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COVID-19

OPERATIONAL GUIDANCE FOR IMPLEMENTATION AND ADAPTATION OF MHPSS ACTIVITIES FOR CHILDREN, ADOLESCENTS, AND FAMILIES

Field Test Version [For Field Use and Feedback by May 10 2020]

Provide Feedback through online survey: https://www.surveymonkey.com/r/JZGZZBD

For more information about the content of this guidance, please reach out to:

Zeinab Hijazi, MSc, PsyD
Mental Health & Psychosocial Support Specialist | UNICEF, New York | zhijazi@unicef.org

INTRODUCTION

While its full impact and long-term fallout is still unclear, there is one thing we do know: the mental health and psychosocial impact of COVID-19 on the lives of children and adolescents and their families will be significant. Almost all the world's children – 2.33 billion – now live in countries that have imposed some form of movement restrictions as a result of COVID-19. For most, these restrictions mean no school, no meetups with friends, limited recreation activities and the inability of children in humanitarian settings to access safe spaces for essential support to their wellbeing. UNESCO estimates that 1.58 billion learners (over 90% of the world's student population) are impacted by national closures of educational institutions due to the COVID-19 epidemic and research has shown that the interruption of formal education is one of the most significant stressors on children and families. When this is combined with the distress of worrying about getting sick or having loved ones become ill or die, noticing their parents' concerns over potentially losing jobs, and increased tensions within households, it can lead to feelings of helplessness and increased vulnerability to poor mental health. Parents and caregivers will also be affected and need help as they provide the necessary environment and support for children to cope during this crisis; therefore, looking after mental health and psychosocial needs of children across the life course, and the entire family unit is essential.

Even without a pandemic, worldwide, 10 – 20 per cent of children and adolescents experience mental health conditions with half beginning by the age of 14; and 1 in 4 children live with a parent who has a mental health condition. As an organization with decades of experience in addressing children's mental health and psychosocial issues due to wars, natural disasters and other adverse events, UNICEF knows that COVID-19 will have a lasting, though dangerously invisible, impact on children and their families' wellbeing. The longer this outbreak lasts, and the more restrictive the response measures are without alternatives to support their wellbeing and learning in different contexts, the deeper the impact will be on children's learning, behaviour, and emotional and social development.

PURPOSE & USE OF THIS OPERATIONAL GUIDANCE

This *COVID-19 operational guidance for implementation and adaptation of MHPSS activities for children, adolescents, and families* has been developed as a response to country program requests to better understand not only WHAT aspects of MHPSS need to be included as part of the COVID-19 response (as detailed in various guidance and resources), but also to know HOW we can deliver and adapt MHPSS activities in this evolving and challenging landscape.

The guidance was designed for global use as COVID-19 is impacting all contexts and will be a living document that is updated on a regular basis as new resources and adaptations emerge and contexts potentially change. Specific considerations for humanitarian settings are included throughout the document and the interventions are applicable across all levels of the IASC MHPSS Pyramid of Interventions as outlined in UNICEF's MHPSS Community Based Operational Guidelines.

Figure 1. The IASC MHPSS Intervention Pyramid
[source: UNICEF MHPSS Operational Guidelines, 2018]

Using the Socio-Ecological Model and building on current best practice guidelines, including UNICEF's Community Based MHPSS Operational Guidelines, this document will provide a guide for adapting MHPSS programs, activities, interventions and services along with key recommendations and links to resources and documents that can be tailored for each context and community.

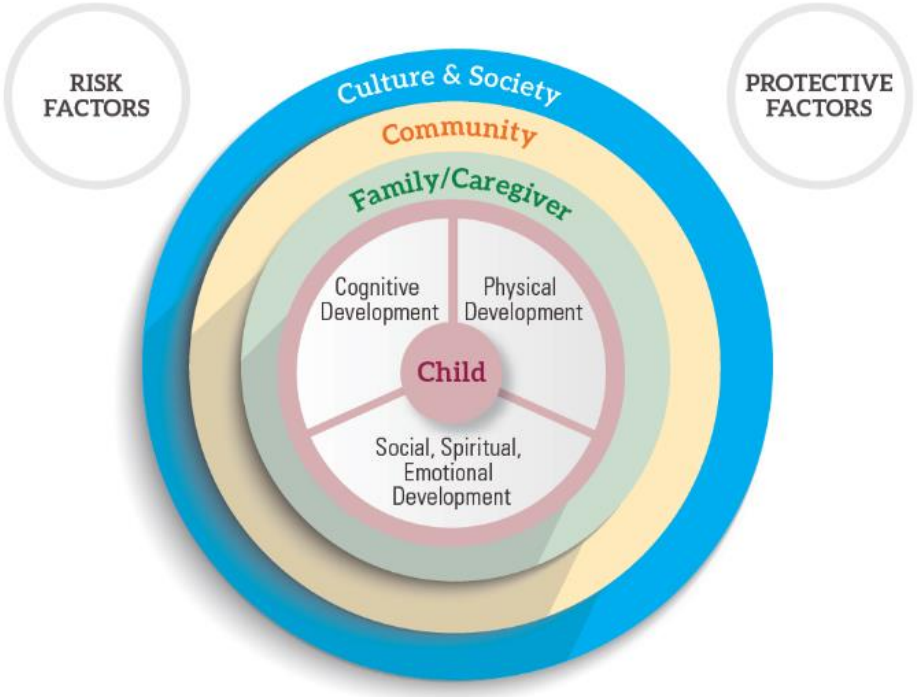


Figure 2. The Social Ecological Model of Children's Development
[source: UNICEF MHPSS Operational Guidelines, 2018]

The expected outcome of the adapted interventions is that family and community supports and systems are restored, strengthened, and mobilized to promote child and family wellbeing by reducing and preventing harm, strengthening resilience to recover from adversity, and improving the care conditions that enable children and families to survive and thrive.

