

Mental Health and Psychosocial Support

Key actions for the COVID-19 response

20 July 2020



Pacific
Community
Communauté
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World Health
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BACKGROUND

This document draws on global guidance¹⁻⁵ and intends to provide a summary of key mental health and psychosocial support (MHPSS) action points for Ministries of Health in the Pacific Island Countries and Territories (PICTs) to consider for the COVID-19 health sector response. The authors (MHPSS cell) can provide further reference documents, respond to queries, and provide support to countries in their consideration for the MHPSS COVID-19 response.

COVID-19 and mental health

During the COVID-19 response (prior to, during and after a COVID-19 outbreak), it is common for people to feel stressed and worried. In particular, children and adults may be worried about the health and well-being of themselves and others, be isolated from people they care about and/or have lost their livelihoods. People at particular risk of mental health problems during COVID-19 response include: older adults (especially those with cognitive decline); front-line health and other workers; children and adults with pre-existing health, mental health and substance use conditions; women; children; caregivers; and children and adults who have recovered from or have COVID-19.

Key actions for consideration for the COVID-19 response

Ten MHPSS considerations for the COVID-19 response are listed. This document can be used as a checklist by putting a tick or mark in the “Done” column once the action is completed.

1	2	3	4	5	6	7	8	9	10
Ensure MHPSS support for staff	Orient responders in psychosocial aspects of COVID-19 response	Distribute timely and accurate information	Ensure inter-sectoral referral pathways are established and contextualized	Provide MHPSS support to people in isolation and/or quarantine	Ensure continuation of mental health services	Strengthen community based interventions and social support	Address the mental health needs of older adults	Help children and caregivers cope with stress	Pay attention to people affected by substance use and/or addiction.

Activity	Done?
1. Ensure MHPSS support for staff	
1.1 Identify focal points for MHPSS in emergency response in the WHO office, ministry of health and other entities engaged in the response.	
1.2 Identify 3 practical ways in which you will look after your wellbeing, e.g. do something you enjoy each day, eat well, exercise etc. Ask your staff to do the same.	
1.3 Ensure that staff can access MHPSS care privately and confidentially (e.g. on-site, telephone based). Make sure they are informed of helpful strategies for coping with stigma and discrimination. Further information about stigma can be found here .	
1.4 Address additional barriers staff face getting to work (e.g. transportation vouchers) and doing their job (e.g. training to safely use personal protective equipment).	
1.5 Maintain practices, policies, and procedures to prevent and respond to sexual exploitation, harassment and abuse of either adults and children.	
1.6 Provide supportive supervision to staff members on the frontline of COVID-19 response.	
2. Orient responders in psychosocial aspect of COVID-19 response (basic needs services, law enforcement, education, emergency, social welfare, health, any inpatient or long-term care facilities).	
2.1 Train responders in Basic Psychosocial Skills ⁵ - a set of easy-to-learn skills which can be used to support the mental health needs and well-being of others.	
2.2 Protect the mental health and well-being of all responders (e.g. strengthen or establish MHPSS services for staff, peer-to-peer initiatives, support groups) through disseminating information on helpful coping, community anti-stigma campaigns and ensuring access to mental health services.	
3. Distribute timely and accurate information	
3.1 To general public: on services, coping strategies and updates; engage champions & provide guidance to (social) media. For messages click here . ⁶	
3.2 Information addressing stigma targeted to people in vulnerable situations: <ul style="list-style-type: none"> • children or adults at-risk of or experiencing violence; • people with confirmed or suspected COVID-19 and their family members; • health care workers; • older adults; • children; • care givers; and • those without internet access. 	
4. Ensure inter-sectoral referral pathways are established and contextualised	
4.1 Mapping of and establishment of phone, internet and emergency referrals to MHPSS and protection (child protection and gender-based violence) services.	

