



MINISTRY OF HEALTH

A COMPREHENSIVE GUIDE ON
MENTAL HEALTH AND
PSYCHOSOCIAL SUPPORT DURING
THE COVID-19 PANDEMIC



Foreword

The Mental Health and Psychosocial Support guide to Health workers during the COVID-19 have been developed in response to the new Coronavirus disease 2019 (COVID-19). COVID-19 is a serious respiratory viral infection caused by a novel corona virus recently named SARS-COV2. Towards December 2019 this virus was identified as a cause of upper and lower respiratory tract infections in Wuhan, a city in the Hubei province of China. It has since rapidly spread globally to more than 188 countries and resulted in over 460,000 and 20,000 infections and deaths respectively.

The prevention and control of COVID-19 pandemic entails effecting changes in behavioural patterns thus mental health and psychosocial wellbeing requires special consideration. These guidelines cover 5 unique considerations for mental health; the needs of the population, people on treatment for COVID -19, those in quarantine and isolation, people with mental health conditions requiring continuing care in these settings, and health workers. Considerable information has been extracted from various related international documents.

I expect every clinician and health care worker to adhere to these guidelines to aid them in provision of quality and effective screening, management and provision of mental health and psychosocial support to people suspected or diagnosed to have COVID-19.

As experience and knowledge on COVID-19 is rapidly evolving, these interim guidelines will be updated periodically.

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MINISTRY OF HEALTH

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Acknowledgment

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A COMPREHENSIVE GUIDE ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT DURING THE COVID-19 PANDEMIC

This is a comprehensive guide to Health workers on Mental Health and Psychosocial Support during the COVID-19 pandemic, to cover the needs of the population, people on treatment for COVID -19, those in quarantine and isolation, people with mental health conditions requiring continuing care in these settings, and health workers


MHPSS FOR THE POPULATION (“worried well”)

COVID-19 has produced a lot of uncertainty. Persistent worries on safety and normal functioning of the community are threatened.


1. First, acknowledge that feeling stressed is a normal response in this abnormal situation.
2. Educate on what the signs of stress are:




Thinking:
Being easily distracted, trouble with concentration, trouble remembering.



Body:
Increase or decrease of energy, body tension, feeling restless, sweating, being easily startled, having headaches, changes in appetite, difficulty sleeping.



Emotions:
Trouble relaxing, feeling irritable, feeling down, feeling anxious.



Behavior:
Wanting to be alone, trouble completing works tasks, blaming others or getting into arguments.

3. Educate on how to cope with the stress of COVID-19 a. Staying Connected with Others

Even though epidemics restrict access to social support structures, such as schools, workplaces, places of worship, or even spending time with friends and family. Encourage to be creative about how to maintain connections with others during this time.

- Talking to a trusted friend or loved one is helpful way to reduce feelings of isolation, anxiety, fear, boredom or vulnerability during social distancing.
- Seeking support from family, friends, mentors, and/or spiritual/religious leaders.
- Being flexible and creative in accessing support via phone, email, text messaging, and video calls.
- Talking about their experiences and feelings to loved ones and friends.
- Writing about their experiences and share them with others through social media and other

outlets. b. Managing stressful experience (signs and symptoms):

- Acknowledging that it is understandable to feel anxious and worried about what may happen, especially when many aspects of life are uncertain or have changed.
- Making time to unwind and remind oneself that strong feelings are tolerable and will fade. Accept, instead of suppress emotions, and “ride the wave” of strong feelings by observing how they show up in their body without judgment.
- Reducing exposure to distressing news, particularly prior to sleep.
- Pacing between stressful activities, with fun activities after a hard task.



- Relaxing the body and mind by practicing slow, steady breathing and muscle relaxation, as well as any other soothing actions (meditation and prayer, exercise, walking, music, reading for pleasure).
 - Maintaining a sense of hope; consider keeping a journal where one writes down things they are grateful for or that are going well.
 - Engaging in and enjoying pleasant activities (for example: sewing, gardening, cooking, playing board games, music and dancing).
4. Educate on Unhelpful Ways to Manage Stress this include:
- Reliance on tobacco, alcohol, and/or drugs to manage stress and emotions.
 - Constant worrying (i.e., thinking repeatedly) about the risks or negative consequences of COVID-19.
 - Co-ruminating (i.e., worrying out-loud with others) can lead to increased intensity of strong emotions.
 - Impulsive or high-risk behavior that reduces stress in short-term only (e.g., excessive spending, gambling, etc.).
5. Encourage maintenance of basic self-care to improve one's sense of control and endurance by:
- Eating healthy food (avoid high sugar foods, alcohol, and too much caffeine).
 - Engaging in physical activity.
 - Accepting circumstances that cannot be changed and focus on what one can alter.
 - Modify one's definition of a "good day" to meet the current reality of the situation.
 - Problem-solve and set achievable goals within the new circumstances in one's life.
 - Accepting unhelpful emotions and refocusing attention on activities that are aligned with their values.
 - Maintaining daily routines and schedule as much as is possible despite disruptions. For example,
 - Regular wake up time even if working from home.
 - Increasing positive coping behaviors that have worked in the past.
 - Shifting negative self-statements to statements that allow one to function with less distress. Try changing "this is a terrible time" to "this is a terrible time, but I can get through this."

