

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN COVID-19

i. Mental Health in a Crisis Situation

During crisis / disasters / outbreaks, any individual may be affected emotionally as is happening during the COVID-19 crisis. Everyone reacts or responds differently to stressful situations. How a person responds to the crisis / disasters / outbreaks is influenced by individual background, the differences compared to others, and the community they live in. It is common for individuals to feel stressed, worried and anxious. Fear and anxiety about COVID-19 can be overwhelming and cause strong emotions in an individual.

Common responses of people that may be affected varies from one person to the other.

These include:

- Worry of possibility that their family members are infected
- Fear of falling ill and dying and losing loved ones
- Feeling helpless – not able to protect loved ones
- Stress and anxiety especially due to separation (from loved ones and caregivers) because of being quarantined
- Fear of being placed under home surveillance because of the disease
- Avoiding health facilities due to fear of becoming infected while in care
- Fear of not being able to work during isolation, and of being dismissed from work
- Feelings of helplessness, boredom, loneliness and depression due to being isolated

During the COVID-19 outbreak, a person can experience anxiety and panic symptoms due to:

- Lack of information or facts
- Rumours and fake news being spread
- Influence by social media

Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make the individual, the people they care about, and the whole community stronger. These feelings can be normal in view of the outbreak, however, how you respond makes a difference

Psychological Impact Encountered When Staying Indoors

Spending time indoors can cause a different psychological impact depending on how a person reacts and responds to the situation. On a positive note, some can have a positive psychological impact such as improving social connectedness with family members staying in the same indoor environment. However, for some, negative psychological impact are as follows:

- Increased stress due to not being able to perform outdoor routines and activities, not being able to see friends
- Worry and anxiety about not being able to be physically present eg; to help loved ones
- Helplessness, boredom, loneliness, and depression can also set in

Signs that indicate that your mental health is affected and you need psychosocial support

Mental health is part of an individual overall health. You can keep track of your mental health. These are the signs to look for:

- Drastic changes in sleeping pattern eg- insomnia
- Changes in appetite
- Extreme mood changes - Easily angry, agitated or irritable
- Feeling extremely sad
- Severe tiredness and feeling easily fatigued
- Losing interest on the things you loved to do
- Withdrawal from family members and friends
- Difficulty in focusing or concentrating
- Losing interest in the things you love to do
- Withdrawal from family members and friends
- Desire to increase alcohol or tobacco use

ii. Definition of Mental Health and Psychosocial Support (MHPSS)

The composite term 'Mental Health and Psychosocial Support' (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders. Support may include interventions in health, education, or interventions that are community-based. The term 'MHPSS Problems'

covers social problems, emotional distress, common mental disorders (such as depression and post traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual disability. It is widely used to describe the range of activities that used to improve the well-being of individuals in their worries or COVID-19 and to treat mental disorders.

MHPSS in disasters includes any support that people receive to protect or promote their mental health and psychosocial wellbeing during disasters/ crises/ epidemics/ pandemics or outbreaks and to treat mental disorders. Psychosocial support also helps individuals and communities to heal the psychological effect and rebuild social structures after a crisis or disaster. The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity especially for the healthcare workers (HCW). One of the components of MHPSS is prevention and treatment of psychiatric disorders such as depression, anxiety and post-traumatic stress disorder (PTSD).

iv. Principles of Mental Health and Psychosocial Support to COVID-19

The delivery of MHPSS services to all level of victims involved in Disaster in general and specifically during COVID-19 follows the principle that basic needs shall be provided to all victims, followed by restoration of community and family support and followed by focused and specialized services to a smaller subgroup within those affected by crisis. Below explains the model of MHPSS role in each level of need.

