which we would score as 10/10 (very strong), and another situation may make us angry, but only a little, which we would score as 3/10 (little anger).



FEELINGS THERMOMETER



Why is it important to recognize the strength of our feelings?

- There are no “good” or “bad” feelings.
 - People often think of feelings as “good” or “bad”, for example they think “anger is bad”. However, all feelings are important and we can learn from or respond to our feelings. For example, emotions we don’t like experiencing, like anger or sadness, act as signs that something is wrong and can motivate us to identify the causes and take action.
- When our emotions are **very** strong, it is difficult to think clearly or behave productively.
- The goal is to **manage the intensity or strength** of emotions, so that we can think and behave in more helpful ways. One way to change the intensity of emotions is to change the thoughts which lead to the emotions. The purpose of this document is to show one way to change thoughts.

A few facts to remember:

- All humans have thoughts, feelings and behaviors.
- While there are many situations we cannot control, we can control our thoughts, feelings and actions in response to those situations.

Retraining the brain – learning to think in different ways

A useful skill is learning to “re-train our brain” to think different thoughts in response to situations. **Changing our thoughts can change our feelings (and/or their intensity) and behaviors.** Below are some examples to show how thoughts, feelings and behaviors are connected. Let’s try this out using an everyday situation.

Situation: A friend walks by and does not greet me.

Example 1: Less Helpful Thought

Something happens	You say something to yourself in your head	You feel something	You do something
			
A friend walks by and does not greet me	“He must be upset with me”	Unsure 8/10 Mad 7/10 Sad 7/10	Mad expression on face, sigh

Example 2: More helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
			
A friend walks by and does not greet me	“Maybe he didn’t see me”	Unsure 3/10 Sad 2/10 Curious 3/10	Say hello or make a note to call or message him later to see if he is okay

In Example 1 and Example 2 you see:

- The situation is the exact same in the two examples but the Thoughts and therefore the resulting Feelings and Behaviors are different.
- In Example 1, we have a thought that is less helpful, leading to strong emotions and not very helpful actions.
- In Example 2, we changed our thought and still have some of the same emotions but they are not as strong – which leads to more helpful behaviors.

Now you try with an everyday situation. For both of the next two examples, use the same situation: you walk in a room and people start laughing.

For Example 3, fill in “you feel something” and “you do something” based on the unhelpful thought “they are laughing at me”.

Example 3: Less Helpful Thought

Something happens	You say something to yourself in your head	You feel something	You do something
You walk in a room and people start laughing.	“They are laughing at me”		

Now, use the same situation and see if there is another way you could think about this situation that would make you feel better or at least less sad, mad or stressed.

Example 4: More helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
You walk in a room and people start laughing.			

Hopefully in Example 3 and Example 4 you see:

- The situation is the exact same, nothing has changed.
- In Example 3, we put a less helpful thought. You have filled in the feelings and actions for that – likely they were not very helpful emotions or strong emotions, and less helpful actions.
 - Instead of thinking the thought in Example 3, “They are laughing at me”, is there any other way I could think about this situation that would make me feel better or at least less sad, mad or stressed? Insert your different thought into the box in Example 4, along with resulting feelings and behaviors that you think are likely.

- In Example 4, we hope you changed your thought to a more helpful one - and may still have some of the same emotions but they may not be as strong – which leads to more helpful or productive behaviors.

Now let’s use an example that is a little more stressful:

Let’s take this situation: A family member said something not nice to you. We cannot change the situation that the family member said something that was not nice but we **can change** how we think so that we feel better or at least not so badly. See the two examples below and try to fill in Thoughts, and the Feelings and Behaviors you feel are likely to result from that thought. In the box below we have some example thoughts you can use to help you.

Same situation in both: A family member just said you are lazy and worthless

Example 5: Less helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
A family member said you are lazy and worthless			

Example 6: More helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
A family member said you are lazy and worthless			

If you have trouble coming up with your own thoughts, here are some other examples of less helpful and more helpful thoughts related to this.

Less Helpful Thoughts	More Helpful Thoughts
“I am lazy and probably not worth much”	“I may be lazy but I will do better.”
“They are always saying mean things. I hate them.”	“I wonder if they know that that hurts my feelings?”
“No one appreciates me.”	“This family member and I do not really get along, but at least I have other family members who care for me.”

