



MHPSS Guidance for IRC COVID-19 Isolation, Treatment and Quarantine Centers

Mental health and psychosocial support (MHPSS) is a key aspect of care during COVID-19 which needs to be integrated into the planning of centers, training of staff, and operations of Isolation and Treatment Centers. This guidance is to be utilized in line with the [IRC COVID-19 Case Management Guidance](#) (and [Summary](#)) and the [IRC COVID-19 Operational Guidance Note for MHPSS within Health](#), Component 4. Key priorities for including MHPSS considerations as integral health and protective factors of Isolation, Treatment and Quarantine Centers includes:

- Ensure people receiving care in isolation and treatment centers are having their basic needs met and are supported through their treatment for COVID-19
- Promote resilience and psychosocial wellbeing, which benefits frontline workers, patients and families
- Assist people in managing feelings of fear, worry, sadness, loneliness, anger, guilt, broken trust, confusion, stigma and discrimination associated with having COVID-19
- Support people in maintaining connection to family members, caregivers, and/or close friends throughout their stay and also during reintegration back to their homes and community
- Establish opportunities to address MHPSS concerns once palliative care for patients has started, including bereavement support for families to mourn – even from a distance
- Address the specific mental & neurological symptoms associated with COVID-19 including headache, impaired sense of smell and taste, agitation, delirium, stroke and meningoencephalitis (See [WHO clinical management of COVID-19 guidelines with section 15 on Management of neurological and mental manifestations associated with COVID-19 infection](#)).
- Lastly, MHPSS staff play an important role in providing support in all phases of case management within Isolation, Treatment and Quarantine Centers (ITQCs)

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1. MHPSS Capacity of Frontline Staff

Integration of MHPSS into the ITQCs is very important because COVID-19 affects the physical, emotional, social-economic and the spiritual wellbeing of both people who are directly affected. ITQCs that have already been assessed show that staff sometimes have no previous training in MHPSS. The role of frontline workers implementing ITQCs is stressful and at high-risk to their safety and wellbeing. The mental health and psychosocial impact of working in a COVID-19 outbreak, and especially in the high risk environment of COVID-19 case management, on frontline staff cannot be understated. To do their job well they will need training, support from managers, opportunities for self and collective care. (see more on Support to Frontline Staff in Component 2 of [IRC COVID-19 Operational Guidance Note for MHPSS within Health](#))

Mainstreaming MHPSS Capacity for all Frontline Staff – triage staff, doctors, nurses, clinical officers, laboratory staff, hygienists, cleaners, burial staff - working in ITQCs will should receive training in essential MHPSS skills for COVID-19, which can be conducted by MHPSS managers/supervisors and/or officers plus other staff from protection with relevant experience. If there is a gap in staff with MHPSS experience, it is recommended that teams to work collaboratively with partner organizations that have MHPSS experience or speak with health and protection coordinators on how to proceed with appropriate training for staff.

- It is important that frontline staff get trained on Essential MHPSS skills for COVID-19, including but not limited to managing grief, and end of life care.
- Outreach staff or volunteers will play a key role in communicating with families and tracing suspected cases, and for follow up with individuals who are isolating at home.
- For programs which do not have MHPSS staff, it is important for the health coordinator to identify staff from each point of service delivery so that they can be trained on Essential MHPSS skills for COVID-19 to enable the support clients effectively.

Role of MHPSS specific staff – It is likely that **MHPSS specific staff will not be able to work directly in ITQCs** due to shortage of PPE and the small number of staff with professional background in MHPSS. This means that staff with strong MHPSS experience should act as [trainers and supervisors to support frontline staff](#) who will be directly working in ITQCs.

- MHPSS specific staff should train and support frontline staff who are working directly in ITQCs, ensuring that approaches follow ‘do no harm’ principles.
- It is important that MHPSS specific staff guide the approaches used by frontline staff within the ITQC, and that they regularly assess the MHPSS needs of individuals in ITQC by speaking with frontline staff, and find ways to engage families members of individuals in isolation to ensure that approaches are used to support both isolated individuals and their families.



- Community outreach staff, volunteers and/or MHPSS outreach worker¹ should also be trained and supported by MHPSS specific staff to follow up with families.
- MHPSS specific staff should also work with supervisors and HR to identify supportive practices for staff wellbeing. (See component 2 of [IRC COVID-19 Operational Guidance Note for MHPSS within Health](#)).

