Mental health and psychosocial support aspects of the COVID-19 response

Interim guidance

Revised and republished as of 11 February 2021.
(Originally published on 17 April 2020)

1. Introduction

1.1 Background

This note synthesizes available guidance on how to address the mental health and psychosocial support (MHPSS) aspects of the coronavirus disease 2019 (COVID-19) response in the Western Pacific Region. It provides key interventions and recommended MHPSS activities to integrate in the response.

In any disease outbreak, it is common for people to feel stressed and worried, but specific concerns and stressors are particular to COVID-19:

- Concerns about health and older relatives as well as feelings of helplessness are common emotions reported among all age groups.
- Large numbers of people are facing adversity associated with loss of livelihoods and sudden uncertain futures due to the economic consequences and financial instability of the outbreak.
- Physical distancing, self-isolation, quarantine and working from home may lead to feelings of isolation and loneliness as well as loss of social contacts.
- Older adults, especially those with cognitive decline and/or dementia, may become more anxious, angry, stressed, agitated and withdrawn, particularly if they are in isolation or quarantine.
- Adolescents and young adults who are unable to attend school or university and are separated from their teachers and peers may experience worry and feelings of hopelessness about their future, as well as isolation, loneliness, anger and frustration.

- First responders, front-line health and other workers (nurses, doctors, ambulance drivers, case identifiers, etc.) may experience extreme stress due to higher work demands and intense schedules. In addition, they may experience additional stressors from the stigma associated with being in a close environment with patients with COVID-19.
- People with pre-existing health, mental health and substance use conditions are among the most vulnerable. Health services across the Region have experienced disruptions due to the COVID-19 outbreak. At the same time, stress and uncertainty arising from the outbreak may induce, worsen or exacerbate their conditions.
- During times of stress and crisis, children seek more attachment and are more demanding with their parents. Caregivers may feel increasingly worried about children being at home alone (due to school closures) without appropriate care and support. An increase in abuse against children has been reported during the COVID-19 pandemic.
- Women, pregnant women and new mothers may experience stress due to increased burden on caregivers. An increase in gender-based violence has been reported during the COVID-19 pandemic.
- There are mental health and psychosocial consequences of discrimination towards people with COVID-19 and their family members.
- Having a COVID-19 infection in itself can cause a person to experience fear of death, isolation and sadness and has been linked to neurological disorders. Long-term COVID-19 symptoms can impact

negatively on a person's ability to take part in daily activities months after infection, causing feelings of hopelessness and frustration.

- It can be easy to fall into unhealthy behaviours, such as using psychoactive substances or gaming and gambling as coping strategies to relieve stress or panic or to pass time during self-isolation or quarantine, mandatory or voluntary. It can also be harder to get regular exercise, sleep well and maintain a healthy diet.
- Fear, depression and anxiety are common reactions among people in all affected countries. For some, these emotional reactions are prolonged, severe and disabling, thereby leading to increases of mental disorders in populations.
- Some people may have positive experiences, such as resilience and pride in finding ways of coping. Faced with disaster, community members often act out of altruism and cooperation and may experience great satisfaction from helping others.

1.2 Target audience

WHO Country Office programme managers and technical officers, as well as national mental health focal points or people occupying a similar role or profession.

2. Strengthening MHPSS in the COVID-19 response

Recommended activities

MHPSS responses must be grounded in the current national context, based on existing health services, available local support and the sociocultural environment. Interventions may be delivered through health and social services, including primary health care, or through other structures in the community, such as schools, community, youth and senior centres, and religious sites.

Establishing the national context involves understanding the needs of specific groups within the population who might experience barriers to accessing information, care and support, and/or

are at higher risk of infection. MHPSS should be accessible and adapted appropriately for the needs of children, older adults, people with disabilities and other vulnerable groups (e.g. people with compromised immune systems and minority ethnic groups).