Summary so far:

When we cannot change a situation, we can change our thoughts. And by changing how we think we can change our feelings (and/or their intensity), and our actions.

Let's try again using an example related to COVID19:

Try to fill out the examples below for yourself. Remember, it is the **same situation in both: People are getting sick and some people are dying from COVID19**

Example 7: Less helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
People are getting sick and some people are dying from COVID19			

Example 8: More helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
People are getting sick and some people are dying from COVID19			

Here are some other examples of less helpful and more helpful thoughts related to COVID19.

Less Helpful Thoughts	More Helpful Thoughts
"We are all going to die"	"There may be a lot of people getting sick but most will recover."
I am worried everyone in my community is going to get sick.	"It is normal to worry about COVID and we are all in this together – the whole world."
"The people who get COVID19 were probably doing something wrong and that's how they got sick."	"This disease is caused by a virus, not by bad deeds."
"There is nothing I can do about this."	"By following hygiene guidelines as best as I am able, I can reduce my chances of getting sick."

<p>“My children are going to die.”</p>	<p>“I can help my children follow hygiene guidelines and do as much as I can to reduce their chances of getting sick.”</p> <p>OR “It is good that I am concerned about my children, that way I can take actions to help keep them safe and healthy.”</p>
<p>“People in charge are not telling us everything. They are withholding information.”</p>	<p>“This is a new disease. There is a lot the people in charge and doctors don’t know about it yet.”</p>
<p>“I feel very anxious wondering what will happen.”</p>	<p>“Everyone is uncertain and anxious. This is normal.”</p> <p>OR “I am anxious but can reduce this by talking with others.”</p> <p>OR “I am doing the best I can. That is all that anyone can expect.”</p>
<p>“How can I deal with this on top of my other problems?”</p>	<p>“Many people are also struggling.”</p> <p>OR: “This adds to my problems but I still have my _____ (meditation time, friends, healthy child, family...etc.)”</p>

Try to fill out the below examples below for yourself. Remember, it is the **same situation in both: We are more isolated from others than we used to be**

Example 9: Less helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
<p>We are more isolated from others than we used to be</p>			

Example 10: More helpful thought

Something happens	You say something to yourself in your head	You feel something	You do something
<p>We are more isolated from others than we used to be</p>			

Here are some examples of less helpful and more helpful thoughts related to this.

Less Helpful Thoughts	More Helpful Thoughts
“We will go hungry because services have stopped.”	“We may have to be more creative and work together to provide for ourselves.”
“Everyone is going to start hating each other, getting violent, and eventually there will be no food.”	“A few people are sick and I want to help make sure I am still doing things to support others in the community.”
“We will be abandoned by the organizations we rely on.”	“Services will likely decrease but we know that the service organizations are committed to providing the essentials.”
“We won’t get medical treatment.”	“We will face challenges to get medical treatment, but we have overcome many challenges already.”
“Our children will go uneducated.”	“If the schools are closed, they will likely be temporary closures.” OR “Children will lose some time in the classroom, but their health and safety is more important.”

IN SUMMARY

Worldwide we are struggling together with COVID-19. Everyone **can learn to control** the thoughts, feelings, and behaviors they have. When we have and repeat unhelpful thoughts, we will feel stronger levels of stress, worry, fear and anxiety.

This skill of “thinking in a different way” can re-train the brain and help us change how we think about situations to feel better, less stressed, less sad or less overwhelmed in the moment. We hope you were able to do some examples on your own to think differently and feel better. Try to practice 3 times a day for a minute or so, telling yourself a more helpful thought and writing down your feelings after it. Also, remember that you can use this skill any time you notice you are having an unhelpful thought or that your thought is making you feel something negative.

If you have questions about this or want to learn more, please use the information distributed by your community focal point to call and talk with a counselor.

Also, spread the word by sharing this skill with your family.

Appendix J: Thinking in a Different Way - Triangles

Stress and Coping with the Coronavirus (COVID19)

Thinking in a Different Way in Difficult Situations

Every individual has stress in life at different times—some big, some small. The current COVID19 pandemic is causing stress for many people worldwide. Stress can cause some problems like disrupting our sleep, making us feel sad, angry, or irritable. One way we can feel less stressed is to work on changing our thoughts or the things we tell ourselves in our minds.