FIRST STEPS

As outlined in the IASC Interim Briefing Note addressing Mental health and Psychosocial Aspects of Covid-19 outbreak Version 1.5 it is recommended that the following are in place prior to adapting MHPSS activities:

☐ Conduct a **rapid assessment, as appropriate or needed,** of any emerging changes and needs in relationship to COVID-19. This may include culturally specific MHPSS issues to ensure that MHPSS responses are grounded in the context and local realities, mapping national strategies, community structures, local customs and how they are responding to the situation.

☐ **Consultations with child, adolescent and adult community stakeholders** to ensure their perspectives and needs are incorporated to help to better target responses.

☐ **Share information** (about safety guidelines, wellbeing and available MHPSS resources) that is timely, factual, contextually appropriate, accurately translated and adapted to all accessibility needs.

☐ **Strengthen MHPSS Coordination** mechanisms between all sectors to ensure information sharing, consistency, collaboration and integration of MHPSS activities across health, education, protection and other responses to improve reach and quality.

☐ Access **funding mechanisms** including COVID-19 emergency response funding to ensure continuity of services.

☐ **Adapt ongoing programmes** for safety and innovative ways to deliver services, including remote delivery.

☐ **Strengthen Intersectional Referral Pathways** between organisations and service providers. This comprises **mapping** of existing MHPSS services, including telephone help lines, internet and radio channels, and emergency referrals- while ensuring links with other Health, Gender Based Violence (GBV), Education and Child Protection services, and other basic supports.

☐ **Train personnel** including MHPSS professionals, staff in agencies running MHPSS hotlines and helplines, lay workers, social workers, health workers and mental health specialists. Training should include remote Psychological First Aid, following the considerations on how to offer PFA in the COVID-19 context (hyperlink/resource forthcoming), orientation on essential psychological care principles and aspects of psychological support

(hyperlink/resource forthcoming) as well as specific information on COVID-19. Training may need to be conducted virtually depending on national containment strategies.

Training should also include how to communicate with persons with disabilities, using easy to read materials that have been developed for children with intellectual disabilities or utilisation of boards for communication for sensorial disabilities (if face to face contact is possible).

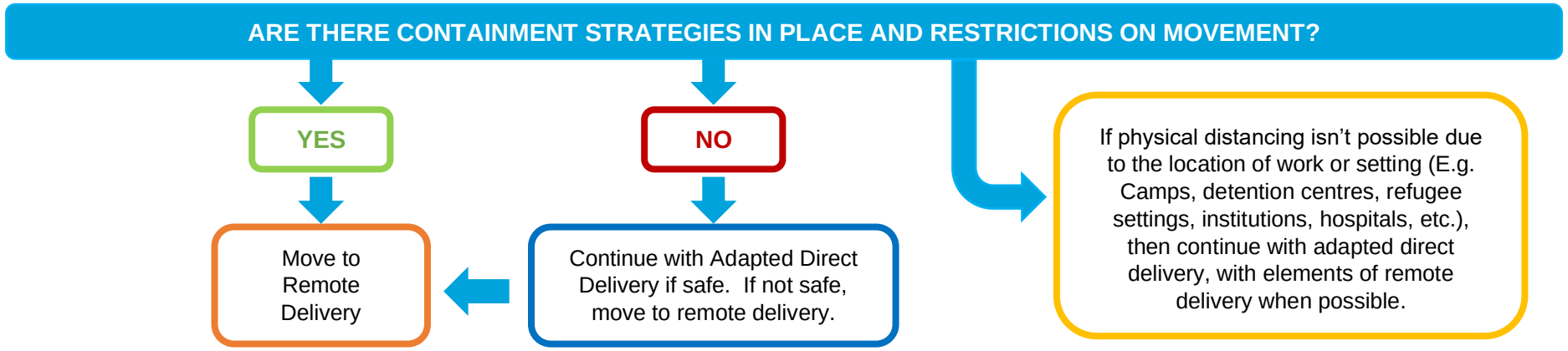
☐ **Ensure physical safety, welfare and duty of care** issues are addressed and well understood for staff and volunteers so that they can adapt their work as needed for their safety, and the safety of beneficiaries. This includes the provision of appropriate personal protective equipment (PPE) and adequate training on its use, as well as addressing potential security concerns. It also includes staff & volunteer welfare, the opportunity to discuss fears & concerns in relationship to COVID-19 and knowing who to contact with concerns without worry of losing employment.

☐ Ensure that anyone with mental, neurologic and health, substance abuse disorders or psychosocial disabilities have **continued/uninterrupted access** to care and support during the outbreak. Monitor psychiatric inpatient units to safeguard standards of dignity and human rights, and to prevent neglect or other human rights violations.

☐ Develop **advocacy** campaigns related to concerns around stigma as well as access to populations. In locations where national governments may be limiting or restricting access to camps and humanitarian populations, provide advocacy regarding humanitarian access for at-risk individuals.