Activity	Done?
5. Provide MHPSS to people in isolation and/ or quarantine	
5.1 Establish measures to reduce the negative impact of social isolation: <ul style="list-style-type: none"> • promote communication and social support with friends and families (e.g. by telephone); • promote the safety and security of women and/or children who maybe in quarantine with an abuser; • support accurate information-sharing from reliable sources; • promote autonomy (e.g. choice in daily activities); and • promote physical and emotional health (e.g. daily exercise). 	
5.2 Minimise disruption in mental health service delivery by (a) training staff to provide remote care and (b) providing access through telephone and internet-based services. Consider alternative ways to provide care if no internet is available.	
5.3 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 and/or social welfare staff to deliver MHPSS such as mhGAP . ⁷	
6. Ensure continuation of mental health services	
6.1 Integrate MHPSS activities into existing and telehealth services (MHPSS focal points identified in all COVID-19 response services) including discharge and aftercare strategies.	
6.2 Ensure continuation of essential MHPSS services throughout COVID-19. See published documents under JIMT MHPSS cell ⁸ for further details.	
6.3 Set up systems of identification, care, support and/or referral for children and adults experiencing MHPSS problems, including through community outreach and crisis call centres.	
6.4 Guidance, frameworks and online training are provided to support the transition to remote care of mental, neurological and substance use conditions (e.g. see JIMT MHPSS publications here ⁹).	
6.5 Ensure access to essential psychotropic medication.	
6.6 Ensure MHPSS-related COVID-19 data is collected and analyzed to inform action.	
7. Strengthen community-based interventions and social support	
7.1 Support community and volunteer support mechanisms targeting vulnerable community members.	
7.2 Support social connectedness and community-based coping mechanisms for children and adults separated by physical distancing measures (e.g. peer support groups using social media groups or telephones).	
7.3 Engage with community and faith leaders in the mobilisation of helpful psychosocial systems.	
7.4 Work with community leaders to find safe, culturally- and age-appropriate ways to mourn.	

Activity	Done?
8. Address the mental health needs of older adults	
8.1 Through targeted interventions, including: <ul style="list-style-type: none"> • developing appropriate and accessible messages; • empowering families to provide care and support; • monitoring for stigma or abuse; • ensuring management of existing underlying health conditions; and • promoting daily exercise and routine. 	
8.2 Pay special attention to people with cognitive decline/ dementia, and those in long-term care facilities and residential care. Ensure safety measures are in place to prevent infection while promoting family connection. Measures in facilities should be similar to that in hospitals.	
9. Help children and caregivers cope with stress	
9.1 Provide clear facts and child-friendly information about what is going on and positive coping strategies. Examples can be found on WHO's Helping children cope with stress guide ¹⁰ .	
9.2 Avoid separating children and caregivers. As long as it is considered safe and in the best interest of the child, children must be kept close to their caregivers and family. Ensure child protection and safeguarding measures are in place.	
9.3 Support families to: <ul style="list-style-type: none"> • help children to find positive ways to express feelings; • maintain familiar routines; • cope with stress and worries; and • provide a sensitive and caring environment. 	
10. Pay attention to people affected by alcohol and other substance use and/or addiction disorders.	
10.1 It is likely that substance use will increase during COVID-19. Strengthen support provided through primary health and social care services to address disruptions in the provision of treatment.	
10.2 Secure continued access to medication for those with addictions (opioid agonist maintenance treatment with methadone or buprenorphine for those who need it, or opioid agonists such as naloxone for those at risk of overdose).	
10.3 Ensure people receiving care for gaming or gambling disorder can continue their care remotely.	
10.4 Ensure support for children and/or adolescents engaging in risky behaviours (e.g. substance use, activities that contribute to unintentional injuries and violence, unwanted pregnancy or STIs/STDs, etc.).	

References

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This document has been developed in accordance with global guidance and contextualized to the Pacific context by IFRC, SPC, UNFPA, UNICEF, UN WOMEN, and WHO from the COVID-19 Pacific Joint Incident Management Team.