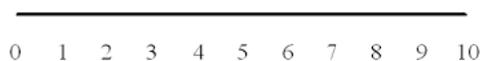
This handout is to help you understand **how** you can change your thoughts when you cannot change the things that are happening around you. By changing how you think about a situation you can actually feel better and that can result in more helpful actions or behaviors (even though the situation stays the same).

Before we start it’s important to first understand what a thought is, what a feeling is and what a behavior is.

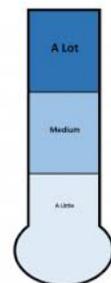
	<p>Thoughts are things we say to ourselves in our heads.</p> <p>Examples: “I am too busy to take care of my family properly.” “I wish this would be over soon.” “This is really bad!”</p>
	<p>Feelings are emotions or things we “feel”</p> <p>Examples: happy, sad, angry, fear, worry, frustration, resentment, envy, disgust.</p>
	<p>Behaviors are things we do or actions. It’s something you could see or hear someone else doing.</p> <p>Examples: running, jumping, crying, talking, or an expression on a face.</p>

More information on feelings:

Feelings come to us in different levels of strength or intensity. We can use numbers to score how strong the feelings are, as shown in the picture below where 10 is the strongest intensity, and 0 is none. Or we can use a picture like a thermometer that shows something like “a little” all the way to “a lot”. For example, one situation may make us very angry, which we would score as 10/10 (very strong), and another situation may make us angry, but only a little, which we would score as 3/10 (little anger).



FEELINGS THERMOMETER



Why is it important to recognize the strength of our feelings?

- There are no “good” or “bad” feelings.
 - People often think of feelings as “good” or “bad”, for example they think “anger is bad”. However, all feelings are important and we can learn from or respond to our feelings. For example, emotions we don’t like experiencing, like anger or sadness, act as signs that something is wrong and can motivate us to identify the causes and take action.
- When our emotions are **very** strong, it is difficult to think clearly or behave productively.
- The goal is to **manage the intensity or strength** of emotions, so that we can think and behave in more helpful ways. One way to change the intensity of emotions is to change the thoughts which lead to the emotions. The purpose of this document is to show one way to change thoughts.

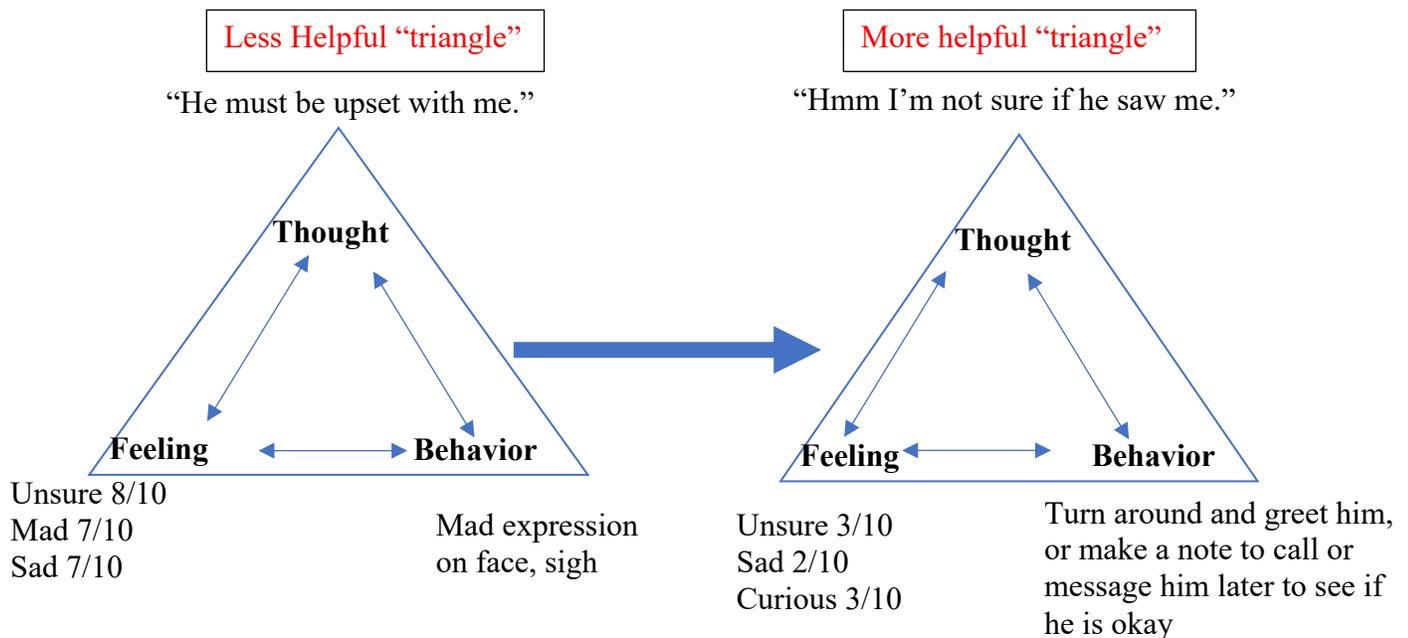
A few facts to remember:

- All humans have thoughts, feelings and behaviors.
- While there are many situations we cannot control, we can control our thoughts, feelings and actions in response to those situations.

Retraining the brain – learning to think in different ways

A useful skill is learning to “re-train our brain” to think different thoughts in response to situations. **Changing our thoughts can change our feelings (and/or their intensity) and behaviors.** Below are some examples. We put them around a triangle to show how thoughts, feelings and behaviors are connected. Let’s try this out using an everyday situation.

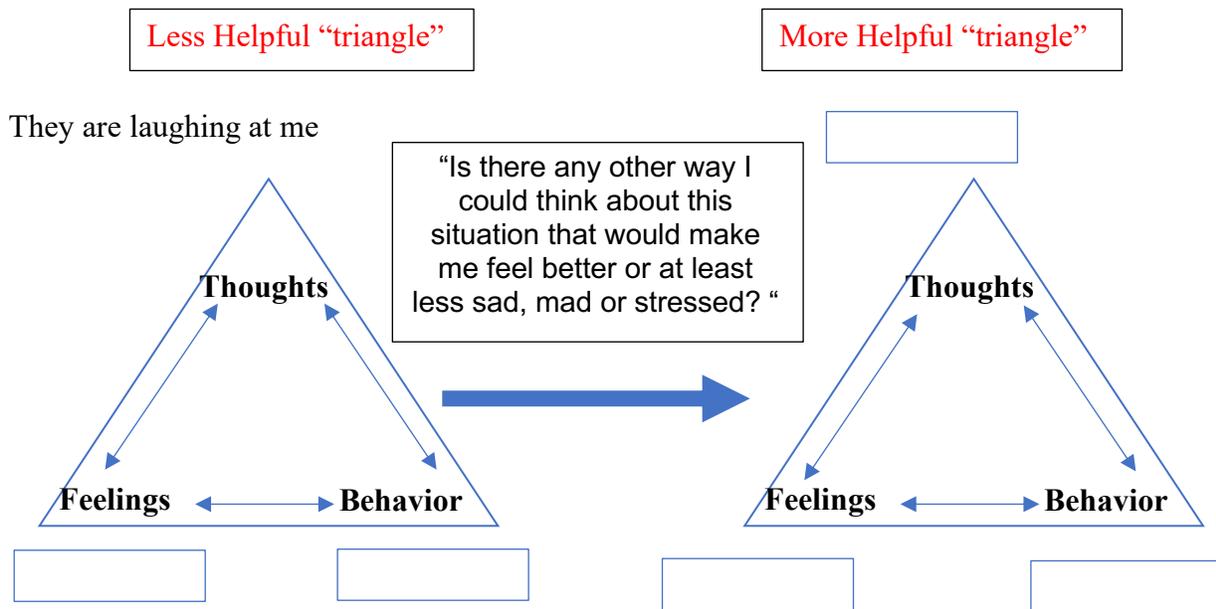
Situation: A friend walks by and does not greet me.



You see above:

- The situation is the exact same in the two triangles but the Thoughts and therefore the resulting, Feelings and Behaviors are different.
- In the triangle on the left, we have a thought that is less helpful, leading to stronger emotions and not very helpful actions.
- On the right, we changed our thought and still have some of the same emotions but they are not as strong – which leads to more helpful behaviors.