MHPSS ACTIVITY METHOD OF DELIVERY

Depending on the situation within each context, decisions will need to be made on the best methods of delivery of MHPSS activities. This decision-making tree provides a guide for key considerations when determining how MHPSS activities will be delivered:



Recommendations for Remote Delivery

- ✓ Assess availability and accessibility of remote delivery options including tele-support, radio and SMS
- ✓ Assess use and adaptation of any existing MHPSS platforms
- ✓ Establish who is a most at risk and a priority for support
- ✓ Assess remote delivery options including tele-support and digital support
- ✓ Ensure that all staff are trained in COVID-19 information and how to deliver remote support

Recommendations for Adapted Direct Delivery

- ✓ Assess which activities can still be delivered safely and what is the risk
- ✓ Ensure a safe physical distance is maintained as much as possible
- ✓ Provide staff with personal protective equipment and training on its use
- ✓ Train staff in information on COVID-19 including prevention measures
- ✓ Conduct sessions/home visits, if possible, outside in open and well-ventilated spaces, or other adaptations that allow for physical distance
- ✓ Assess considerations for children and caregivers with disabilities
- ✓ Prepare for remote delivery if the context changes
- ✓ Identify information sources for context assessment, accurate information on COVID-19, and safety considerations

Children and families at high risk may require home visits despite containment strategies. In order to conduct these safely, follow the guidance for direct delivery adaptation. In addition, ensure the safety and security of staff conducting home visits.

Figure 3. Decision Making Tree: MHPSS Activity Method of Delivery

ADAPTATIONS GUIDED BY THE SOCIO-ECOLOGICAL MODEL

Using the Socio-Ecological Model, this section will outline MHPSS adaptations for children, adolescents, families/caregivers, communities, and society at large. Each section will cover:

- ✓ Unique Needs of Each group
- ✓ Key Questions to Consider for Adapted MHPSS Delivery
- ✓ Recommended MHPSS Adaptations Across Modes of Delivery

CHILDREN

Unique needs of Children

Physical distancing, isolation from friends and other loved ones (e.g., grandparents), loss of school structure, disruptions to education, missing education, or needing to adjust to education at home, and concerns about the virus and its various impacts on their families may create feelings of worry, anger, frustration, sadness, uncertainty and loss for children. It is especially important to monitor the mental health and psychosocial wellbeing of children (and caregivers) who have pre-existing mental health conditions, children with disabilities, as well as those living in vulnerable or high-risk circumstances. Children may also be confronted with the death of family members, family friends or even caregivers.

Key Questions and Considerations for adapted MHPSS delivery

1. What are the priority MHPPS needs according to socio-economic context, age, gender, and living conditions (e.g., humanitarian settings, camps)?
2. For those with specific vulnerabilities (e.g., at risk of abuse or neglect, with physical or psychosocial disabilities, or very distressed), what support can be provided remotely and what support may need to be provided directly? How will those most at-risk be identified (e.g., contact information for children and families with pre-existing psychosocial disabilities)? What potential referral sources are available for those with higher level needs, and how can referrals be made in the current context?
3. What are the key mental health and psychosocial support considerations related to COVID-19 in the context?
4. Are there any considerations related to medication such as children with epilepsy or other diagnoses that require long term access to medication?
5. Does the caregiver have any pre-existing mental health conditions that may impact their ability to care and support their children? If yes, what support can be provided?

6. What associations, networks, and social platforms existed previously and are still active for children or could be reactivated with adaptations?
7. What are the remote access options? (Phone, WhatsApp, Internet)
8. Have the options been validated from a safeguarding perspective and will they be supervised?
9. Are children or their primary caregiver able to access the remote options?
10. What referral mechanisms are in place including in person and tele-support?
11. For which situations will direct support need to be continued or implemented safely?
12. If MHPSS supports will be delivered remotely, is there contact information for children and families who may need additional support from MHPSS professionals? Do children and families have contact information for MHPSS professionals if needed?
13. What additional assistance is required by caregivers who are faced with added caring responsibilities due to the changing circumstances and what are the available supports?

Recommended MHPSS Adaptations

MHPSS activities will need to be adapted based on the type of delivery that is available depending on national containment strategies.

Direct Delivery	Remote Delivery
Where safe spaces continue to operate, adapt MHPSS activities in safe spaces to ensure physical distancing and appropriate activities (avoid sports/activities which might promote contact). Include age-appropriate psychoeducation materials on COVID-19 (transmission and prevention measures) and coping with stress. Direct delivery can also be paired with safe online resources for learning, fitness activities, games, and social interaction/peer support, taking into consideration protection needs, gender, language, and accessibility for those with disabilities. It's essential that any online resources are assessed from a safeguarding and child protection perspective.	With creativity, MHPSS supports can be delivered remotely to children. Adaptations can include: 1. Ensure that all materials are child-friendly, translated into local languages, adapted to intellectual, hearing and visual impairments, and relevant to the context and culture. Utilise Guidance on Adapting Digital Tools for accessibility. 2. Distribute child-friendly stories and interactive resources on COVID-19 (what is it, how it is transmitted, prevention strategies etc). It's essential for children to have access to adequate information which can support re-establishing a sense of safety. 3. Ensure materials and activities are developmentally appropriate (ex. toys, games, etc.) to help young children understand and develop coping mechanisms and strategies as well as create feelings of engagement.