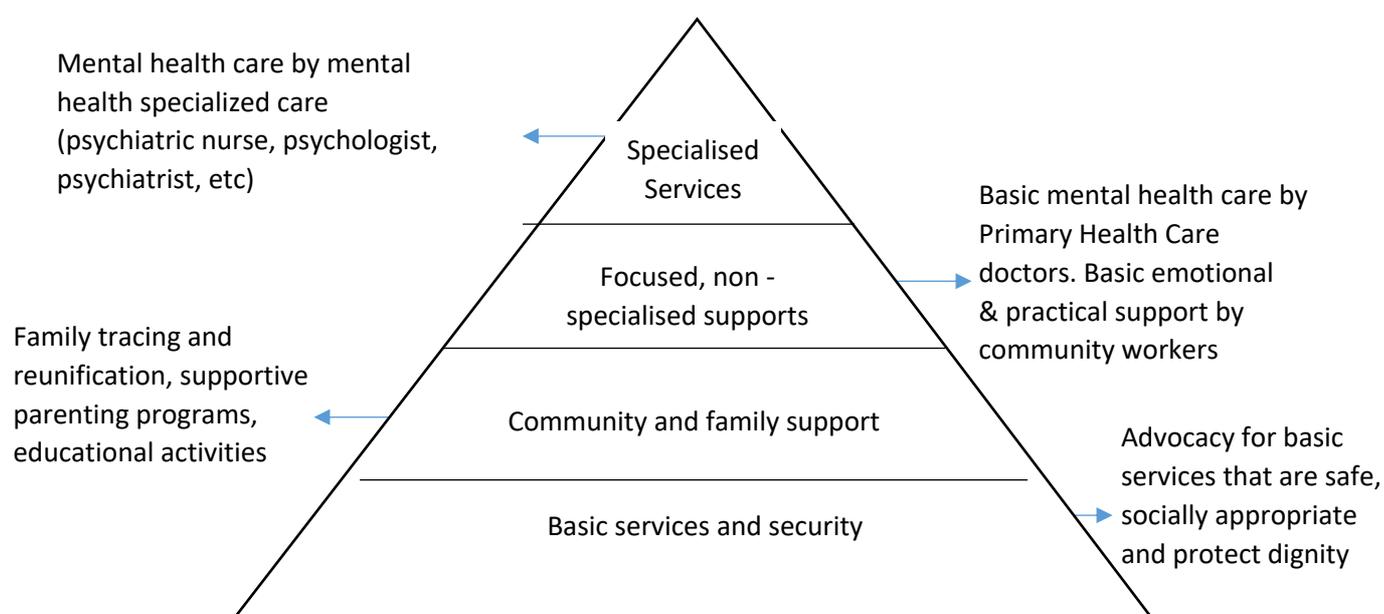


FIGURE 1: INTERVENTION PYRAMID FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES (INTER-AGENCY STANDING COMMITTEE (IASC), FIGURE 1 (2010))

- All layers of the Intervention Pyramid are important and should ideally be implemented concurrently
- During the initial response, attention will also be given to those who are in need of MHPSS including Psychological First Aid (PFA).
- Referrals for further intervention of HCW and Persons Under Investigation (PUI) to Family Medicine Specialists, Psychiatrists or Psychologists is to be done when necessary

v. Action Plan of Mental Health and Psychosocial Support Services of Ministry of Health (MOH)

The action plan of MHPSS during disasters is carried out at national, state and district levels. At each level, there will be MHPSS coordinators (national, state and district) that coordinate MHPSS implementation.

(a) National level

At the national level, the Mental Health, Substance Abuse and Violence Injury Prevention Sector, Disease Control Division, Ministry of Health shall be responsible as the focal point in coordinating the MHPSS activities. The National Coordinator shall also liaise with the State Psychiatrist and Counsellor in the delivery of the MHPSS services

The scope is as follows:

- Assess and plan MHPSS needs (e.g funding, logistic, facilities) during a crisis situation
- Coordinate necessary resources to provide psychosocial support
- Coordinate the mobilization of MHPSS teams
- Provide training to response worker / volunteers on psychosocial response
- Compile and analyse data on MHPSS activities
- Collaborate and liaise with other agencies
- Provide reports to Higher Management level of MOH - Director General of Health, Deputy Director General (Public Health), Director of Disease Control Division.