Now you try with an everyday situation. For both of the next two examples, use the same situation: you walk in a room and people start laughing.



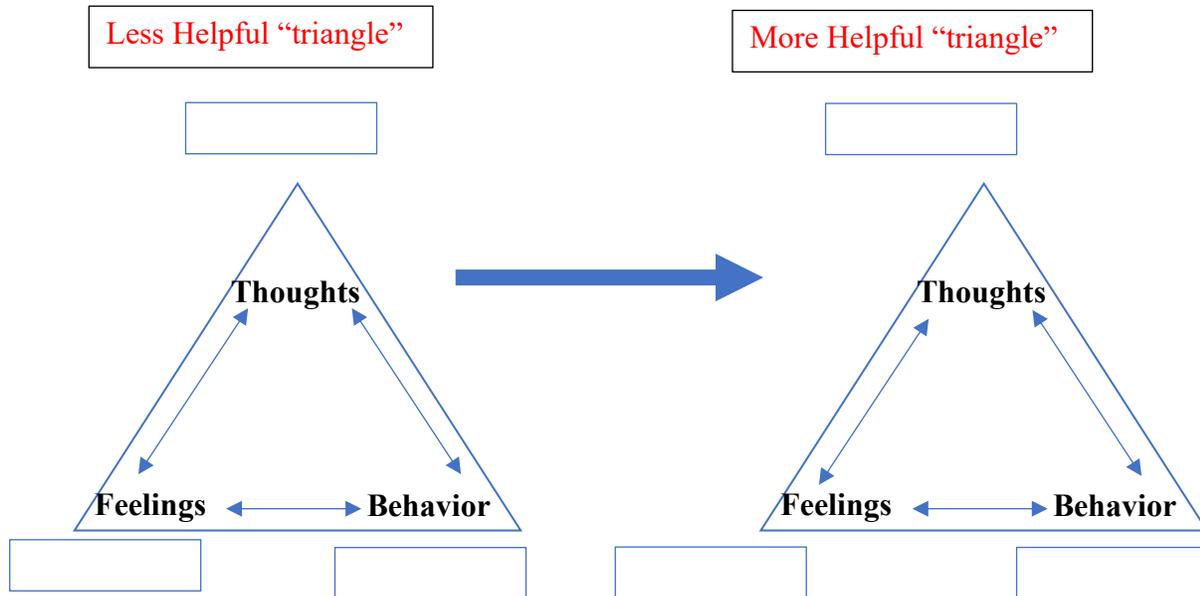
Hopefully above you see:

- The situation is the exact same, nothing has changed.
- In the triangle on the left, we put a less helpful thought, which led to less helpful emotions or strong emotions, and less helpful actions.
 - Instead of thinking the thought in the first triangle, consider if there is any other way I could think about this situation that would make me feel better or at least less sad, mad or stressed?
- On the right, we hope you changed your thought to a more helpful one resulting different thoughts or maybe some of the same emotions but not as strong – either of which leads to more helpful or productive behaviors.

Now let's use an example that is a little more stressful:

Let's take this situation: A family member said something not nice to you. We cannot change the situation that the family member said something that was not nice but we **can change** how we think so that we feel better or at least not so badly. See the two triangles below and try to fill in Thoughts, Feelings and Behaviors for them. In the box below we have some example thoughts you can use to help you.

Same situation in both: A family member just said you are lazy and worthless



If you have trouble coming up with your own thoughts, here are some other examples of less helpful and more helpful thoughts related to this.

