



# COVID-19 Operational Guidance Note

## Mental Health and Psychosocial Support (MHPSS) within Health Programs

External Version 1 – April 6 2020

### Introduction

#### Purpose of Guidance:

This guidance summarizes the key actions for Mental Health and Psychosocial Support (MHPSS) within the context of the COVID-19 pandemic. We anticipate that pre-existing mental health conditions will be exacerbated, and that new mental health problems will be induced by the COVID-19 pandemic. This will occur in countries where IRC has ongoing MHPSS programming, and also in countries where IRC programs does not have dedicated mental health services and supports. We have outlined how to support continuity of existing MHPSS service and anticipate how to adapt programs based on the increased demand for MHPSS. All MHPSS plans should be coordinated with other sectors and other partners implementing MHPSS activities.

This guidance note is for MHPSS linked to the health system. There will be separate – but complementary – guidance notes for MHPSS interventions that are implemented through VPRU, Education and ERD programs.

#### Guidance Alignment:

This IRC guidance is grounded in global guidance that has been developed through coordinated efforts of the *IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings* members. *The key guidance is:*

- [Interim Briefing Note ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL ASPECTS OF COVID-19 OUTBREAK Version 1.5](#)
- [Orientation slides on IASC Interim Guidance Note on MHPSS Aspects of Covid-19](#)

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### Why is MHPSS integration within COVID-19 response important?

It is critical that IRC's MHPSS programs prepare to deliver care **differently** at this time, to ensure that we do **NOT** contribute towards the spread of COVID-19. We anticipate an increased demand for MHPSS services, while also a specific need to support the health and wellbeing of our frontline health workers. Additionally, misinformation, rumors, stigma, and quarantine will create stress for staff and community members. Preparing now is essential to ensure service continuity for clients with existing mental health needs, while trying to adapt to anticipated increased needs for MHPSS services.

### What will I understand after reading this guidance?

1. A Framework for MHPSS Integration in Health for COVID-19
2. Four components of MHPSS planning and response, with checklists for each component
3. Summary of risk stance and steps to take in line with [IRC Coronavirus Risk Categorization and Response Plan](#)

### Who is this guidance for?

- MHPSS Managers/ Coordinators / Officers
- Health Managers/ Coordinators
- Clinical Service Managers
- Other staff providing MHPSS services
- Other staff coordinating care for clients
- Deputy Director of Programs

## Framework for MHPSS Integration in Health for COVID-19



MHPSS should be considered a cross-cutting issue amongst all sectors and emergency pillars involved in the response. **Within IRC Health programs we will focus our MHPSS planning and response on four core components which must be approached simultaneously and by integrated teams in order to achieve desired health, safety and protection.** Planning and activities within all components should be coordinated with in country MHPSS coordination groups or working groups, in addition to with IRC Health, Protection and Education colleagues. Complementary technical guidance is available from IRC: [Gender](#), [WPE](#), [PRoL](#), [Child Protection](#) teams.

## Component 1: Address coping and stigma

Beginning in the IRC Alert stance (Category 1), **country programs must distribute timely information on changes to services, recommended coping strategies and response updates.** It is very normal for individuals to feel stress and worry due to an overload of information regarding movement restrictions, quarantines, reduced access to services, rumors and misinformation, and closure of schools and businesses, etc. **This component will need to be ongoing throughout IRC Risk Categories 1-5 and implemented alongside [IRC COVID-19: Risk Communication and Community Engagement Guidance](#).**

**Country programs should address coping and stigma by using the following checklist of strategies and resources below:**

### **How:**

- Assign a focal point to lead the planning of this component (for example the MHPSS Coordinator, Manager or Officer, or if your country program does not currently have MHPSS in Health please assign to Health Technical Coordinator or Health Manager)
- Allocate funding to implement these strategies
- Prepare message, materials and conduct regular communication using only accurate information within the community, to clients and within teams (see Step 2 - [IRC COVID-19: Risk Communication and Community Engagement Guidance](#))
- Adapt already available globally approved messages to local context, including translation and tailoring information for children and older adults, using resources below
- Address stigma by providing positive messages about staff and affected population utilizing routine meetings (via Teams, mobile calls), flyers, social media, radio and other available channels

### **Messaging and Coping:**

- Minimize watching, reading or listening to information that causes stress, worry, anger, sadness or panic
- Ensure people are NOT labeled COVID-19 patients, to avoid stigma and discrimination towards clients, caregivers and health care workers
- Promote positive coping strategies and routine self-care through staff meetings