	4. Develop radio programmes and social media messaging. 5. Provide access to MHPSS services (including remote PFA) via phone counselling and helplines. 6. Provide capacity building to all MHPSS responders in safety measures, adapting MHPSS interventions and in self and team care. This should also include MHPSS approaches to support children and families and remote supervision. 7. Develop a relevant list of safe, web-based supports for interactive fun activities, peer interaction, and positive expression of feelings. 8. Explore with children, using developmentally appropriate activities and play materials, how they can keep physical distance while staying socially connected. This can include putting up signs of encouragement and support in windows, singing songs over walls or through windows. 9. Work remotely with children via mobile phones, with an accompanying adult, to share activities that families can do together that support the MHPSS needs of the child and the family.

Recommended General Resources for Children

1. My Hero is You. Child friendly stories such as this can be used in direct MHPSS activities, remotely and with caregivers. There will be digital formats available in multiple languages, and caregiver guidance.
2. The Flying Scientist storybook on COVID-19
3. What is the COVID Virus storybook
4. COVID-19 time capsule
5. COVIBOOK-Mindheart – available in multiple languages

ADOLESCENTS

Unique needs of Adolescents

Adolescents will also have unique needs during COVID-19 due to missing out on events, schools being closed, loss of autonomy and missing direct interaction with their peer groups. This may increase feelings of anxiety, frustration, anger, grief, loss, lack of concentrating on home schooling, depression and isolation and potentially suicidality. Youth may also be at increased risk of GBV with the loss of livelihoods. The public health crises may also increase existing vulnerabilities and inequalities for adolescents, particularly for girls and young women. Adolescents already living in settings such as conflicts, natural disasters and other humanitarian emergencies, those living alone without any parental care, or adolescents with disabilities, or living with parents with disabilities, will shoulder immense "double" burdens with the onset of COVID-19. Some specific impacts may include:

- ✓ Adolescents, young people and their families may be afraid or uncertain about going to a health facility for fear of exposure to the virus that causes COVID-19, thus significantly affecting health seeking behaviors. The reduction in access to life-saving health and nutrition services, as well as interruptions to existing care and treatment services, will severely impact adolescents and young people.
- ✓ As media and social conversations are entirely dominated by the outbreak, adolescents and young people are exposed to large amounts of information and high levels of stress and anxiety in the adults around them. Simultaneously, they are experiencing substantial changes to their daily routine and social infrastructure, which ordinarily foster resilience to challenging events.
- ✓ School closures - even when temporary - carry high social and economic costs. The disruptions they cause touch people across communities, but their impact is particularly severe for disadvantaged boys and girls and their families and included interrupted learning, compromised nutrition, upended caregiving, unequal access to digital learning portals, gaps in childcare, missed family work, negative impact on productivity and wage loss, secondary strain on health care systems, and future rise in dropout rates.
- ✓ While the COVID-19 response will need to address priorities and needs of adolescents and youth, they should not only be considered as affected populations but also as highly effective partners in the COVID-19 efforts. They can meaningfully engage to be educators and change agents among their peers and in their communities
- ✓ In contexts where adolescents are already more engaged in social media than physical gatherings, or there is a high level of use of phones, there may be difficulties in encouraging physical activities, and also an increased isolation via technology

Key Questions, Considerations and Actions for adapted MHPSS delivery

It's important to use alternative ways to engage with adolescents via phone, social media, SMS. Following the guidance from UNICEF's Practical Tips on Engaging Adolescents and Youth in the Coronavirus Disease (COVID-19) as well as UNICEF's Toolkit to Spread Awareness and Take Action on COVID-19, tips include:

1. Engaging with adolescents and youth, with special attention to engaging girls, to understand what their needs are, and how they can take action.
2. Mobilizing a network of adolescents and youth who can inform, co-design and support the COVID19 response
3. Enhancing learning via a peer support provision.
4. Ensuring that adolescents and youth are well informed, resourced and educated about COVID-19, its prevention measures, and how to combat stigma. This includes addressing rumours and general conceptions that youth may be 'less at risk' from COVID-19.
5. Partnering with youth to take action in safe ways.
6. Always considering marginalized adolescents and youth, including those with disabilities, refugees and migrants and minority groups and ensure their participation and consideration.
7. Ensuring that at-risk youth have access to remote MHPSS and CP support if needed.

In order to support youth-focused coping, it's essential to ensure that protocols are in place to support adolescents in severe distress. Distress can result from vulnerabilities the youth are facing, engagement in risk-taking behaviours such as substance abuse and breaking protocols, as well as the context and family situations that have changed as a result of COVID-19.

Recommended MHPSS Adaptations

MHPSS activities will need to be adapted based on the type of delivery that is available depending on national containment strategies.

Direct Delivery & Engagement	Remote Delivery & Engagement
Any forms of direct delivery must utilise physical distancing while working with adolescents and youth on how to maintain social connection through safe social media and on-line resources. While ensuring physical distancing, it is also critical to: 1. Assess and address any protection related help-seeking barriers including access to information and services for adolescents- particularly girls. 2. Ensure frontline workers delivering services, or engaging with adolescents, receive training on the GBV Pocket Guide, to handle disclosures of violence and facilitate safe referrals.	MHPSS supports can be delivered remotely to adolescents. Adaptations can include: 3. Ensure that all materials are adolescent-friendly, translated, accessible especially for those with disabilities, and appropriate and relevant to the context. 4. Distribute resources specific to the needs of adolescents, taking into account the needs of very young adolescents (10-14) may be different than those for older adolescents (such as strategies for self-care); and that needs of adolescent girls may be different from those of adolescent boys. 5. Provide information on coping strategies through social media, TV, radio and other channels that adolescents may be accessing.