MHPSS is included as an integral component in the following strategic documents:

- *Western Pacific Regional Action Plan for Response to Large-Scale Community Outbreaks of COVID-19* (https://apps.who.int/iris/handle/10665/ 331243) in care pathways as well as risk communication and community engagement
- *COVID-19 Strategic Preparedness and Response Plan* (https://www.who.int/docs/defaultsource /coronaviruse/covid-19-sprp- unctguidelines.pdf) in case management, risk communication and community engagement, as well as technical expertise and guidance
- *Global Humanitarian Response Plan for COVID-19* (https://www.unocha.org/sites/unocha/fil es/Global-Humanitarian-Response-Plan- COVID-19.pdf) in the strategic priorities
- UN *Policy Brief: COVID-19 and the Need for Action on Mental Health* (https://unsdg.un.org/sites/default/files/ 2020-05/UN-Policy-Brief-COVID-19-and- mental-health.pdf)
- *Clinical Management of COVID-19: Interim Guidance* (https://apps.who.int/iris/handle/10665/ 332196).

The following activities may be integrated in national COVID-19 response and mitigation plans:

1. **Ensure self-care and provide support for staff.**
   a. Identify focal points for MHPSS in emergency response in the WHO office, health ministry and other entities engaged in the response.
   b. Take care of yourself. Managers and team leads will face similar stressors as staff members, as well as potentially additional pressure according to the level of

responsibility of your role. Try to use helpful coping strategies.

c. Ensure that staff can access MHPSS care privately and confidentially, including onsite services, telephone-based support or other remote options. Also, make sure they are informed of helpful coping strategies and protected from stigma and discrimination.

2. **Distribute timely and accurate information** on services, coping strategies and updates in formats accessible to the public, vulnerable groups, health-care/front-line workers, caregivers and patients with COVID-19. Refer to the following WHO sources for information about:
   - Latest situation reports (https://www.who.int/emergencies/disea ses /novel-coronavirus-2019/situation-reports/)
   - Stress management:
     - *Coping with Stress during the 2019-nCoV Outbreak* (https://www.who.int/docs/defau lt-source/coronaviruse/coping-with-stress.pdf)
     - *Doing What Matters in Times of Stress: An Illustrated Guide* (https://apps.who.int/iris/handle/ 10665/331901).

3. **Orient COVID-19 responders on how to provide psychological first aid** and basic psychosocial support. Refer to the following sources for more information about basic emotional and practical support to affected people:
   - *Psychological First Aid: Guide for Field Workers* (https://apps.who.int/iris/handle/10665/ 44615)
   - *Basic Psychosocial Skills: A Guide for COVID-19 Responders* (https://interagencystandingcommittee.o rg/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance-basic).

Responders include:
   - people working in points of entry, basic needs services (e.g. food preparation, markets), law enforcement, education, emergency, health, and any inpatient or long-term care facilities; and
   - nurses, ambulance drivers, volunteers, case identifiers, teachers and other community leaders, including non-health workers in quarantine sites.

4. **Provide MHPSS to people in isolation and/or quarantine.**
   a. Establish measures to reduce the negative impact of social isolation. This could include measures that enable communication with family and friends outside the site (telephone and internet) and that promote autonomy (e.g. choice in daily activities).
   b. Minimize disruption in mental health service delivery by providing access through telephone and internet-based services, as appropriate to the national and local context.
   c. Deploy appropriately trained and qualified staff to specific locations affected by COVID-19 outbreaks when time permits, and build the capacity of general health-care staff to deliver MHPSS. For more information, see *mhGAP Humanitarian Intervention Guide* (https://apps.who.int/iris/handle/10665/ 162960).
   d. Address the mental health and basic needs of people with pre-existing mental health conditions who are affected by COVID-19.
   e. Engage and mobilize the community to support people in isolation and/or quarantine.

5. **Ensure people with COVID-19 infection and mental health or neurological needs can safely access mental health and neurological services.** For guidelines on clinical management of neurological and mental health needs in people with COVID-19 infection, see *Clinical Management of COVID-19: Interim Guidance*.

6. **Address discrimination, stigma and any excessive fears of contagion.** Evidence clearly shows that stigma and fear around communicable diseases hamper the response. Encourage the public to value and support front-line workers. For tips on how to address and avoid compounding social stigma, refer to *Social Stigma Associated with COVID-19: A Guide to Preventing and Addressing Social Stigma* (https://www.who.int/docs/default-source/coronavirus/covid19-stigma-guide.pdf).