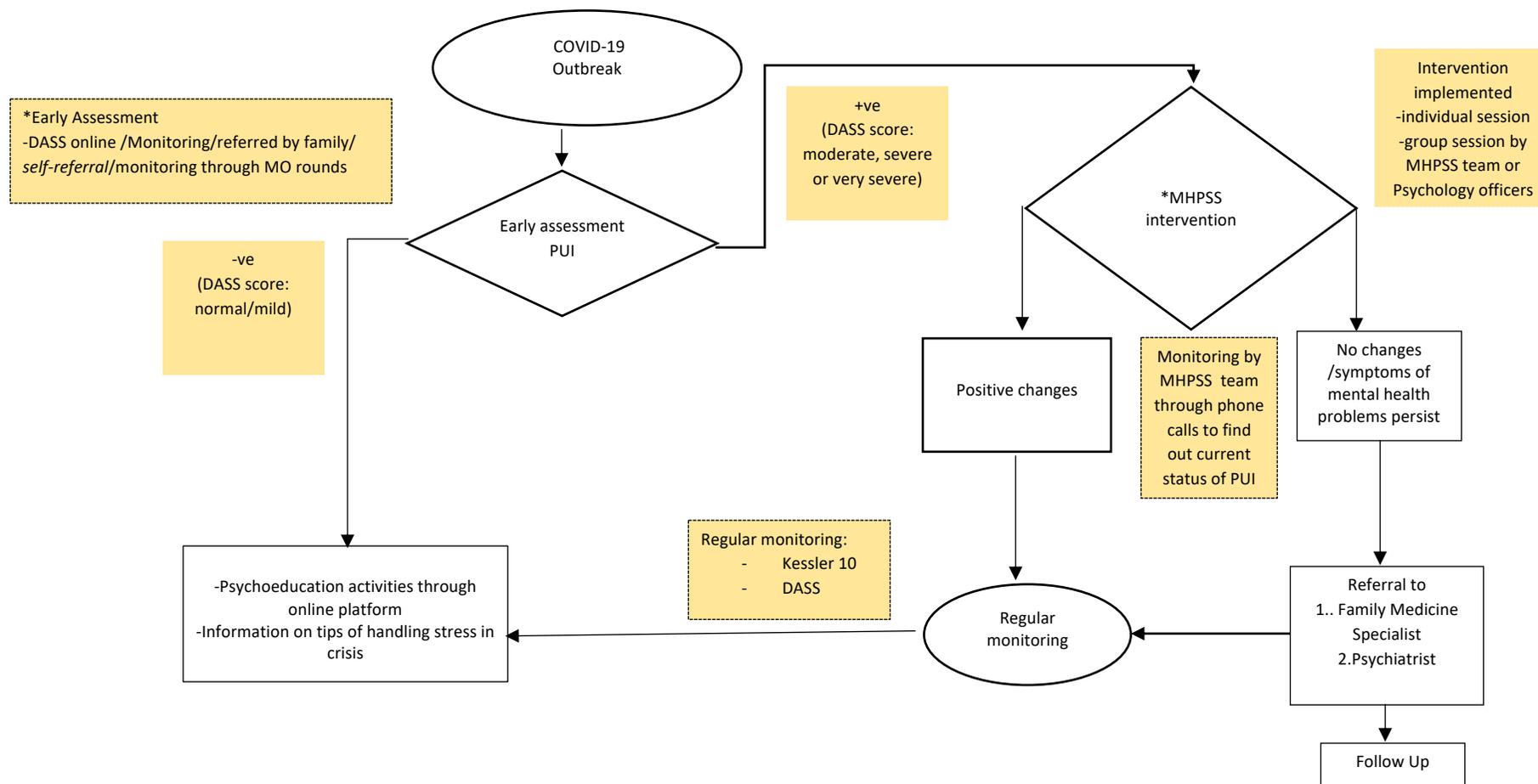
(b) State level

At state level, the Non-Communicable Disease (NCD) Unit, State Health Department shall coordinate the MHPSS activities. The State NCD coordinator will also liaise with the State Psychiatrist and Counsellor in the delivery of the MHPSS services.