Resources for engaging adolescents can be found at: • COVID Chatbot • #CopingwithCOVID Livechat Series • International Federation of Medical Students Association Resource Centre • Belize Department of Youth Services Facebook Page • UNICEF China and Youth League Collaboration (video, poster, Q&A/messages, though are in Chinese) • Voices of youth platform	6. Note the strong influence that peer-to-peer messaging and support has on adolescents and explore entry points and opportunities to support positive messaging and peer support, including fostering/creating intentional space for youth and adolescents to be heard as well as listen to each other. This can include peer-to-peer communications at a distance, social media, radio and U-Report, which includes tips and strategies for youth on outreach, as well as how to inform, educate, engage and take action. 7. Find ways to share information about referrals and services that adolescents may need, such as where to seek care and services for GBV, where to seek psychosocial support etc. 8. Develop radio programmes and social media messaging with and for adolescents. 9. Provide access to MHPSS services/remote PFA via phone counselling and helplines. 10. Provide capacity building to all MHPSS responders. 11. Develop a relevant list of safe, web-based supports for adolescent-relevant coping mechanisms, peer interaction, and promotion of positive expression of feelings. 12. Explore with adolescents how they can keep physical distance while staying socially close.

Recommended General Resources for Adolescents

1. 2-page guidance on adaptation of the UNICEF Adolescent Kit for Expression and Innovation
2. Practical Tips on Engaging Adolescents and Youth in the COVID-19 Response
3. DOC's Toolkit to Spread Awareness and Take Action on COVID-19 which includes actions and messaging on MHPSS.
4. Recommended programme priorities for adolescents (hyperlink/resource forthcoming)
5. Resources for supporting adolescents also include strategies for self-care.

FAMILY/CAREGIVERS

Unique needs of Families and Caregivers

Caregivers may be under increased levels of stress due to worries about the virus, lack of access to their relatives or needing to care for sick or older family members, children being at home full time and out of school, increased pressure of balancing work and home schooling, illness of family members, or death. and financial difficulty. This increase in tension may also result in verbal and physical aggression between family members. For families living in locations where they are not able to practice physical distancing such as camps and crowded urban areas, there may be additional worries about coping and survival. It's important to note, that even though children, families and communities may be under increased amounts of stress, there are also opportunities for strengthening family dynamics that can be explored through programs that build capacity to restore protective relationships.

Key Questions and Considerations for adapted MHPSS delivery

1. What stressors are families and caregivers under?
2. Are there pre-existing mental health conditions and where have they received support previously?
3. What risks and barriers have the community identified for MHPSS delivery?
4. Has income and livelihoods been lost as a result of COVID-19?
5. Are caregivers being asked to deliver schooling at home? How is this impacted by literacy levels and access to educational materials?
6. What strengths are there in the family and community that can be built on when adapting MHPSS activities?
7. Have families considered alternative care for the children in case of caregivers falling ill?
8. What plans are in place for children with disabilities if their caregivers fall ill and can no longer look after them? It is important to put strategies in place that avoid children with disabilities being sent into an institution where they may face a lack of personal care, support and possibly abuse.
9. Consider the role of gender and how the situation may be impacting genders, especially single female heads of households.
10. Consider the increased risk of domestic violence and substance abuse. Evidence is demonstrating that rates of domestic violence and child abuse have increased with COVID-19. How can messaging and supports be adapted?
11. Consider, when possible, to schedule children and parents MHPSS activities at the same time to allow participation.

Recommended MHPSS Adaptations	
Direct Delivery	**Remote Delivery**
In some locations, it may be possible to continue to deliver MHPSS activities, but adaptations will be required including physical distancing. Protection from gender-based violence is critical for adult women including women service providers. It is therefore important to ensure that protection related barriers are assessed and addressed, and training of frontline workers delivering direct services on how to handle disclosures of violence and facilitate appropriate and safe referrals (GBV Pocket Guide) It will also be necessary to adapt MHPSS delivery to family/caregivers in community and safe spaces to include information on the impacts of COVID-19 and what parents should know and share with children about the virus.	The adaptations for remote MHPSS delivery for caregivers include: • Provide materials and advocacy to reduce stigma and social exclusion that may result from COVID-19. • Deliver information and support to decrease the level of stress on caregivers. This may include self-help guides. • Engage with other people who may be able to provide support. This can include other family members and faith leaders who can support caregivers themselves, • Provide remote family and peer support via phone/on-line/WhatsApp, as available and accessible. • Identify referral sources for non-MHPSS supports such as to livelihoods opportunities, unemployment benefits, cash transfer opportunities etc. • Tools for parents to support their children and assist in their learning. • Consider the role of faith and how families, for whom this is important, are continuing to engage in faith practices. • Identify and build on family strengths and resilience. • Identification and referral of caregivers and families in need of additional support for general health issues, gender based violence, COVID-19 illness or exposure, case management, etc. • Information on common reactions for caregivers under stress and positive coping strategies. This may include information on the impacts of losing livelihoods, social isolation,

	relationship challenges, domestic violence and managing challenging behaviours in children. • Bereavement in isolation is also an important topic to consider. The CP AoR will develop guidance on bereavement in confinement (hyperlink/resource forthcoming). Special considerations for remote delivery include: 1. Ensuring all staff, including non-CP, are trained in MHPSS for frontline workers, (including PFA adapted for COVID-19 & GBV Pocket Guide) and how to recognise and respond to child protection concerns during COVID-19 as well as other protection concerns such as intimate partner violence. 2. Ensuring mapping of local services and both direct and tele-support. 3. Agreeing with caregivers how they would like to be contacted and when, in order to ensure confidentiality. For example, will they be contacted by phone, WhatsApp or another platform? In rural areas, or areas with limited connectivity, how can caregivers be reached?

