MHPSS Considerations during COVID-19 pre-outbreak response in South Sudan

MHPSS Technical Working Group

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Context

Coronavirus Disease (COVID-19) was declared a pandemic by the World Health Organization (WHO) in March 2020. Although the route of transmission is not totally known, it has been spreading from person to person in a growing number of countries, and health care systems are struggling to handle large-scale outbreaks.

The role of MHPSS

It is important to acknowledge that during epidemics, misconceptions and misinformation about a disease can spread rapidly. In previous epidemics (e.g. EVD response), mental health and psychosocial support (MHPSS) has been identified as key to help humanitarian agencies and governments to prepare and support affected communities. MHPSS helps to address the well-being of affected population, prepare staff and volunteers and mitigate expected reactions of fear, stigmatization and misconception. In an early response to a possible outbreak, psychosocial support has to be included as a priority.

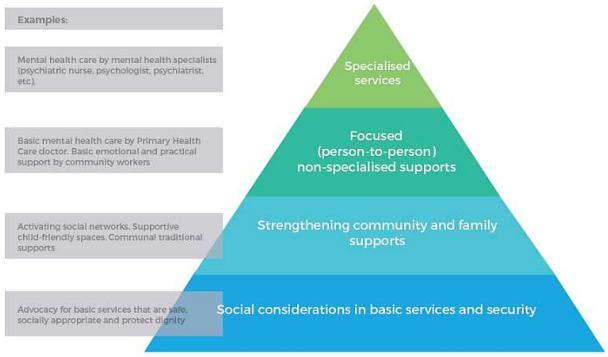

Figure 1: Intervention pyramid for mental health and psychosocial support (IASC, 2007)

Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak developed by the Inter Agency Standing Committee (March 2020) lists considerations for humanitarian agencies dealing with COVID-19 that should be taken as general guidelines to draft specific MHPSS recommendations to South Sudan. The IASC Guidelines recommend that multiple levels of intervention be integrated within the 3 phases of the response: **pre-outbreak, during outbreak and after outbreak.**

Whole Society Approach

The response should follow a "whole society approach" while taking into consideration the needs of groups with specific protection requirements. Psychosocial support is not only vital to support the well-being of the affected population and frontline staff but also to prevent social and individual reactions which could jeopardize the adoption of precautionary measures.

1. STAFF CARE Considerations

Humanitarian agencies are advised to engage their staff in regular and updated briefings on the situation both at national and international level. Considering the predictable difficulties caused by the current circumstances and its implications in staff's personal lives (e.g. interruption of normal rest and recovery cycles, separation from friends and families); staff counsellors, HR managers and programme managers are advised to reinforce staff well-being measures and to ensure more flexible working options, balancing personal time and professional obligations.

Weekly team-debriefing meetings, led by a trained counselor or a trained manager could serve as a peer-support system, helping to vent frustrations, to discuss creative solutions, to plan for team activities and adopt positive coping skills, while remaining vigilant to each other. IFRC (2020) developed a manual on *Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus*, which includes guidelines that can support the development of staff well-being measures.

General Guidelines for managers:

Before assisting in an epidemic, it is natural for staff to experience personal and social concerns related to their personal lives and professional obligations. While preparing the humanitarian response, please consider:

- Staff can be concerned about their own safety or the safety of their family and friends at home. These concerns should be addressed seriously, supported with regular and accurate information, and discussed openly – both if they are real or imagined.
- Learning about COVID-19 and updating information on guidelines, precautionary measures and mitigation strategies is not a one-off practice, but a work in progress, which will require regular messages from management.
- Regularly and supportively monitor your staff wellbeing and foster an environment which promotes regularly "checking in".
- Ensure good quality communication networks and accurate information updates, including remote and mobile teams.
- Work with field teams to create conditions for a minimum of rest and recuperation (making different alternatives available, such as "market day" or "barbecue day"). Support and allow the staff to implement their own self-care activities.
- Provide a brief and regular forum to allow workers to express their concerns and ask questions, encouraging peer-support amongst colleagues. Without breaking confidentiality, make sure that local managers are able to advise staff experiencing difficulties in their personal life, facing mental health or psychosocial challenges to come forward and request additional support.
- Training in PFA can benefit managers and staff to provide the necessary support to colleagues.
- Facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support, including a staff counsellor (agencies are encouraged to share their resources in these critical times) or remote-based support, if available.
- Remember that managers and team leaders may face similar stressors as their staff, and additional pressure due to the level of responsibility of their role. It is important that the above provisions and strategies are also in place for managers.