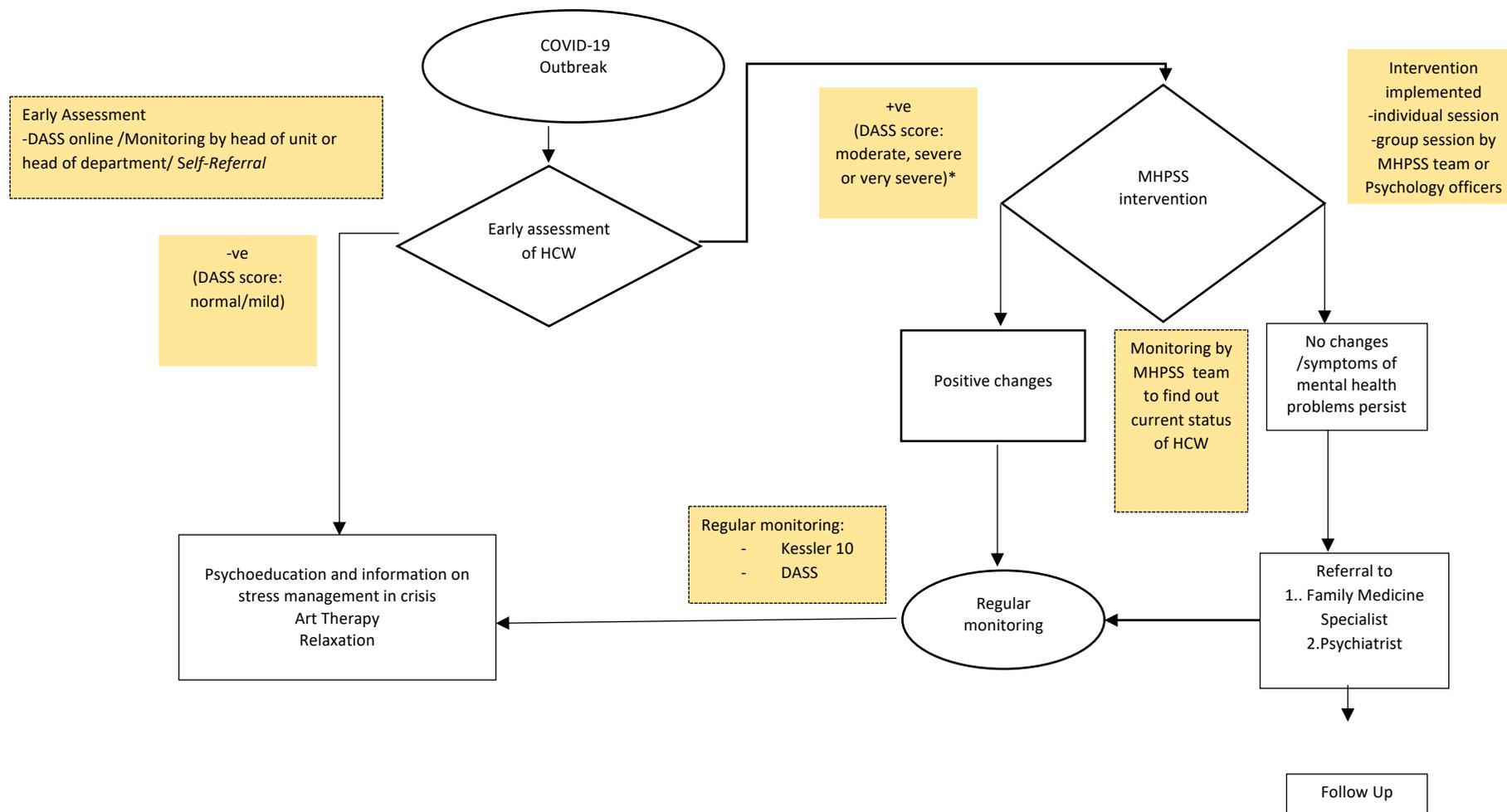
The scope is as follows:

- Plan and evaluate MHPSS needs (e.g funding, logistic, facilities)
- Coordinate the MHPSS activities
- Determine the type of MHPSS services required
- Plan and provide training for MHPSS support team at state level
- Liaise with the Mental Health Unit, Disease Control Division of MOH
- Provide technical advice to State Health Director on matters / issues related to MHPSS
- Collaborate and coordinate with other agencies in providing MHPSS services at state / district level.
- Compile and analyse data on MHPSS activities and report to National CPRC.
- Maintain directory of personnel trained in providing MHPSS
- Coordinate provision of MHPSS upon request from other agencies