Key Actions to ensure frontline staff are prepared:

- Train on Essential MHPSS skills for COVID-19, do no harm, including psychological first aid (PFA), how to offer practical support and positive communication, and methods for managing expectations of patients and families.
- Managers and country leadership should make arrangements to support the basic needs of frontline staff - provide good food, transportation, comfortable accommodation and other essential needs. This support will reduce overall responsibility and stress and will serve as an acknowledgement of the key role of frontline workers.
- Ensure staff have a mechanism for communicating their needs, create and utilize systems to acknowledge staff and their hard work.
- Establish a staff break room or area where staff can take regular breaks, equipped with simple resilience messages, pictures, reminders of grounding activities, in order to support staff to creatively cope, lighten their mood and prevent burnout. (For example: Recording video routines and sharing with their families, Creation of simple leisure activities to support relaxation).
- Ensure staff have the supplies they need to do their job well, lack of supplies can be stressful and put staff at higher risks. (Example supplies include PPE, medical supplies, medications for patients). Be transparent about supply issues, so that staff can anticipate what to expect. COVID-19 is a time of uncertainty, try to reduce the uncertainty about the supplies needed to do their job.
- **Ideally, at least 1 trained psychosocial support staff should be present per day shift to provide age-appropriate MHPSS care.**

2. Screening and Triage

COVID-19 screening and triage has 3 core components: 1) Screening against the COVID-19 case definition; 2) Risk assessment (identifying patients at high risk of severe disease); 3) Current clinical severity assessment. All 3 components are needed in order to define an appropriate case management plan for each patient, including where the patient needs to be isolated. Please refer

¹ MHPSS outreach worker – This is a term we are using within the guidance to refer to any community outreach workers, outreach volunteers, and/or MHPSS or protection staff who will conduct follow up with family members of a patient in ITQC. Programs existing MHPSS programs will most likely utilize CHWs, camp based assistants, or psychosocial workers to fill this role. See more information about the critical role they play in section 5.



to Figure 1: COVID-19 Screening and Triage Flowchart in the [IRC COVID-19 Case Management Guidance](#) for details. Using essential PSS skills for COVID-19 will be critical even at Screening and Triage as initial contact with any person suspected to have COVID-19 and their family will require clear communication, setting expectations with individuals and families on next steps and reduce fear of the unknown by providing relevant and accurate information.

Key Actions at Screening and Triage:

- Frontline staff stationed at the triage point should be trained in essential PSS for COVID-19. These staff have the duty to introduce themselves by name, collect and share relevant information with the family (names, contact number, house location/number) and offer immediate support to calm patients and/or families of patients who may need to be admitted to the center.
- Staff wearing PPE who are working within ITQC activities should plan to have a name tag and even a photo of themselves to wear so that people can see the face of who they are speaking to even though masks are worn.
- An MHPSS outreach worker can be introduced to the family in a waiting area, and if this is not possible, the MHPSS outreach worker should be in touch with the family within 24 hours of admission. One family member should be identified to be the main point of contact for the outreach worker. This outreach team can offer support using approaches learned through trainings in PFA within essential MHPSS for COVID-19. The MHPSS outreach team is responsible for linking the family with other supports as needed.
 - It has been reported that for many people there is confusion about how someone can be asymptomatic, but also have COVID-19 and the potential to transmit it – some community education can be developed for this, and importantly it should be discussed with families at this stage, along with other COVID-19 education.
- For individuals who are recommended for community case management (see Table 3: Components of COVID-19 community case management) and section 5 below on outreach. MHPSS outreach worker should work with MHPSS officers and supervisors, if available, to determine best approaches for follow up to ensure basic needs are met and to identify any specific MHPSS needs. ***Please note: Children and adults who need a caregiver should not be separated from their caregiver during isolation. Decisions to separate should only be requested by a health professional for health reasons or by the family.*** For more information please access [Special Considerations on the Separation of Children and of Adults Who Rely on a Caregiver From Their Caregiver Due to Corona Virus Disease COVID 19 in Quarantine, Isolation or Hospital](#).
- For individuals who are admitted to the ITQC, please see section 3 below.



3. MHPSS within COVID-19 Case Management

Individuals meeting specific clinical criteria will be prioritized for admission. Throughout their stay at the ITQC, individuals should have their basic needs met, should be able to connect with loved ones and family member to build their resilience and with particular attention to older persons, people living with disabilities, people living with mental health conditions and other chronic disorders.