Home Learning Support During COVID-19

Many caregivers may be feeling stress, worry and uncertainty over how to support both their children's wellbeing and the continuation of learning during COVID-19 school closures. The guidance "Supporting children's wellbeing and learning during school closures" published by the MHPSS Collaborative, includes key suggestions for parents and caregivers including:

1. Normalising caregivers' feelings of worry, uncertainty and stress during this time as they take on additional responsibilities and tasks.
2. Providing practical tips to support children's wellbeing and learning and help parents and caregivers take care of their own wellbeing during this stressful time.
3. Supporting children to continue learning to help them feel positive about the future and ready to return to school as soon as they reopen.

4. Exploring the local educational resources that are available. For example, additional online learning support offered by local schools or educational radio programmes.
5. Inviting children to participate in household activities that can promote learning such as cooking, sewing, building projects etc.
6. Setting realistic expectations. This may be a stressful time for all family members, and children may find learning challenging. Focusing on emotional support as the primary objective, as well as setting realistic timeframes, routines and goals, are essential for home education.
7. Providing information and tips to help children understand why they can't go to school, with strategies and activities for learning at home, and with activities and messaging to promote wellbeing.
8. Potentially engaging older siblings in education support for younger siblings, especially in humanitarian contexts.

Caregivers Self-Care

Caregivers can benefit from information on self-care and stress management and coping with stress that includes:

- ✓ Normalisation of feelings
- ✓ Strategies for positive coping
- ✓ Avoiding maladaptive coping strategies such as drinking and smoking
- ✓ Limiting exposure to social media and the news
- ✓ Utilising coping skills that have worked in the past

Recommended General Resources for Caregivers

1. Tips for parents and caregivers during COVID-19 School Closures: supporting children's wellbeing and learning.
2. COVID-19 Parenting Tips
3. Weekly Learning Activities by age group
4. My Hero is You: Child friendly stories
5. We are Not Alone Extraordinary program to take care of children and adolescents during the coronavirus emergency
6. REPSSI Resources for parents including how to make a HERO book
7. Care for Child Development Package
8. UNICEF's COVID-19 Early Childhood Development & Parenting - Response and Recovery Toolkit (hyperlink/resource forthcoming)
9. IASC GBV Pocket Guide

COMMUNITY

Unique Community Needs

Each community will have unique needs and it's essential that MHPSS providers engage with community leaders from inception, conduct a mapping exercise to assess any barriers to accessing services and support, who is most at risk and in need of support, and what services can be offered. It is also important that there is a focus on community led advocacy and understanding cultural responses to COVID-19 including reactions to restrictions and stigma.

Key Questions to Consider

1. Has the community been consulted and are community members in leadership roles for any advocacy work? (Prioritize consultation with women and girls in communities)
2. Are community volunteers in place to ensure community engagement?
3. Has community mapping been completed, including with women and youth groups, and where MHPSS services are most needed?
4. What services are still available in the community?
5. Have community members with pre-existing mental health conditions been prioritised?
6. Will MHPSS activities need to be delivered directly or remotely?
7. Have MHPSS materials been adapted that are accessible and relevant to their target group? How will these be handed out to the most vulnerable in communities?
8. Are there facilities that offer life-saving programs alongside MHPSS support such as feeding center for children with malnutrition and other complications that are at risk of being shut down in humanitarian settings?

Key Adaptions at Community Level

In addition to MHPSS adaptations for children and their families, the adaptation at community level include focus on adaptations in relationship to health systems, information, managing protection concerns, case management, safe spaces and educational systems as well as incorporating MHPSS messaging and best practices into these other sectors. Adaptations will also need to occur for early childhood developmental groups such as mother-baby and breastfeeding groups. As outlined in the COVID-19 and Persons with Psychosocial Disabilities guidance, it's also important to step up efforts to develop a wide range of community-based services that respond to the needs of persons with psychosocial disabilities respecting people's autonomy, choices, dignity and privacy, including peer support and other alternatives to conventional mental health services.

Special Considerations for Marginalised Community Members

It's essential that MHPSS providers also identify and respond to the unique needs of marginalised and vulnerable community members in COVID-19 responses and adapted MHPSS services. This includes:

- ✓ Children in detention, hospitals, institutions, and camps
- ✓ Children and caregivers with physical and psychosocial disabilities
- ✓ Children living/working on the street
- ✓ Children and families who are refugees or migrants, or living in humanitarian emergencies
- ✓ Children and families with pre-existing medical and mental health conditions
- ✓ Sexual and gender minorities
- ✓ Older People
- ✓ Ethnic minorities

Specific actions include engagement and adaptations for safety with marginalised and at-risk community members to ensure active participation in decision making, targeted advocacy materials, active outreach (either in person or by phone), and adaptation of supports to meet the needs of each group. In addition, community members can be engaged to ensure the identification and inclusion of 'invisible' and hard to reach groups.