MHPSS FOR PERSONS IN QUARANTINE/ISOLATION

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease. Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

Those affected by quarantine, regardless of their health status, are likely to report distress due to fear and risk perceptions. Their distress can be amplified in the face of unclear information and communication.

During quarantine, where possible, safe communication channels should be provided to reduce loneliness and psychological isolation.

Important to understand typical reactions of people in quarantine/isolation:

- Anxiety, worry, or fear related to:
 - Their health status.
 - The health status of others whom they may have exposed to the disease.



- The resentment that their friends and family may feel if they need to go into quarantine as a result of contact with you.
- The experience of monitoring themselves, or being monitored by others for signs and symptoms of the disease.
- Time taken off from work and the potential loss of income and job security.
- The challenges of securing things they need, such as groceries and personal care items.
- Uncertainty or frustration about how long they will need to remain in this situation, and uncertainty about the future.
- Concern about being able to effectively care for children or others in their care
- Loneliness associated with feeling cut off from the world and from loved ones.
- Anger if they think they were exposed to the disease because of others' negligence.
- Boredom and frustration because they may not be able to work or engage in regular day-to-day activities.
- Uncertainty or ambivalence about the situation.
- A desire to use alcohol or drugs to cope.
- Symptoms of depression, such as feelings of hopelessness, changes in appetite, or sleeping.
- Symptoms of post-traumatic stress disorder (PTSD), such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled.

Ways to Support someone during quarantine and Isolation



Understanding the risk:
Provide accurate information about COVID 19 infection and risk.



Encourage the use of practical ways to cope and relax by relaxing the body often by doing things that work for them- taking deep breaths, stretching, meditating or praying, Talking about their experiences and feelings to loved ones and friends.



Encourage them to be their own advocate by:
Speaking out about their needs.

Encourage connection with others by reaching out to people they trust in order to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. Using the telephone, email, text messaging, and social media to connect with friends, family, and others



CARING FOR PEOPLE WITH MENTAL HEALTH CONDITIONS

A crisis is defined as a situation precipitated by an external life event that surpasses someone's emotional capacity to respond. In other words, the person's coping mechanisms turn out to be insufficient; this is followed by a psychological imbalance and failure to adapt.

Certain feelings and reactions are common in response to a highly emotionally significant situation, such as the serious illness and/or death of a loved one. However, although some mental manifestations correspond to an understandable, transient response to the traumatic experience, they can also be red flags of progression to a pathological condition. Assessment should be conducted within the context of the event, to determine whether responses can be considered "normal" or "expected" or, conversely, are manifestations of psychopathology that require professional help.

Criteria for determining that an emotional reaction is becoming symptomatic are:

- Prolonged duration.
- Intense suffering.
- Associated complications (e.g., suicidal behavior).
- Significant impairment of social and routine functioning.

The most frequent immediate mental health conditions in survivors are depression episodes and transient acute stress reactions. Occasionally, an increase in aggressive behaviors and excess alcohol consumption has been observed in emergencies.

Late effects that have been reported include pathological grief, depression, adjustment disorders, manifestations of post-traumatic stress, harmful use of alcohol and other addictive substances, and psychosomatic disorders. Prolonged distress patterns can also manifest as somatic complaints, sadness, generalized fear, and anxiety; symptoms that often become severe and long-lasting.

The criteria for referral to a mental health specialist are limited and specific:

- Persistent or aggravated symptoms that have not been relieved using initial measures.
- Major difficulties in family, work, or social life.
- Risk of complications, especially suicide.
- Coexistent problems such as alcoholism or other addictions.
- Major depression, psychosis, and post-traumatic stress disorder, which are serious psychiatric conditions that require specialized care.