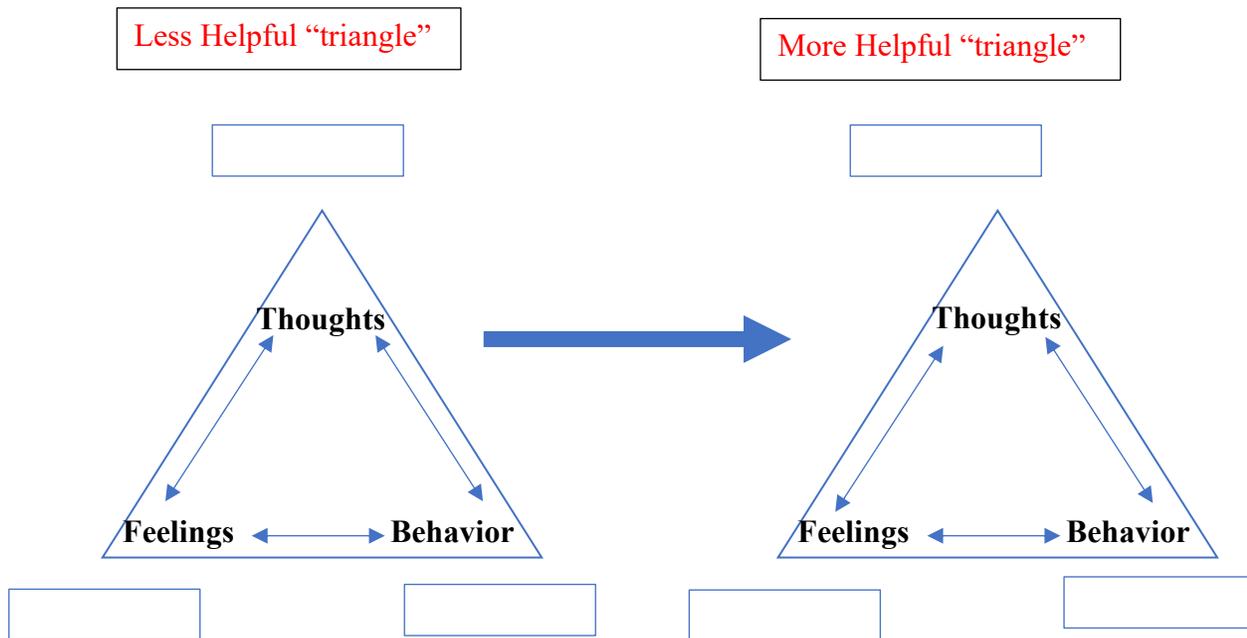
Less Helpful Thoughts	More Helpful Thoughts
"I am lazy and probably not worth much"	"I may be lazy but I will do better."
"They are always saying mean things. I hate them."	"I wonder if they know that that hurts my feelings?"
"No one appreciates me."	"This family member and I do not really get along, but at least I have other family members who care for me."

Summary so far:

When we cannot change a situation, we can change our thoughts. And by changing how we think we can change our feelings (and/or their intensity), and our actions.

Let's try again using an example related to COVID19:

Try to fill out the below triangles for yourself. Remember, it is the **same situation in both: People are getting sick and some people are dying from COVID19**