Key Actions within ITQC stay:

- Meet safety standards and basic needs, including food, beds, bathrooms – paying special attention to gender, and needs of women and girls, which will include dignity kits.
- ***Do not use a 'military' or 'jail' like approach to isolation and treatment.***
- Frontline staff should providing basic factual information, hear from the patients about their concerns and try to reduce stress by teaching recognition of stress reactions and try a breathing exercise, muscle relaxation, or simply using active listening. Messages to patients should increase hope, reduce worry and self-blame.
- Ensuring communication with the family on phone regularly using a phone or tablet will be critical. Video, audio or text messages can be shared to/from patient to family members. Provide phone credit/minutes to family members, and work with outreach staff and volunteers to communicate messages to families. Hotlines could also be a useful method of linking families with patients.
- Centers can be equipped posters, images, light music and other simple methods of bring relaxation an reducing stress for patients.
- Recognize that older persons, may be particularly afraid of dying, dying alone and may experience low energy, fatigue, loneliness and withdraw.
- Patients with chronic and acute conditions should have access to regular medications and treatment
- Resilience routines should be implemented by staff to support the resilience and wellbeing of patients, encourage people to look for positive aspects of the ITQC, promote sleep hygiene, listen for recommendations from patients on how to improve the experience (for example, blankets, activities, contact with religious leader, a window to see outside, variety of food, celebration of culturally significant holidays).
- Translators and other types of staff will be needed to ensure there is a feedback mechanism and communication directly from patients and families affected by COVID-19.

MHPSS specific staff can assist frontline staff to identify individuals who may need or require MH services, for example those who already receive regular MHPSS services. Continuation of regular medications will be a priority as part of MH treatment, and should be done in consultation with the MH clinical staff/supervisors and in line with [WHO clinical management](#)



[of COVID-19 guidelines with section 15 on Management of neurological and mental manifestations associated with COVID-19 infection](#)

Key Actions for Discharge:

- For individuals who are discharged, it is important to conduct a simple discharge ceremony to give hope for the patients that they can also get better.
- **Reintegration of recovered individuals** – It is critical that recovered individuals and affected families have access to ongoing protection and psychosocial support to facilitate their reintegration into their homes and communities:
 - Prepare the patient on what they may expect e.g. stigma and discrimination
 - Prepare the family to receive the discharged individual with clinical and wellbeing recommendations, information on how to cope and how to contact the health facility if there are any concerns.
 - It is important to provide a weekly check in for at least 3 weeks after discharge by MHPSS outreach worker. This can support reduction of stigma, help individuals to recognize stress behaviors, practice stress management and if more focused MHPSS support is needed referrals can be made to MHPSS specific staff.
 - Families should also have access to a hotline or be able to connect with the MHPSS outreach worker as needed.

4. MHPSS within End of Life Care

Palliative care is an integral component of any pandemic response, alleviating suffering and upholding dignity. Good end of life care is important for the patient, family and the frontline workers. More information can be found in [Section 14: Treatment Protocols – Resuscitation \(CPR\) and Palliative care](#) and [COVID-19: Strategies to Support those Affected by Deaths during the Outbreak](#). There are hospice and palliative care organizations in many countries. IRC country programs are advised to reach out to these organizations, who may be able to contextualize end of life decision making and care.

The goals of end of life care are to -

- Allocate enough time to be able to give space for patient to express thoughts and feelings, focus on active listening rather than enforcing messages
- Achieve the best quality of life in the time remaining by ensuring good control of pain and consistent communication. Staff should be aware that sometimes patients can experience delirium or lose consciousness during this stage, and how to alleviate symptoms.
- Agree on acceptable ways of contact with family, end of life companionship, and mourning practices
- Ensure dignity in death with minimal distress to patient and frontline worker



Key Actions:

- At a point when the patient is close to end of life, it is important to increase family contact even if it means the family sending a message through video conferencing, or recording a message – depending on patient’s desire, information should be shared about how the patient is doing. In order to communicate effectively to others, the frontline worker should feel the they are ready to do so.
 - Effective communication requires using both verbal and non-verbal ways and applying communication skills.
 - Being non-judgmental, keeping confidentiality, empathy, caring are basic attitudes you must employ in communication.
 - **Critical attention should be paid in telling children that someone has died**, find more information in this [two-page step guide](#).
- Continue providing regular information to family on patient in a soft calm manner, try to refrain from direct death conversations unless asked directly by the family member.
- An MHPSS outreach worker should go to visit the family if possible to update them in person of the situation, or if that is not possible they should be available for phone calls. It is important that a community health worker who has been working with the specific family member is the one to break the bad news.
- Ensure that some family members could be present (if feasible in the context) during the mourning ritual to promote a healthy grieving process

5. Outreach to Families

MHPSS outreach to families of admitted patients is critical as we must realize this is likely a very stressful experience for families and we should attempt to understand their needs and support them in different ways if we can from initial screening of their family member, during stay at ITQC, for reintegration into the community and possibly end of life care. Families are likely to experience some stigma and discrimination from neighbors, social groups, employers and even other family members – so we will need to design approaches that help them, knowing that their main resource might be our support.