7. **Address the mental health needs of older adults** through targeted interventions including: developing appropriate and accessible messages, empowering families to provide care and support, ensuring management of existing underlying health conditions, promoting daily exercise and maintaining a regular routine as much as possible.
    a. Pay specific attention to high-risk groups, such as older people with cognitive decline and/or dementia.
    b. For older people in long-term care facilities and residential care (e.g. assisted living, nursing homes), ensure that administrators and staff have safety measures in place to prevent mutual infection and excessive worrying or panic. Measures in such facilities should be similar to those in hospitals and include testing of personnel who have had direct contact with people with COVID-19 without the use of personal protective equipment.
    c. For guidance on COVID-19 and care of those living in long-term care facilities, refer to *Guidance on COVID-19 for the Care of Older People and People Living in Long-Term Care Facilities, Other Non-acute Care Facilities and Home Care* (http://iris.wpro.who.int/handle/10665.1/14500).
    d. For considerations for developing MHPSS responses to the COVID-19 pandemic for older adults, see chapter 4 of *Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic*

(https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance).

8. **Protect the mental health of all responders**. Ensure that they can access mental health and psychosocial care. This must be of equal priority with ensuring their physical safety through adequate knowledge and equipment.
    a. Disseminate information on helpful coping strategies.
    b. Engage with the community and community leaders to protect front-line workers from stigma and discrimination.
    c. Ensure access to mental health and psychosocial support services, including on-site services, telephone-based support or other remote options.
    d. Train supervisors, leads and managers in how to create healthy work environments, communication skills to support distressed workers, and when to encourage help-seeking for further MHPSS support.
    e. Refer to the following WHO sources for information about coping with stress:
        - *Coping with Stress during the 2019-nCoV Outbreak*
        - *Doing What Matters in Times of Stress: An Illustrated Guide*
        - *Mental Health and Psychosocial Considerations during the COVID-19 Outbreak* (https://apps.who.int/iris/handle/10665/331490).

9. **Help children and caregivers cope with stress.**
    a. Provide facts about what is going on and give clear child-friendly information about how to reduce the risk of infection and stay safe using language children can understand. Demonstrate to children how they can keep themselves safe (e.g. show them the proper handwashing steps).
    b. Avoid separating children and their caregivers. As long as it is considered safe, children must be kept close to their parents and family.
    c. Help children find positive ways to express feelings of fear and sadness.

d. Maintain familiar routines in daily life as much as possible. Or create new routines, especially if children must stay at home.

e. For more strategies, refer to *Helping Children Cope with Stress during the 219-nCoV Outbreak* (https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2).

f. For a helpful resource to support children to understand COVID-19, refer to *My Hero is You* (https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you).

g. For MHPSS considerations for children, adolescents and families during the COVID-19 pandemic, see chapter 3 of *Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic*.

10. **Pay attention to people affected with alcohol and other substance use disorders.**

a. Strengthen support provided through primary health and social care services to address disruptions in the provision of treatment.

b. Secure continued access to opioid agonist maintenance treatment, or OAMT, with methadone or buprenorphine for those who need it.

c. Make sure there is access to opioid antagonists such as naloxone for those at risk of overdose.

11. **Address the mental health and basic needs of people with pre-existing mental health conditions.**

a. Ensure the availability of essential, generic psychotropic medications at all levels of health care. People living with long-term mental health conditions or epileptic seizures will need uninterrupted access to their medication, and sudden discontinuation should be avoided. Pay attention to interactions between different drugs and between diseases and drugs when providing psychotropics to people with COVID-19.

b. Address disruption of existing services during quarantine measures using telehealth, if feasible and appropriate to the national context. Telemedicine and online medical services can also be used for other medical services. For guidance on maintaining access to essential mental health services, refer to *Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context – Interim Guidance* (https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1).

c. Introduce a distance support/guided self-help component, where feasible.

d. For people in long-term care facilities, ensure that administrators and staff have safety measures in place to prevent mutual infection and excessive worrying or panic (similar to measures in hospitals).

e. For guidance on COVID-19 and care of those living in long-term care facilities, *refer to Guidance on COVID-19 for the*