**Currently Available Resources:** [WHO's Coping with Stress](#) and [Helping Children Cope with Stress](#), IRFC Coping with Stress [English](#) & [Arabic](#). Link with Education [WHO Parenting in the time of COVID-19](#), Protection [COVID-19 and violence against women](#), Health [UNAIDS HIV COVID-19 Guidance](#), Community Engagement [IFRC Guidance on Inclusion](#). Address stigma [IFRC/WHO/UNICEF Social Stigma associated with COVID-19](#)

## Component 2: Support Frontline Workers

Beginning in the IRC Preparedness stance (Category 2), **country programs must protect the mental health and wellbeing of front line workers, including health workers.** This will be important for frontline workers who work in facilities, in community settings and even for managers, coordinators and officers who are in office settings. We know from disease outbreak responses, including Ebola and COVID-19 that it is extremely important to support staff proactively and as MHPSS needs emerge. **This component will need to be ongoing throughout IRC Risk Categories 2-5.**

**Country programs should support mental health and wellbeing of frontline workers by using the following checklist of strategies and resources below:**

### **How:**

- Assign a focal point to lead the planning of this component and to work closely with country Human Resources teams
- Allocate funding to implement these strategies
- Orient frontline health workers in psychosocial aspects of COVID-19 to explain what can be expected from staff and how we will support staff, through initial meetings in coordination with the Health Coordinator & HR
- Develop staff wellbeing plans, including activities to promote clear communication through routine meetings (via Teams, mobile calls), shift rotations and confidential hotlines
- Utilize strict staff sickness policy– staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick.

### **Social Supports:**

- Create opportunities for social support and positive coping for frontline workers, including peer-to-peer support
- Help frontline workers identify positive coping and self-care routines, while also avoiding unhelpful coping, such as tobacco, alcohol and drugs
- Be aware that staff may experience stigma, discrimination or even avoidance from regular social supports for providing services to people affected by COVID-19
- Provide access to appropriate mental health and psychosocial support services, but also basic support like food, regular breaks, support with housing, transportation to work, etc.

**Currently Available Resources:** [WHO MHPSS Social Media Cards](#), [IRC Duty of Care Maintaining Wellbeing](#), [IFRC Coping for Health Providers](#), [JAMA Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019](#), [IRC Report “Sadness, we are full of sadness” Ebola’s psychosocial toll on frontline health workers](#)

### Component 3: Continuity of Services

Beginning in the IRC Preparedness stance (Category 2), **country programs must plan for the continuity of services that provide mental health services and psychosocial supports. Health programs with integrated mental health activities** (Uganda, Tanzania, Kenya, Somalia, Chad, Yemen, Thailand, Myanmar, Syria (2), Greece, Libya) must take specific steps to adapt existing activities and plan for the increased demand of MHPSS services, even from new clients. Develop a context-specific plan for how to adapt existing MHPSS programs, to maximize the opportunity for continuity of care, while minimizing any risk of our programs contributing towards the spread of the COVID-19. **This component will need to be ongoing throughout IRC Risk Categories 2-5.**

**Country programs should plan for the continuity of services that provide mental health and psychosocial support by using the following checklist of strategies, steps and resources below:**

- Assign a focal point to lead the planning of this component (for example the MHPSS Coordinator, Manager or Officer in conjunction with Health Coordinator and/or Manager)**
- Allocate funding to implement these strategies**
- Establish a phone based coordination mechanism between staff and supervisor, manager, coordinator while preparing to work remotely with procurement of phones/minutes**
- Plan referral mechanisms to coordinate care for clients across sectors**
- Address mental health and the basic needs of people with mental health conditions following the steps below:**

**Priority steps to be addressed within the MHPSS programs adjustments plan:**

1. **Step 1: Identify vulnerable groups** - Identify current mental health clients that are uniquely vulnerable during COVID-19 (clients with co-morbid chronic disease, clients over 60 years of age, clients that live alone, clients who receive psychotropic medication, and clients who are a risk to themselves or others)
  - a. Make a register of clients, their contact information, phone number, house number. If this information is not currently available, CHWs could be utilized to collect/update vulnerable client information.
  - b. Ask clients for the name and contact information of a caregiver, neighbor or second contact
  - c. Develop a register of these clients, see example of an example of a register that could be used/adapted is available here:



Chronic condition  
register - vulnerable

2. **Step 2: Risk Communication with MHPSS clients:** Share specific messages with these clients to explain that in order to reduce transmission of COVID-19 their contact with health facilities and staff should be reduced during this time
  - a. Utilize Step 2 Advice for clients with chronic conditions (Preparedness/Readiness) of the [IRC COVID19 Guidance Patients with Chronic Conditions](#) to include a) prevention advice, b) Advice on what to do in case of developing COVID-19 symptoms (fever, cough and difficulty breathing), c) How to manage their mental health in case of need for isolation / inability to access the health care system.
  - b. Modify messages to clients with intellectual, cognitive, psychosocial disabilities and decline/dementia. Displayed in writing or pictures to support clear and accurate communication. [HelpAge COVID-19: Guidance and advice for older people](#)
  - c. Set up a system to send SMS messages or a Whatsapp group to vulnerable clients and/or their family members to engage in regular contact and encourage routines are established, while physically distancing
  - d. Disseminate leaflets with information about COVID-19 to those clients and their family members (ensuring the leaflets contain a phone number)