Managing Protection Concerns

Protection concerns, such as increased child abuse, domestic violence, intimate partner violence, institutional neglect, and sexual exploitation, may increase as a result of COVID-19.

At **child** and **family/caregiver level**, MHPSS providers will need to focus on both prevention and response. Prevention includes equipping caregivers with strategies to manage their stress levels and utilise positive discipline approaches with children in order to help prevent protection concerns. Response strategies include knowing how to identify a protection concern remotely and where to access services. Some suggested approaches include:

1. Provide caregivers with information on coping strategies and available supports.
2. Identify high-risk families that may require additional support including MHPSS services.
3. Prioritize mental health case management alongside child protection for children at risk.
4. Link with child protection services and referral pathways.
6. Activate and train community level volunteers to safely deliver messages to families on MHPSS, coping strategies, and how to seek support. See UNICEF GBViE Core Community Awareness Messages Covid-19 Response.

At a **community level,** MHPSS providers will need to ensure that there is up to date information on child protection, adaptations and referral pathways.

Case Management

Case management will need to be adapted across all socio-ecological circles according to the case management guidance found here (CP AoR Case Management Guidance hyperlink/resource forthcoming). This includes guidance on reviewing care and treatment plans for individual children, review of risk assessments & safety plans for child protection cases as well as safe storage of client files (both physically and electronically) and data.

It's essential to coordinate with child protection teams and referral pathways in order to establish how cases will be managed and adapted. This can include:

1. If allowed under national containment strategies, adapt face to face case management meetings to ensure physical distancing and limit physical meetings and home visits as much as possible.
2. Remote case management, liaison and referral through other service providers through regular virtual/phone meetings.
3. Adapt follow-up with families and individuals in communities for any movement restrictions. This can include phone/virtual meetings as well as home visits only in high-risk cases and with protective measures.

In addition, it's crucial to ensure that remote case discussions are being held in a way that allows for confidentiality on both sides, (i.e. no-one listening in, in the workers home and in the community members home).

Adapting Safe Spaces

Safe spaces, as well as early childhood development groups such as mother-baby groups and breastfeeding groups may need to be adapted and utilised differently during COVID-19. Please see the PSS for CFS materials from CP AoR (hyperlink/resource forthcoming) for more information. Building on lessons learned during Ebola, there are some best practices and adaptations that can be put into place. These include:

1. Bring children in as a family unit (e.g. a group of siblings and cousins), to promote a sense of safety and well-being.
2. Practice physical distancing through age-appropriate games.
3. Disinfect recreational materials and toys daily to reduce contagion risks.
4. Conduct activities that don't require physical contact such as singing, dancing, arts, and individual play.
5. If children are unable to attend the safe space, provide information on remote materials.

Please note that the use of safe spaces may not be possible in some locations due to safety concerns.

Educational guidance for school professionals

Many school professionals may now be working differently and would benefit from tools and strategies to adapt educational support during COVID-19. These include:

- ✓ Age Appropriate Messages through Interactive Radio Instruction (IRI)
- ✓ Key Messages for Schools that provide information and checklists on measures to put into place in order to ensure that schools are as safe as possible.
- ✓ Adapting best practices that were developed during Ebola on Small Group learning, Safe and Protective Learning Environments and adapting learning via radio programmes.
- ✓ Key messages to promote the wellbeing and stress management of teachers and other education personnel.
- ✓ Adapting messages for how to return safely back to school when this happens, and tackling stigma and discrimination against the survivors of the virus.

It's also important to consider the mental health and wellbeing of education professionals. They are experiencing the same stressors as many frontline workers including changes in routine, having children at home, isolation, and also having the extra demand of needing to adapt their entire way of working to continue providing education support.

Recommended General Resources for Communities

CP Alliance Guidance on Child Protection Case Management and COVID-19 (hyperlink/resource forthcoming)

Guidance for Delivering Psychological Treatment to Children via Phone

IASC RG MHPSS Annex: Continuation of Comprehensive and Clinical MHPSS Care during the Corona Crisis (hyperlink/resource forthcoming)

MHPSS.net COVID-19 Toolkit includes up-to-date protection and case managament resources.

International Rescue Committee (April 2020) COVID-19 Operational Guidance Note Mental Health and Psychosocial Support (MHPSS) within Health Programs

CULTURE/SOCIETY

Unique Needs

Important elements that require attention across society/culture during COVID-19 are:

1. The challenges of stigma and advocacy
2. Cultural adaptations and the deep transformation of cultural practices and values
3. Promoting positive coping and self-care

Key Questions to Consider

1. What are the possible challenges related to stigma in the context and culture? What advocacy messages would be effective to reduce stigma and discrimination?
2. What will help organisations, frontline and essential services workers, and families/caregivers to look after themselves in the best way possible?