Key Actions for Outreach:

- MHPSS outreach workers should be trained on Essential psychosocial support skills in order to best support follow up with family throughout the process.
- Provide family members with key information about the ITQC process, updates on their family member and share strategies for resilience building, stress management and self-care approaches.



- Recognize that the family member in ITQC may likely be the head of household or main income generator, this can put significant strain on the family at a time when it might be impossible for them to reach out for help from others. Families should be supported through referrals to other essential services which they can help them.
- Simple self-care approaches could be shared with families, for example using illustrations and audio on stress management.
- Support communication between patient and family members will be critical, for example plan to use cell phones, provide families with phone credit and a number at which they can reach the center staff
- Families are likely to face stigma, so helping the family and neighbors understand facts about COVID-19, reducing myths, rumors and misconceptions will be important
- **Assist families in managing grief as needed** – Grieving over the death of a loved one is a natural and necessary process that most people are able to cope with and emerge from in a healthy manner if given adequate support. MHPSS outreach staff should provide the opportunity for family and loved ones to grieve, to share stories, and to ask questions about their family member who has died. Reassuring people that their feelings of disbelief, denial, sadness, pain and anger are normal will help people accept loss. Help bereaved families recover from the shock and grief of losing family members to COVID-19. Families may need follow up for many weeks, it might also be a good opportunity for families to connect and share their grief (which should be supported by a MHPSS specific staff). If families need further support a referral can be made to MHPSS teams or a partner organization that can best provide services. Lastly, but importantly, frontline staff must have support from supervisors and from each other as they will need time and space to process grief from the loss of patients that they serve.

Annexes:

| Table 1.0 - Overview of MHPSS ITQC Guidance | | |
|---|---|--|
| Section | Responsible | Main MHPSS Activities |
| 1. MHPSS Capacity of Frontline Staff | MHPSS specific staff & other technical Managers/Supervisors | Preparing staff through training, simulations and supervision |
| 2. Screening and Triage | Frontline staff (specifically those working in ITQC) & MHPSS Outreach workers | Setting expectations and understanding with individuals and families |
| 3. MHPSS with COVID-19 Case Management | Frontline staff (specifically those working in ITQC) | Providing care to patients within ITQC |
| 4. MHPSS within End of Life Care | Frontline staff (specifically those working in ITQC) | Supporting patients through end of life |
| 5. Outreach to Families | MHPSS outreach workers | Assisting in reintegration of recovered individuals and managing grief |



COVID-19 ITQC MHPSS Checklist

This checklist is a tool that should be used for any IRC operated ITQC to report on this indicator:

% of IRC operated COVID-19 isolation and treatment centers that meet minimum requirements for MHPSS integration

More information can be found in the [IRC Indicator Selection Tool](#), please click the filter button and sort by “Intervention: COVID-19 response – Mental health and psycho-social services”.

Please connect with your MHPSS and M&E TAs when you have questions on how to use these indicators. [How to Access the New COVID-19 Indicators in the Indicator Selection Tool \(IST\)](#).

| | |
|---|--|
| Name of Interviewer: | Date: |
| Name & Title of ITQC Contact: | Name and address of ITQC : |
| Location : = _____ [Name of Area 1] | Number of total patients at ITQC at time of assessment: |

| Item | Score |
|---|---|
| 1. All frontline staff support ITQC have been trained in Essential MHPSS Skills for COVID-19, including End of Life Care and PFA | <input type="radio"/> No <input type="radio"/> In Process <input type="radio"/> Completed |
| 2. MHPSS Outreach workers are trained in Essential MHPSS Skills for COVID-19, including Managing Grief | <input type="radio"/> No <input type="radio"/> In Process <input type="radio"/> Completed |
| 3. Frontline and MHPSS outreach workers are supported by MHPSS specific staff and supervisors (MH Officers, etc) | <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always |
| 4. Frontline and MHPSS outreach workers are engaged in Screening and Triage activities | <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always |
| 5. Patients in ITQC have access to treatments for chronic physical and mental health conditions | <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always |
| 6. ITQCs are equipped with resilience routines, activities and supplies to support patients in communicating with family | <input type="radio"/> No <input type="radio"/> In Process <input type="radio"/> Completed |
| 7. MHPSS Outreach workers assist in reintegration of recovered individuals to safe location (home / other shelter within the community) | <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Always |
| Total Score (add up all the scores) | Total = |
| If the total score for the ITQC is 7 or above, the ITQC has met minimum requirements. | |