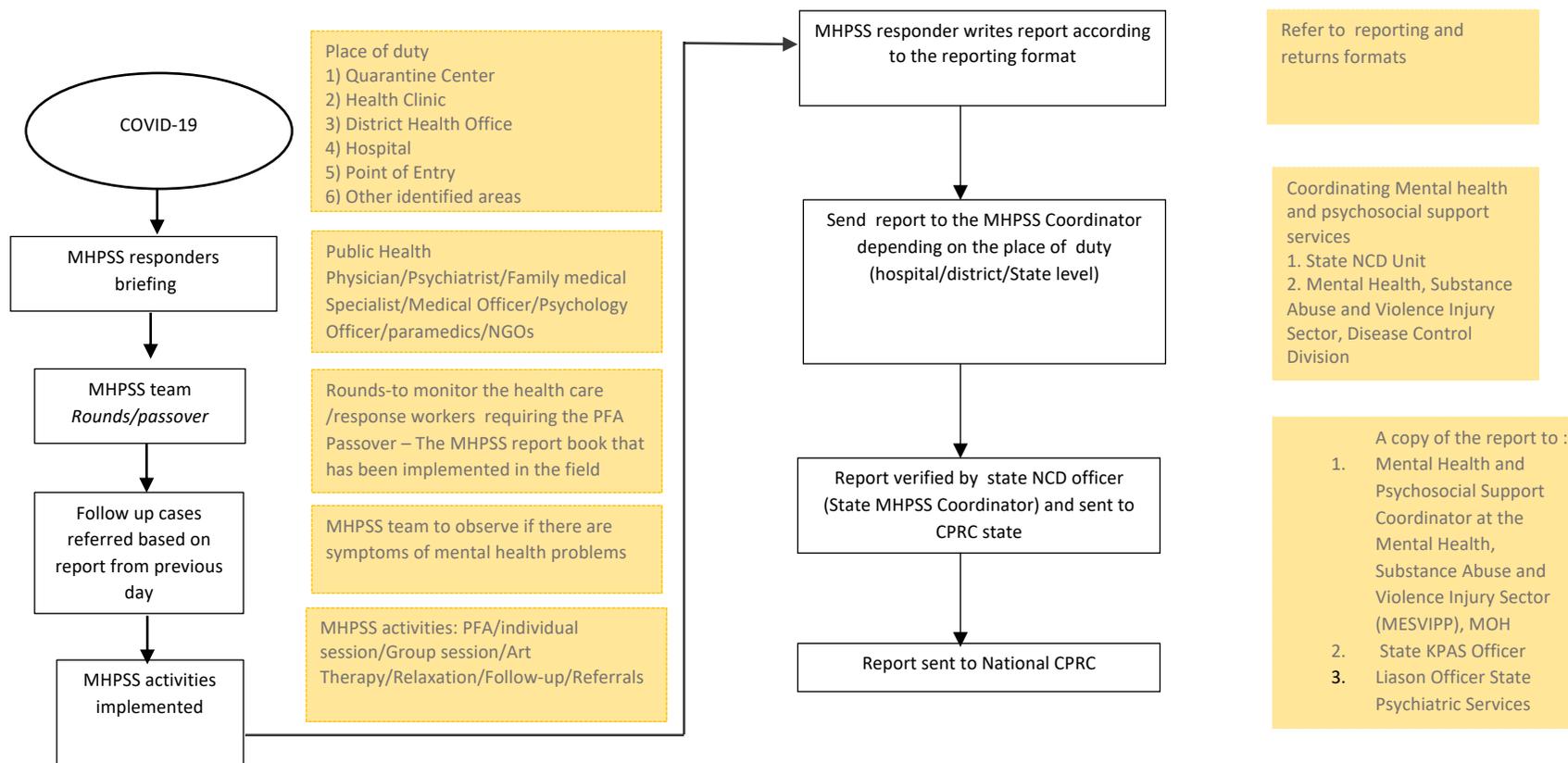
FLOW CHART OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES FOR PERSONS UNDER INVESTIGATION - COVID-19



FLOW CHART OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES FOR HEALTH CARE WORKERS (HCW) /RESPONSE WORKERS - COVID-19



FLOW CHART OF REPORTING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT ACTIVITIES - COVID 19



vi. **Mental Health And Psychosocial Support Services**

This topic outlines role of MHPSS coordinator, the service coverage and activities that are possibly delivered during crisis.