MHPSS HEALTHCARE WORKERS

For health workers, feeling under pressure is a likely experience for you and many of your health worker colleagues. It is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. Managing your mental health and psychosocial wellbeing during this time is as important as managing your physical health.

Take care of yourself at this time. Try and use helpful coping strategies such as:



Ensuring sufficient rest and respite during work or between shifts.



Stay in contact with family and friends.



Eat sufficient and healthy food.



Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical wellbeing.



Engage in physical activity.

This is a unique and unprecedented scenario for many workers, particularly if they have not been involved in similar responses. Even so, using strategies that have worked for you in the past to manage times of stress can benefit you now. You are most likely to know how to de-stress and you should not be hesitant in keeping yourself psychologically well. This is not a sprint; it's a marathon.

Stigma: Some healthcare workers may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation far more difficult. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.

The Emergency Responders

Responding to disasters is both rewarding and challenging work.

Sources of stress for emergency responders may include:

- Witnessing human suffering
- Risk of getting COVID 2 infection
- Intense workloads
- Life-and-death decisions
- Separation from family

Stress prevention and management is critical for responders to stay well and to continue to help in the situation. There are important steps responders should take before, during, and after an event. To take care of others, responders must be feeling well and thinking clearly.



Preparing for a Response:

- Try to learn as much as possible about what your role would be in a response.
- If you will be traveling or working long hours during a response, explain this to loved ones who may want to contact you. Come up with ways you may be able to communicate with them. Keep their expectations realistic, and take the pressure off yourself.
- Talk to your supervisor and establish a plan for who will fill any urgent ongoing work duties unrelated to COVID 19 while you are engaged in the response.

During a Response: Understand and Identify Burnout and Secondary Traumatic Stress

Burnout – feelings of extreme exhaustion and being overwhelmed.

Secondary traumatic stress; stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.

Signs of Burnout:

- Sadness, depression, or apathy.
- Easily frustrated.
- Blaming of others, irritability.
- Lacking feelings, indifferent.
- Isolation or disconnection from others.
- Poor self-care (hygiene).
- Tired, exhausted or overwhelmed.
- Feeling like:
 - o A failure
 - o Nothing you can do will help
 - o You are not doing your job well
- You need alcohol/other drugs to cope.

Signs of Secondary Traumatic Stress:

- Excessively worry or fear about something bad happening.
- Easily startled, or “on guard” all of the time.
- Physical signs of stress (e.g. racing heart).
- Nightmares or recurrent thoughts about the traumatic situation.
- The feeling that others' trauma yours

Get support from team members: Develop a Buddy System

In a buddy system, two responders partner together to support each other, and monitor each other's stress, workload, and safety.

Get to know each other. Talk about background, interests, hobbies, and family. Identify each other's strengths and weaknesses.

Keep an eye on each other. Try to work in the same location if you can.

Set up times to check-in with each other. Listen carefully and share experiences and feelings.

Acknowledge tough situations and recognize accomplishments, even small ones.

Offer to help with basic needs such as sharing supplies and transportation.



Monitor each other's workloads. Encourage each other to take breaks. Share opportunities for stress relief (rest, routine sleep, exercise, and deep breathing).

Communicate your buddy's basic needs and limits to leadership – make your buddy feel “safe” to speak up. Responder Self-Care Techniques

Limit working hours to no longer than 12-hour shifts.

Work in teams and limit amount of time working alone.

Write in a journal.

Talk to family, friends, supervisors, and teammates about your feelings and experiences.

Practice breathing and relaxation techniques.

Maintain a healthy diet and get adequate sleep and exercise.

Know that it is okay to draw boundaries and say “no.”

Avoid or limit caffeine and use of alcohol.

It is important to remind yourself:

It is not selfish to take breaks.

The needs of survivors are not more important than your own needs and well-being.

Working all of the time does not mean you will make your best contribution.

There are other people who can help in the response.

REDUCING STIGMA

We can reduce stigma against persons suffering from Covid-19 and their caregivers by:

- Not attaching Covid-19 to tribe, political grouping, age, race or socio-economic status.
- Acknowledging people affected by Covid-19 have not done anything wrong and deserve our support and kindness.
- Referring to persons diagnosed with Covid-19 as people who are being treated for Covid-19 or people who are recovering from covid-19 instead of “covid-19 cases” or covid-19 victims” or covid-19 families”.
- Being ready to welcome persons who have recovered from Covid-19 back into the community without discrimination.