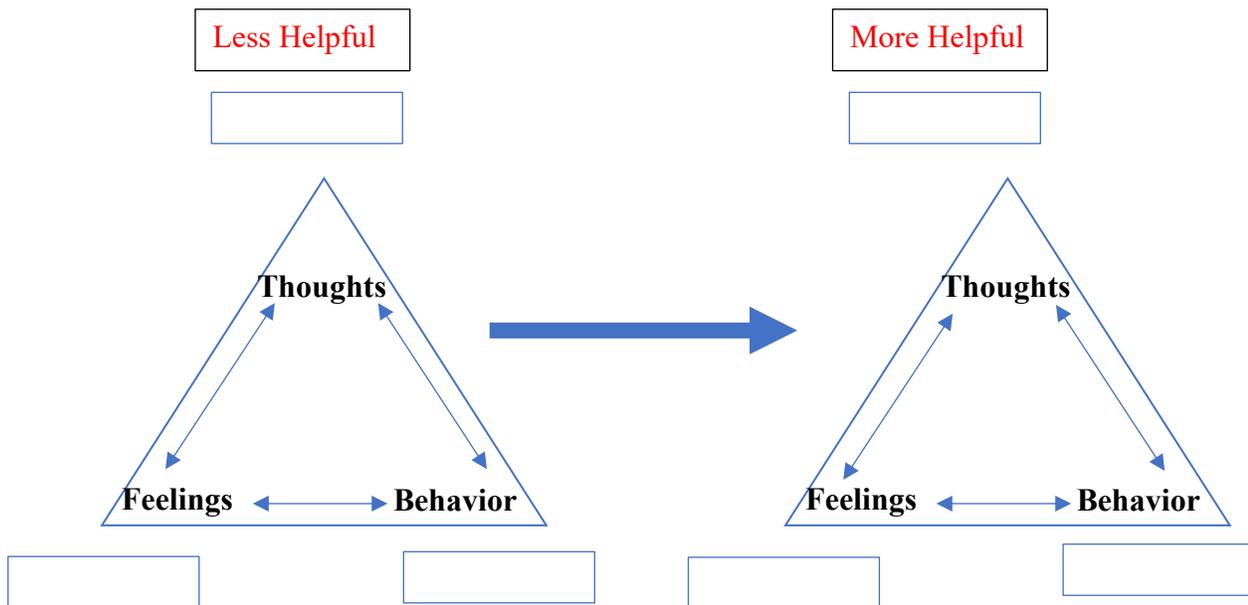


Here are some other examples of unhelpful and more helpful thoughts related to this. Remember there are no right or wrong “triangles”.

Unhelpful Thoughts	More Helpful Thoughts
“We are all going to die”	“There may be a lot of people getting sick but most will recover.”
“I am worried everyone in my community is going to get sick.”	“It is normal to worry about COVID and we are all in this together – the whole world.”
The people who get COVID19 were probably doing something wrong and that’s how they got sick.”	“This disease is caused by a virus, not by bad deeds.”
“There is nothing I can do about this.”	“By following hygiene guidelines as best as I am able, I can reduce my chances of getting sick.”
“My children are going to die.”	<p>“I can help my children follow hygiene guidelines and do as much as I can to reduce their chances of getting sick.”</p> <p>OR “It is good that I am concerned about my children, that way I can take actions to help keep them safe and healthy.”</p>

<p>“People in charge are not telling us everything. They are withholding information.”</p>	<p>“This is a new disease. There is a lot the people in charge and doctors don’t know about it yet.”</p>
<p>“I feel very anxious wondering what will happen.”</p>	<p>“Everyone is uncertain and anxious. This is normal.”</p> <p>OR “I am anxious but can reduce this by talking with others.”</p> <p>OR “I am doing the best I can. That is all that anyone can expect.”</p>
<p>“How can I deal with this on top of my other problems?”</p>	<p>“Many people are also struggling.”</p> <p>OR: “This adds to my problems but I still have my _____ (meditation time, friends, healthy child, family...etc.)”</p>

Try to fill out the triangles below for yourself. Remember, it is the **same situation in both: We are more isolated from others than we used to be**



Here are some examples of unhelpful and more helpful thoughts related to this.

Unhelpful Thoughts	More Helpful Thoughts
“We will go hungry because services have stopped.”	“We may have to be more creative and work together to provide for ourselves.”
“Everyone is going to start hating each other, getting violent, and eventually there will be no food.”	“A few people are sick and I want to help make sure I am still doing things to support others in the community.”
“We will be abandoned by the organizations we rely on.”	“Services will likely decrease but we know that the service organizations are committed to providing the essentials.”
“We won’t get medical treatment.”	“We will face challenges to get medical treatment, but we have overcome many challenges already.”
“Our children will go uneducated.”	“If the schools are closed, they will likely be temporary closures.” OR “Children will lose some time in the classroom, but their health and safety is more important.”

IN SUMMARY

Worldwide we are struggling together with COVID-19. Everyone **can learn to control** the thoughts, feelings, and behaviors they have. When we have and repeat unhelpful thoughts, we will feel stronger levels of stress, worry, fear and anxiety.

This skill of “thinking in a different way” can re-train the brain and help us change how we think about situations to feel better, less stressed, less sad or less overwhelmed in the moment. We hope you were able to do some triangles on your own to think differently and feel better. Try to practice 3 times a day for a minute or so, telling yourself a more helpful thought and writing down your feelings after it. Also, remember that you can use this skill any time you notice you are having an unhelpful thought or that your thought is making you feel something difficult.

If you have questions about this or want to learn more, please use the information distributed by your community focal point to call and talk with a counselor.

Also, spread the word by sharing this skill with your family.



Applied Mental Health Research Group

APRIL 2020 VERSION 1.0