Role of MHPSS Coordinator

1. Get line listing of PUI quarantined in homes in their respective states
2. Get line listing of HCW involved with COVID-19 in hospitals and District Health Offices
3. Briefing / coordination meeting with stakeholders
(State Psychiatrist, State Psychology Officer, State Family Medicine Specialist)
4. Mapping out services
5. Duty Schedule

MHPSS Providers

- Public Health Physician
- Family Medicine Specialist
- Psychiatrist
- Medical Officer
- Clinical Psychologist
- Psychology Officer
- Paramedics (Assistant Medical Officers, Nurses)
- Medical Social Worker
- NGOs

Service Coverage: Target Group for MHPSS

1. PUI (Persons Under Investigation) undergoing home surveillance/quarantine
2. HCW (frontliners) taking care of patients in COVID-19 wards / hospitals
3. HCW (frontliners) who perform screening and swab collection
4. HCW performing contact tracing at State and District levels
5. HCW in Crisis Preparedness and Response Centre (CPRC) at National, State and District levels who are involved in COVID-19
6. Other responders from other agencies involved in COVID-19 eg Cleaning services and waste management service workers

Activities

1. Initial mental health assessment
 - Screening using Depression, Anxiety and Stress Scale (DASS) through Google Form
2. Psychological First Aid
3. Psychological Intervention
 - a) Group session
 - b) Individual Session
4. Outreach posters / flyers – physical and online
5. Distribution of Mental Health Alert Card
6. Art Therapy
7. Consultation and Treatment
8. Referrals to Specialized services in hospitals
9. Collaboration and coordination of all providers of psychosocial support from various agencies. (Other Government Agencies, NGO's)
10. Training of all response personnel
11. Documentation (reports)

vii. General Tips for Mental Health Care

- 1) Eat and drink mindfully.
- 2) Reduce stressors (causes of stress). Many people find that life is filled with various demands and limited time or resources. Try to reduce your expectations and prioritize immediate issues to be addressed. Control what you can within your capacity and leave behind issues beyond your control.
- 3) Exercise regularly. Choose non-competitive exercise and set reasonable goals. Aerobic exercise has been shown to release endorphins (natural substances that help you feel better and maintain a positive attitude).
- 4) Practice relaxation techniques. Choose from a variety of different techniques. Combine opposites; Relax and Exercise: a time for deep relaxation and a time for aerobic exercise is a sure way to protect your body from the effects of stress.
- 5) Effective stress management skills involve setting priorities, pacing yourself, taking time out for yourself and asking for help when appropriate
- 6) Set realistic goals and expectations. It's okay, and healthy, to realize you cannot be 100% successful at everything at once.
- 7) Assert yourself. You do not have to meet others' expectations or demands. It's okay to say "No." Remember, being assertive allows you to stand up for your rights and beliefs while respecting those of others.
- 8) Restrain yourself from smoking or vaping or other unhealthy activities. Aside from the obvious health risks of cigarettes, nicotine acts as a stimulant and brings on more stress symptoms. Alcohol and emotional eating do not reduce stress, but it actually adds to it.
- 9) When you are feeling overwhelmed, remind yourself of what you do well. Have a **healthy** sense of **self-esteem**.

Several methods you can use to relax or reduce stress including:

- Deep breathing exercises
- Meditation / Yoga
- Progressive muscle relaxation
- Mental imagery relaxation
- Sensory relaxation eg: listening to music
- Art and expressive technique

- Talk to someone you trust
- Stay connected with team members

viii. **Activities to support mental wellbeing during home surveillance or quarantine**

While at home, with the, it is important that you maintain safe communication with your loved ones, friends and social network through existing social media channels to reduce loneliness and psychosocial isolation.

- If health authorities have recommended limiting your physical social contact to contain the outbreak eg Movement Control Order, you can stay connected via e-mail, social media (WhatsApp, WeChat, Skype, Messenger, Instagram), video conference, telephone and others
- Try as much as possible to keep your personal daily routines or create new routines
- Practise relaxation exercise (deep breathing, progressive muscle relaxation)
- Reduce time looking for information in the internet in a day, only search from reliable source, reduce time listening to rumours
- Do physical indoor exercise for example exercise on a yoga mat, stretching, yoga
- Reading and listening to music
- Spend more time physically with your children and family members for example
 - ✓ listen and talk to them about their likes and hobbies,
 - ✓ helping them with their tasks,
 - ✓ eating together,
 - ✓ for Muslims perform *solat Jemaah* with family members
- Find new hobbies you can do indoors with family members for example playing carom, chess, board games
- Look into new food recipes and try them out
- Learn about positive coping skills

ix. Managing Anxiety and Panic

Worry and feeling anxious is a common reaction upon perceived danger. These are some techniques to be implemented to manage fear and anxiety.