### 3. Step 3: Adapt Facility based MHPSS services

- a. **In-patients** - For clients that have been admitted for severe mental health conditions, plans should be put in place for discharge, if this can be done safely to appropriate home care and there is no risk of harm to themselves or others. By staying in the in-patient ward, there is an increased risk of being exposed to the coronavirus. **If it is not possible to discharge the client, due to lack of appropriate community based support, or if the client is at-risk for harm to themselves or others, all attempts should be made to physically separate them from the rest of the clients,** and to limit the staff that need to be in contact with them, to reduce the use of Personal Protective Equipment (PPE).
- b. **Out-patients** – Adapt ways of working so that clients who do not need regular consultation, can be shifted to utilize **guided self-help support, or rely on support of caregivers.** As part of preparedness conduct a consultation and medicine top-up for all clients, with their next appointment planned to be in three months' time unless there are exacerbations of their condition. This will reduce client flow at clinics and minimize spread of the virus to the most vulnerable. Establish ways for the client to be in touch with their provider over the phone, between the three-month appointments. In some IRC settings, phone access could be a problem for some people, therefore in those locations, identify a central phone line in each community (such as a CHW or community leader) that can be used to notify the health facility in

case of exacerbations. **Determine how new clients can best be assessed with your context, always try to support them using the lowest levels of care and support, while establishing referral criteria. Starting medication for new clients should be considered carefully, as close follow up might not be possible over the next few months.**

- c. **Regular medication - Work with pharmacy teams to provide a 90 day supply of currently prescribed medications and instructions for wellness checks via telephone with service providers. This must be done in consultation with pharmacy focal point to ensure that only medications which can be provided safely in 90 day supplies are distributed to client or caregiver, and in line with country authorities or restrictions. Keeping medicines safely at home includes storing in a cool dry place, out of reach of children.** Pharmacy TAs have recommended to review current stock status to ensure you have medication to meet current needs, and work to revise procurement plans to expedite orders from suppliers, preferably from approved local suppliers to reduce lead times. Additionally, determine if you have enough psychotropic medication at the health facility level and possibly increase stock-holding for regular medication. We want to ensure safety for our clients and avoid putting them or anyone else at risk, avoid misuse of the medication, and establish a system for wellness checks – meaning a plan to check in on clients via the phone if possible for short 5-10 minute phone call, as needed, so that there is some support built into the distribution of medications. For clients who still need to come to the facilities for medications – if just for a refill, arrange a system where they can go straight to pharmacy, meet CHWs in a regular location, if this is acceptable within country regulations.

#### **4. Step 4: Adapt community based MHPSS services**

- a. **Rely on the community health system** to continue services by working with community leaders and community health workers. Liaise with other sectors that work with communities such as IRC's protection teams. It will be important to determine the best options for referrals through coordination with other MHPSS partners as well. There is more detailed guidance on community engagement refer [\*\*Step 5: Program adaptation and suspension in IRC's Risk Communication and Community Engagement Guidance.\*\*](#)
- b. **MHPSS delivered through 1-1 engagement**
  - Review list of clients currently receiving 1-1 MHPSS session and try to determine the clients for whom this service is life sustaining (high risk for relapse or harm).
  - Encourage remote or mobile options for continued care

- Sessions should encourage use of self-care, positive coping, sharing accurate information
  - Conduct visits outside in wide open, well ventilated space rather than inside the household.
  - Conduct visit maintaining social distancing (no touch, safe distance of 1m). Please consult with technical advisors which types of cases could be managed in this way without risking confidentiality.
  - Provide staff with supplies for hand hygiene (alcohol hand-gel).
  - Through clear communication, prepare clients for service interruptions.
  - **In situations of widespread COVID-19 transmission in IRC areas of operation (category 4 and 5), suspend all 1-1 client visits**
- c. **MHPSS delivered through group models**
- Review the clients who are currently receiving group counselling and plan to transition these clients, starting with most at risk, to 1-1 engagement, self-care approaches, linking with CHWs or through informal social support using phone SMS/Whatsapp groups, internet and wellness checks as possible.
  - Try to conduct a group session for closure of the group.
  - **Be proactive in these steps as we recommend to suspend group sessions.**