Stress Management during isolation/quarantine

Staff who is obliged to self-quarantine while returning from an affected country must be provided regular care, information and follow up. Self-quarantine can have a psychological impact on the staff's well-being[1]. During isolation, positive coping messages can be helpful:

1. Set daily goals: establishing small tasks and achieving them gives you a positive sense of control. Goals must be realistic in the given circumstances and could include working remotely on pending tasks (including skype meetings), doing trainings by webinars/tutorials and reading/learning new skills that can improve your capacity. It's a good opportunity to keep up with paperwork, prepare training materials, analyze data or plan for future activities. **2. Keep active and keep a daily routine**: specific schedules for work, reading, writing emails, cooking and exercising are advised. Regular activity will help to keep the body strong and counteract the physical effects of stress. **3. Actively use stress management techniques**: physical relaxation techniques can reduce stress levels and are useful methods to manage pain and emotional turmoil. Podcasts/ tutorials on breathing techniques and guided meditation are available online. **4. Accept your emotional reactions**: being in a stressful situation can cause a lot of different emotional reactions like anger, frustration, anxiety, regrets, second guessing yourself, self-blame etc. These feelings are normal reactions to an abnormal situation and they are best handled when accepted and normalized. **5. Keep connected to significant others** through social media/whatsapp/phone, making sure that you have a space to vent emotions and receive/provide support.

2. MHPSS CONSIDERATIONS IN PRE-OUTBREAK STAGE

MHPSS is a cross-cutting issue of the humanitarian response, and as such it's advised that it is integrated in the global preparedness planning, keeping in mind that MHPSS responses can only be effective when grounded in context, informed by ongoing issues in the community.

Coordination

- MHPSS considerations should follow MHPSS coordination groups' recommendations (in close collaboration with MoH) using a harmonized approach between national and international agencies when preparing the COVID-19 preparedness and response.
- Referral pathways for persons with mental health conditions should be updated.
- MHPSS information sharing, data collection and mapping between all sectors/emergency pillars are crucial to capitalize on available resources (development of MHPSS COVID-19 Action Plan).

Capacity Building & Awareness raising

- Training material should comprise topics such as the role of MHPSS in responding to epidemics, basic psychosocial support and Psychological First Aid (PFA), how to address stigma and discrimination as well as self-care and need to be contextualized. Training tools should be harmonized (through engagement of the MHPSS TWG) and trainings should be conducted virtually or in small groups only.
- Mapping of available human resources should be prepared (including staff and volunteers trained in basic PSS/ PFA).

[1] *The Psychological Impact of Quarantine and How to Reduce it: Rapid Review of the Evidence*

- Key messages need to include MHPSS considerations and educate communities (including) children on how to address stigma and discrimination and excessive fears of contagion using local languages.
- MHPSS actors should advocate for a human rights-based, inclusive approach, disseminating clear and accurate information on the prevention, early diagnosis and referrals/treatment of persons with COVID-19, as well as the status of efforts to address its spread.

Delivery of MHPSS services

- MHPSS support should be adapted to the needs of different population groups.
- MHPSS approaches need to evolve and adapt to the needs of each population affected by COVID-19 and at different times of the outbreak (i.e., before, during and after).
- Remote delivery of MHPSS services requests for a rapid scale-up in training and supervision of staff and volunteers during the preparedness phase to enable staff to operate independently.
- Precautions should be taken to ensure that people with mental health and substance use problems continue to access medication and support during a possible outbreak, both in the community and in institutions, not forgetting the prison context.
- Institutions (e.g. inpatient mental health facilities, correctional facilities, orphanages, and safe houses) need to develop procedures to minimize risk of infection of COVID-19 and protocols for responding to individuals who may have become infected without stopping MHPSS services.

Recommendations for the South Sudan context

Special considerations for PoCs and displacement sites

The living arrangements of IDP camps include crowded collective sites which will require adaptations. MHPSS can support the communication and community out-reach strategy, incorporating them in the psychosocial support activities.

1. Ensure **cultural and linguistic-sensitive information** and consult with community leaders, religious leaders, youth activists, women leaders, health workers, traditional healers, community volunteers setting up focal points per blocks and sections or community task teams.

2. MHPSS teams can play a **key role in awareness-raising** and in creating positive coping messages using means such as radio shows, social distancing demonstrations and songs/slogans.

3. Trained MHPSS community workers can be **role models with regard to behavior change** (e.g. handwashing, no spitting, no hand shaking or sharing of utensils) and promotion of help-seeking behavior.

4. Group activities should be reduced but not suspended, as particularly anxious residents might benefit from peer support. The **group size need to be adapted** to the size of the space available.

5. **Peer support** could be organized for the smallest confined unit in the cam (sector, block, family, etc).

6. **Remote psychosocial support** can be offered through the creation of a hotline for camp residents through which they receive basic PSS and Psychological First Aid. The hotline needs to be handled by trained MHPSS community workers using relevant local languages.

7. MHPSS teams need to be equipped with **continuous remote technical supervision** and should be offered **staff-care** in order to be able to work independently (i.c. of lockdown) and in the long run.

8. **MHPSS/Protection/GBV/CP can collaborate** in assuring human rights and protection principles are respected.

Special considerations for urban areas

In urban areas community out-reach is challenged by the characteristics and dimensions of the geographical areas and residential settings. The specific precautionary measures associated with COVID-19 (e.g. curfew, social distancing, closure of services, loss of jobs/income) can isolate people and make it harder to access information and supportive care.

1. Access to basic services such as food, shelter, etc. need to be ensured. For MHPSS services, it's important to update and establish **referral pathways** that all national and international partners can use.