Managing Stigma and Discrimination, & Advocacy

The key message in combatting stigma is to manage it from the outset. Stigma and discrimination can be a central challenge and MHPSS programmes need to be coordinated with public health information campaigns. Strategies for adapting MHPSS programmes in relationship to stigma and advocacy include:

1. Engaging in the messaging creation and delivery with those who have been affected by COVID-19.
2. Working with the local health community and traditional healers around health advice, positive messaging and counteracting misinformation.
3. Addressing the needs of persons most at risk, including persons with disabilities in accessible messaging. Also ensure that messaging does not inadvertently create stigma (e.g. by linking an increase in infections to persons with underlying health conditions, which may result in stigma against persons with disabilities) and that community members at risk of stigma (persons with disabilities, refugees, migrants, youth…) are depicted in messaging as having a proactive and positive role (as helpers, community leaders etc. rather than as victims).
4. Coordination of MHPSS across government and other sectors including education, social welfare, judicial systems, etc.
5. Practicing zero tolerance for stigma and discrimination within organizations and train staff on how to recognise signs of distress in people who are stigmatized.

For more information on managing stigma, please see the IASC Interim Briefing Note addressing Mental health and Psychosocial Aspects of Covid-19 outbreak Version 1.5 as well as Do's and Don'ts on Social Stigma associated with COVID-19.

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Building Self-Care Strategies

Self-care for organisational and frontline staff are essential at this time. Organisations have a duty of care to staff to ensure that they are cared for and safe.

Organisations can support **Frontline staff** by implementing strategies and adaptations such as:

- ✓ Strengthening MHPSS services for staff and ensure access to psychosocial support when needed
- ✓ Peer to Peer Support Initiatives
- ✓ Telephone circles/support between team members
- ✓ Regular Team Meetings
- ✓ Shift rotations
- ✓ Childcare support while working
- ✓ Support groups on social media
- ✓ Confidential Helplines
- ✓ Information on positive coping
- ✓ Physical space to relax at work aware from colleagues and home pressure

Additional guidance from the UK Intensive Care Society includes:

- ✓ Management are visible and available
- ✓ Regular staff communication bulletins and open forums
- ✓ Rotate staff between higher-stress and lower-stress functions
- ✓ Ensure basics: breaks, facilities (e.g. food and hydration), sleep, days off
- ✓ Partner inexperienced workers with more experienced colleagues
- ✓ Senior staff to model 'it's okay to say you are not okay'

The role of supervision

Supervision is a key practice in order to ensure that best practices and ethical guidelines are being followed as well as supporting the wellbeing of workers. Supervision can help workers to make decisions around considerations and adaptations to their work schedules during COVID-19, adjusting timelines, and provide strategies and modelling for self-care.

Recommended General Resources for Self-Care

Psychological coping during a disease outbreak – for families, friends, colleagues of those in quarantine or self-isolation
Mental health and psychosocial considerations key actions for national societies on caring for volunteers in COVID-19
Psychological coping during disease outbreak healthcare professionals and first responders (English)

CAPACITY BUILDING RESOURCES

Capacity Building Resources are being developed specifically for COVID-19. Recommended capacity building sites that have remote learning opportunities include:

Kaya Connect: COVID-19 Learning Pathway

The COVID-19 Learning Pathway aims to enable humanitarians, including local responders, to be best equipped to respond to the global pandemic COVID-19 (Coronavirus). The site includes online technical capacity strengthening programmes to support humanitarians' responses during this crisis, covering a number of critical topics, including Public Health, Child Protection and Gender/Equality. Online soft skills and remote working capacity strengthening programmes to support humanitarians' responses during this crisis, and a library of key downloadable resources relating to working in the context of COVID-19, including remote working guides and resilience support.
https://kayaconnect.org/course/info.php?id=2249

EQUIP

The global COVID-19 pandemic required WHOs EQUIP initiative to rapidly explore options for providing remote mental health and psychosocial support , via telephone and digital communication platforms. These eLearning modules offer general guidance, about shifting from face-to-face MHPSS to phone, digital communication, or other remote support. This site and its contents will continue to be updated as feedback from users is collected and the COVID-19 emergency evolves.
https://whoequipremote.org/

MHPSS.net

There are several resources on mhpss.net which can be utilised for remote training.

Example: PSTIC Online Training

These training materials were used with psychologists and psychiatrists volunteering to answer a HELPLINE to give emotional support to patients in Covid-19 Isolation Units. It follows a training done for the same Volunteers to answer a HELPLINE for Medical Professionals. The training uses a modification of PFA for a telephone HELPLINE.
Online MHPSS Training for Medical Professionals
Online Training for Volunteers to Answer Helpline for Patients in Covid-19 Isolation Units

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RECOMMENDED SITES FOR ADDITIONAL & UP-TO-DATE RESOURCES

Links have been provided to all relevant resources in the document. As new resources are being developed regularly, it is recommended to utilise sites that are collecting best practice materials. These sites are:

UNICEF COVID-19 Guidance
https://www.unicef.org/coronavirus/covid-19

MHPSS.net COVID Toolkit
https://app.mhpss.net/toolkit4covid19

MHPSS.net COVID Group
https://app.mhpss.net/groups/current-mhpss-emergency-responses/novel-coronavirus-international-health-emergency-2020/

Mental Health Innovation Network
https://www.mhinnovation.net/resources/mental-health-resources-coping-during-covid-19-outbreak

IASC COVID Response Site
https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response

Child Hub
https://covid.childhub.org/en/series-of-child-protection-materials/support-pandemic-times

IFRC Resource Centre
https://pscentre.org/archives/resource-category/covid19

CP AOR Resource List for Protection
https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_cp_aor_resource_menu_working_document_march2020.pdf

Global Education Cluster COVID-19 Resource page
https://www.educationcluster.net/COVID19

GBV AOR Resource List
https://gbvaor.net/tools-and-resources-thematic-areas/covid-19