**Currently Available Resources:** [IFRC Psychological Coping during Disease Outbreak for Elderly and People with Chronic Conditions](#), [IRC COVID19 Guidance Patients with Chronic Conditions](#), mhGAP COVID-10 guidance (*coming soon*)

## Component 4: Care to people affected by COVID-19

Beginning in the IRC Response stance (Category 4), **MHPSS Health programs must care for people affected by COVID-19.** It is anticipated that all members of society will be affected by COVID-19, but some will be more affected more. These recommendations are for care for community members who are personally affected by COVID-19, based on exposure, infection and/ or death from the disease. People who are personally affected by COVID-19 (those infected and their caregivers) will be under a considerable level of stress, while they isolate. For some people, quarantine and isolation will bring additional risks of violence, poor health, death and mourning. As this area of work is new for global mental health, we are still developing resources and guidance, while pulling lessons learned from other outbreak responses. For example in Ebola responses, we have prioritized integrating MHPSS into Ebola Treatment Centers and using social reconnection groups. See more information about these examples in the resources below. **This component will need to be ongoing throughout IRC Risk Categories 4 & 5.**

**Country programs should plan to care for people affected by COVID-19 using the following checklist of strategies, steps and resources below:**

- Provide MHPSS to people in isolation and support people in quarantine
- Plan how medication, food and supplies will be delivered to people in isolation
- Use evidence based approaches from Ebola MHPSS programming, including integrating MHPSS into key health activities within isolation units as protective factors and to enhance client quality of life and treatment adherence, and distancing protocols.
- Encourage connectedness for isolated clients with health and social supports through remote and self-care
- Conduct post-discharge referral and liaison between the isolation unit and the MHPSS focal person in the community.
- Establish opportunities for the bereaved to mourn – even from a distance

**Currently Available Resources:** [IRC Psychological First Aid for COVID-19](#) developed for use in US Programs, – [interim PFA IFRC guidance here](#)), [IFRC 14-day Wellbeing Kit](#), Orientation of response teams on MHPSS considerations and mourning, in line with [IASC Guidelines \(2007\) action sheet 5.3](#), [Storybook for children on COVID-19](#), Lessons from Ebola outbreaks: [Integrating psychosocial support at Ebola treatment units in Sierra Leone and Liberia](#), [Recovering from the Ebola crisis: 'Social Reconnection Groups' in a rural Liberian community](#), [Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks](#)

**Summary of risk stance and steps to take**

The table below is in line with [IRC Coronavirus Risk Categorization and Response Plan](#) and can be applied to all IRC country programs, and there are some specific considerations within Component 3: Continuity of Services for country programs which have Mental Health programs as part of their health services: Uganda, Tanzania, Kenya, Somalia, Chad, Yemen, Thailand, Myanmar, Syria (2), Greece, Libya.

Category	Trigger (IRC Coronavirus (COVID-19) Risk Categorization Index)	Risk	IRC Stance	MHPSS Integration COVID-19 Components
Category 1	All IRC Country Programs/Offices with Global Health Security Index Score “Most Prepared/ More Prepared” <b>AND</b> no cases of COVID-19	Low	Alert	<b>Component 1: Share basic information</b>
Category 2	Imported case(s) in-country <b>AND</b> Global Health Security Index Score “Most Prepared/ More Prepared”  “Close contact” Local transmission in-country (Not in IRC location of operations) <b>AND</b> Global Health Security Index Score “Most Prepared/ More Prepared”  All IRC Country Programs/Offices with Global Health Security Index Score “Least Prepared” with <b>AND</b> no cases of COVID-19*	Low-medium	Preparedness	<b>Component 2: Protect Frontline Workers</b>  <b>Component 3: Continuity of Services**</b>  <b>AND continue implementing Component 1</b>
Category 3	Imported case(s) in-country <b>AND</b> Global Health Security Index Score “Least Prepared”  “Community” transmission in-country (Not in IRC location of operations) <b>AND</b> Global Health Security Index Score “Most Prepared/ More Prepared”	Medium	Readiness	<b>Continue implementing Components 1, 2, 3</b>
Category 4	<u>Any</u> local transmission (“community” OR “close contact” in-country (Not in IRC location of operations) <b>AND</b> Global Health Security Index Score “Least Prepared”  <u>Any</u> Local transmission in-country (In IRC location of operation)	High	Response	<b>Component 4: Support to people affected by COVID-19**</b>  <b>AND continue implementing Components 1, 2, 3</b>
Category 5	Widespread transmission in-country (WHO threshold ≥50% provinces/regions/districts reporting cases OR multiple clusters or outbreaks of cases of community transmission)	Very high	Response	