a) Normalize Anxiety

- Anxiety can be healthy but not all people know that it typically acts as a useful and protective emotion.
- Adults can help young people appreciate that healthy anxiety has a purpose: It alerts us to potential threats and helps us move toward safety. “Feeling some anxiety,” we might say calmly, “makes sense right now. You’re having the right reaction to the emerging news about the coronavirus.”
- From there, we can encourage teenagers to channel their discomfort into useful actions, such as learning about and following the recommended health guidelines

b) Offer Perspectives

- Anxiety is unhealthy only when it occurs in the absence of a real threat — when there is nothing to be worried about at all or when it reaches heights that are grossly out of proportion to the threat involved, such as when an individual experiences a panic attack over a minor quiz.
- Help peoples keep their worries about the COVID-19 at an appropriate level by making sure they don’t overestimate the dangers or underestimate their ability to protect themselves from those dangers.

c) Shift the Spotlight- basic needs (food and care)

- During difficult times, research suggests the better approach is when we turn our attention to supporting one another. Highlight and remind that we need to wash our hands and follow other health recommendations not only to protect ourselves, but also to help to ease the strain on local medical systems. This also helps to reduce the chance of carrying illness into our own communities.
- If you are stocking up on groceries in case of being asked to stay at home or self-quarantined, take the opportunity to talk to your family about the challenges faced by people in need and consider donating non-perishables to a local food bank.

d) Encourage Distraction

- When we fixate on dangers, anxiety grows, and when we turn our attention elsewhere, it shrinks. That said, it might be hard for some peoples not to be obsess about COVID-19 given that the topic pervades headlines and social media. Concerns about disease spread has led to loss of income, closure of schools and caused the cancellation of long-scheduled events.
- Constant availability of the latest information about COVID-19 may spur some individuals to compulsively check for news updates. This, however, may offer little emotional relief.
- Clear information about a potential threat helps people feel better, but ambiguous information does nothing to reduce anxiety or the urge to seek reassurance.
- Remind them not to rely on rumours or unreliable sources.

e) Managing parents' anxiety

- Anxious parents are more likely to have anxious children. As a parent, they need to reduce their own anxiety before trying to support a fretful family member. Tense adults should take steps to calm their own nerves.
- To do so, they can use the same strategies outlined above.

x. Recommended Interventions for Mental Health Care

- a) General Population : Appendix 1
- b) Health Care Workers : Appendix 2
- c) Team Leaders and Managers in Health Facilities : Appendix 3
- d) Care Providers for Children : Appendix 4

Appendix 1**GENERAL POPULATION**

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. Do not attach it to any ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by Covid-19 have not done anything wrong, and they deserve our support, compassion and kindness.
2. Do not refer to people with the disease as “COVID-19 cases”, “victims” “COVID-19 families” or the “diseased”. They are “people who have COVID-19”, “people who are being treated for COVID19”, “people who are recovering from COVID-19” and after recovering from COVID-19 their life will go on with their jobs, families and loved ones. It is important to separate a person from having an identity defined by COVID-19, to reduce stigma.
3. Minimize watching, reading or listening to news that causes you to feel anxious or distressed; seek information only from trusted sources and mainly to take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts; not the rumours and misinformation. Gather information at regular intervals, from Ministry of Health (MOH) website and local health authorities’ platforms, in order to help you distinguish facts from rumours. Facts can help to minimize fears.
4. Protect yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper. For example, check in on your neighbours or people in your community who may need some extra assistance by phone. Working together as one community can help to create solidarity in addressing COVID-19 together.
5. Find opportunities to amplify positive and hopeful stories and positive images of local people who have experienced COVID-19. For example, stories of people who have recovered or who have supported a loved one and are willing to share their experience.

6. Honour caretakers and healthcare workers supporting people affected with COVID-19 in your community. Acknowledge the role they play to save lives and keep your loved ones safe.

For Healthcare Workers, feeling under pressure is a likely experience for you and many of your Health Care 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. 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.

1. 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, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.
2. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical wellbeing.
3. Some HCW 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.
4. Use understandable ways to share messages with people with intellectual, cognitive and psychosocial disabilities. Forms of communication that do not rely solely on written information should be utilized if you are a team leader or manager in a health facility.
5. Know how to provide support to, for people who are affected with COVID-19 and know how to link them with available resources. This is especially important for those who require mental health and psychosocial support. The stigma associated with mental health problems may cause reluctance to seek support for both COVID-19 and mental health conditions.