2. Dissemination of information is key. Associating MHPSS knowledge to existing **phone hotlines and radio shows** (or creating new ones) can be a good practice. The staff receiving calls, disseminating information on COVID-19and providing remote PSS support should be trained in PFA and, where possible, regularly supervised by MHPSS trained counsellors/psychologists.

3. Mental health and psychosocial support teams working in urban areas are encouraged to r**each out to national health, education and protection actors**. MHPSS should be mainstreamed in PHCs and existing support structures.

4. Existing MHPSS services should **modify their interventions**: favoring individual rather than group counselling, adopting and raising awareness on self-care and positive coping, and adapting group size according to the space available or offering remote services.

5. **Supporting healthcare staff.** Healthcare staff is likely to experience high levels of stress and pressure during an outbreak, due to their enormous responsibilities. Preparing healthcare workers with stress management trainings, positive coping key messages can help them prepare for later stages of the response.

Special Considerations on addressing myths and misinformation about COVID-19:

Engaging social influencers such as community leaders or volunteers that represent different ethnic groups on prompting reflection about the facts and consequences of COVID-19 can help to reduce stigma and prevent myths and misconceptions. Perceptions, rumours and feedback from camp residents and host communities should be monitored and responded to through trusted communication channels, to address negative behaviours and promote accurate information on precautionary measures. Please consult the following the resource on how to prevent and address *Social Stigma Associated with COVID-19*

3. MHPSS CONSIDERATIONS during an OUTBREAK

1. Assessment-Monitoring-Reporting

- MHPSS teams to perform **assessment of specific community needs**[2] and provide feedback on developments in the community on weekly basis, to support continuous risk assessment
- Integrate Monitoring & Evaluation into COVID-19 MHPSS programming
- Collaborate with communication teams to document and **inform the public about the positive impacts of psychosocial support**

2. Peer support and case management sessions

- MHPSS teams to **receive continuous capacity-building support** (through webinars, videos/ tutorials, etc.)
- MHPSS managers to ensure **regular supervision, support and monitoring of MHPSS staff** in the field, alongside provision of updated and accurate information to increase safety
- MHPSS teams to **encourage self-protection and vigilance of each-other (buddy system)**, fostering regular solidarity practices and self-care messages

3. Collaboration

- Develop **effective collaboration and coordination mechanisms between MHPSS actors,** community members and stakeholders to maximize resources and effectiveness
- MHPSS teams to honor caretakers and healthcare workers supporting people affected with COVID-19
- MHPSS teams to liaise with health care personnel in **identifying vulnerable cases and community members for inclusion in available MHPSS services**
- MHPSS teams to seek cooperation with community leaders, market leaders, religious leaders, authorities, healers, and other community stakeholders in order to identify avenues of collaboration and community empowerment

[2] *COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement* or *Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance* or *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings*, *Protection of Children during the COVID-19 Pandemic*

- Provide psychosocial support for survivors and liaise with protection partners to ensure continuation of care and social support for survivors with special needs (referral pathways)
- MHPSS teams to advice **health partners on ensuring communication between patients and family members** through safely organised visits or telephone calls in case of medically necessary separation

4. Community-based support while addressing fear and stigma

- **Assess community beliefs and understanding of Covid-19** in close cooperation with neighbourhood leaders, market leaders, faith leaders, traditional healers, authorities, and other key community members
- **Identify, address and prevent rumours** and actions in the community that may harm the epidemic control efforts
- MHPSS teams to advise colleagues and communities on limiting contact with non-reliable news sources and ensure regular updates from reliable information sources (MOH/WHO/local health authorities)
- MHPSS teams **to be aware of and contain discrimination/fear instilling messages** such as mentioning sick people as "COVID-19 cases", "COVID-19 families" or other discriminatory practices
- Provide targeted community sensitizations for particularly affected individuals and groups or community members, groups or stakeholders identified as being resistant to sensitization messages and epidemic control efforts
- Provide **psychological first aid[3] to the affected families, discharged patients and other affected community members**.
- Set up activities for the affected families that foster return of normality such as play and recreational activities for the children, support groups for adults, rituals and memorial ceremonies
- MHPSS teams to advise and **support dignifying burial practices** within the limitations posed by COVID-19 public health measures and support families through processes of grief and loss
- MHPSS teams to find opportunities **to amplify the voices, positive stories and positive images of local people who have experienced COVID-19 and recovered** or who have supported a loved one through recovery and are willing to share their experience

5. Support social reintegration of survivors

- Provide **psychosocial support and community dialogue for people who have recovered and assist with their social and family reintegration**
- Provide support to unaccompanied and separated minors and other vulnerable children, link with relatives/extended families in collaboration with child protection partners
- Ensure that people who are undergoing treatment in clinical centers and their family members **receive support including food, psychological first aid and other needs**

[3] Resources for PFA can be adapted from the EVD context: *Psychological First Aid During Ebola Virus Disease Outbreaks* . Guidance on how to provide remote support can be retrieved from the following document developed by IFRC (March 2020) *Remote Psychological First Aid during the COVID-19 outbreak Interim guidance*