Appendix 3

TEAM LEADERS OR MANAGERS IN HEALTH FACILITY

Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfil their roles. Be sure to keep in mind that the current situation will not go away overnight and you should focus on longer term occupational capacity rather than repeated short-term crisis responses.

1. Ensure good quality communication and accurate information updates are provided to all staff. Rotate workers from higher-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs.
2. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member impacted by a stressful event. Ensure you build in time for colleagues to provide social support to each other.
3. If you are a team leader or manager in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services. Managers and team leaders are also facing similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role. It is important that the above provisions and strategies are in place for both workers and managers, and that managers can be a role-model of self-care strategies to mitigate stress.
4. Orient responders, including nurses, ambulance drivers, volunteers, case identifiers and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid
5. Manage urgent mental health and neurological complaints (e.g. delirium, psychosis, severe anxiety or depression) within emergency or general health care facilities. Ensure availability of essential, generic psychotropic medications at all levels of health care. People living with chronic mental health conditions or epileptic seizures will need uninterrupted access to their medication, and sudden discontinuation should be avoided.

Appendix 4**CARE PROVIDERS FOR CHILDREN**

Help children find positive ways to express feelings such as fear and sadness. Every child has their own way to express emotions. Sometimes engaging in a creative activity, such as playing, and drawing can facilitate this process. Children feel relieved if they can express and communicate their feelings in a safe and supportive environment.

1. Keep children close to their parents and family, if considered safe for the child, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from their primary caregiver, ensure that appropriate alternative care is provided and that a social worker, or equivalent, will regularly follow up on the child.
2. Ensure that during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child).
3. Maintain familiar routines in daily life as much as possible, or create new routines, especially if children must stay at home. Provide engaging age appropriate activities for children, including activities for their learning. As much as possible, encourage children to continue to play and socialize with others, even if only within the family when advised to restrict social contract.
4. During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents. Discuss COVID-19 with your children using honest and age appropriate way. If your children have concerns, addressing those together may ease their anxiety. Children will observe adults' behaviours and emotions for cues on how to manage their own emotions during difficult times.

Appendix 5**OLDER ADULTS, CARE PROVIDERS AND PEOPLE WITH UNDERLYING HEALTH CONDITIONS**

Older adults, especially in isolation / quarantine and those with cognitive decline / dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak / while in quarantine. Provide practical and emotional support through informal networks (families) and health professionals.

1. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way. It may also be helpful for information to be displayed in writing or pictures. Engage their family and other support networks in providing information and helping them practice prevention measures (e.g. handwashing etc.)
2. If you have an underlying health condition, make sure to have access to any medications that you are currently using. Activate your social contacts to provide you with assistance, if needed.
3. Be prepared and know in advance where and how to get practical help if needed, like calling a taxi, having food delivered and requesting medical care. Make sure you have adequate supply of all your regular medicines that you may require.
4. Learn simple daily physical exercises to perform at home, in quarantine or isolation to maintain mobility and reduce boredom.
5. Keep regular routines and schedules as much as possible or help create new ones in a new environment, including regular exercising, cleaning, daily chores, singing, painting or other activities. Help others, through peer support and checking in on your neighbours. Keep regular contact with loved ones (e.g. via phone or other accesses).
6. Prepare a personal safety pack. The pack may include a summary of basic personal information, available contacts, medical information, regular medicines for two weeks, storable preferred snacks, a bottle of water, and some personal clothes.

References:

1. Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak - Version 1.0 IASC 2020
2. National Guideline and Standard Operating Procedure on Mental Health and Psychosocial Support in Disaster Edition 2, 2019
3. Mental Health Considerations during COVID-19 Outbreak – World Health Organization
4. IASC Guidelines for Mental Health and Psychosocial Support In Emergency Settings WHO

Abbreviations

MOH- Ministry of Health

MHPSS- Mental Health and Psychosocial Support

PFA- Psychological First Aid

PUI– Person Under Investigation

HCW– Health Care Worker

MCO- Movement Control Order

PKD- District Health Office (Pejabat Kesihatan Daerah)

DASS- Depression, Anxiety Stress Scale

K10- Kessler Psychological Distress Scale

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1. NCD Unit, Negeri Sembilan State Health Department

2. NCD Unit, Kedah State Health Department
3. NCD Unit, Pahang State Health Department
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