Mental Health and Psychosocial Support (MHPSS) during COVID -19

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The importance of mental health

Mental health is fundamental to people's ability to interact, learn, work, support others, and experience well-being. It is essential to cope with life stresses, to realize one's potential and to contribute to the community The promotion, protection and restoration of mental health is a vital concern of individuals, communities and societies throughout the world.

Before COVID-19 emerged,

- the global economy loses more than **US$ 1 trillion per year** due to depression and anxiety.
- Mental health conditions (including neurological and substance use disorders) contribute to **25% of years lived with disability** in the world.
- Depression is a **leading cause of disability**, affecting 322 million people.
- Around **half** of all mental health conditions **start by age 14**, and
- **suicide is the second leading** cause of death in young people aged **15-29**.
- **More than 1 in 5 people** living in settings affected by **conflict** suffer from a mental health condition.
- People with severe mental disorders **die 10-20 years earlier** than the general population, mainly because of inadequate physical health care.

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MHPSS in Emergencies

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MHPSS Needs Are Diverse

- **Pre-existing problems**
  - Social problems
  - Mental Health (incl. psychiatric) problems

- **Situation-induced problems**
  - Social problems
  - Mental Health (incl. psychiatric) problems
  - Mental health problems may involve realistic appraisal (no mental disorder) or distortions (possible mental disorder)

- **Humanitarian aid-induced problems**
  - Social problems
  - Mental Health (incl. psychiatric) problems

Reflections – System-based

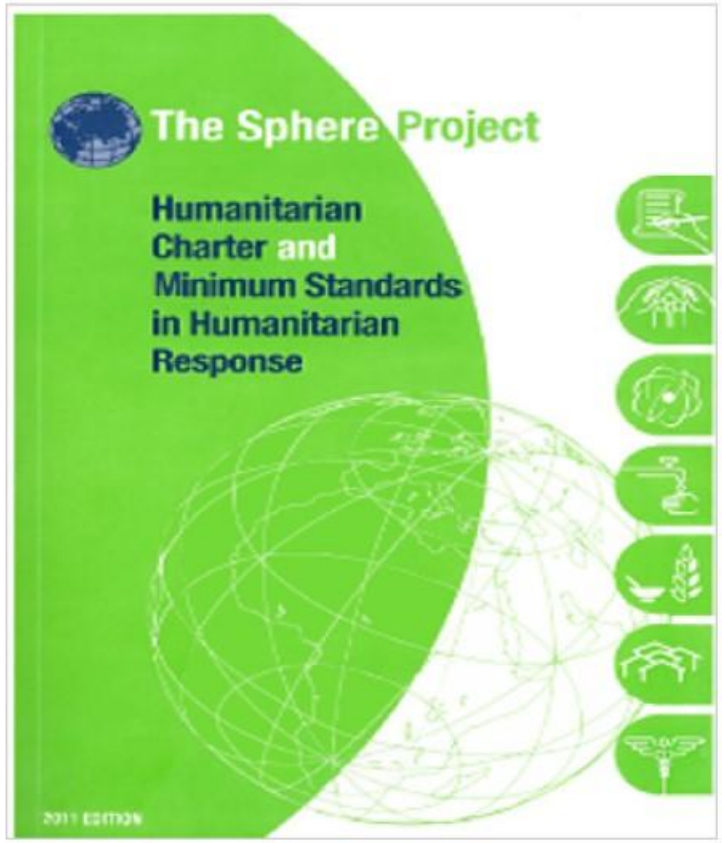
What should decision-makers try to achieve when needs are diverse and overwhelming with 100,000s of people?

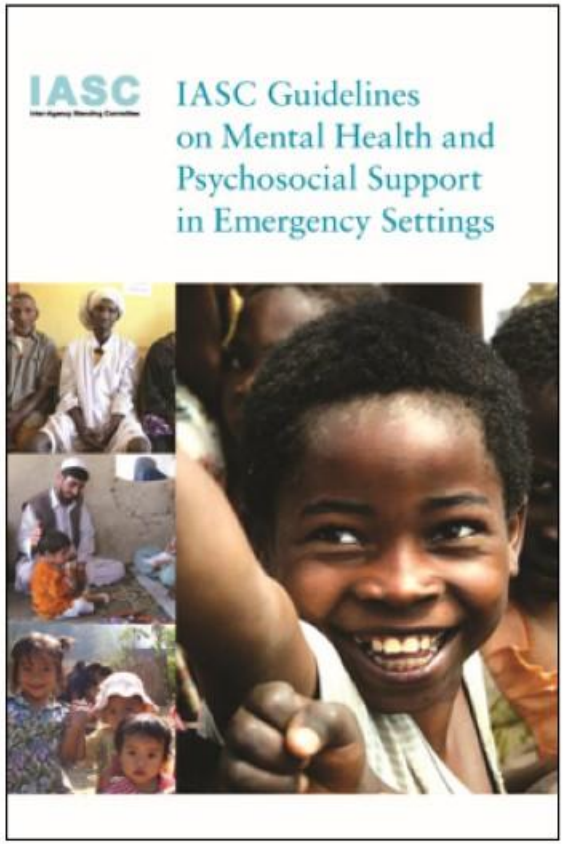
- What are the Models of Care – Standard packages, Continuity of Care, Stepped Care, Collaborative Care ??
- Needs for Policy and Legislative Scaffolding – Right based ??
- Equitable Financing Streams and Models ??
- Adequate Human Resources – Capacity Development – Standards, Competencies and tools ??

How common are mental disorders in adversity?

	Point prevalence (95% uncertainty interval)
Severe disorder (severe anxiety, severe post-traumatic stress disorder, severe depression, schizophrenia, and bipolar disorder)	5·1% (4·0–6·5)
Moderate disorder (moderate anxiety, moderate post-traumatic stress disorder, and moderate depression)	4·0% (2·9–5·5)
Mild disorder (mild anxiety, mild post-traumatic stress disorder, and mild depression)	13·0% (10·3–16·2)
Total	22·1% (18·8–25·7)

Key Resources





IASC Interim Briefing Note on MHPSS Aspects of COVID-19

WHO MHPSS Considerations During COVID-19

Infographics:1, 2

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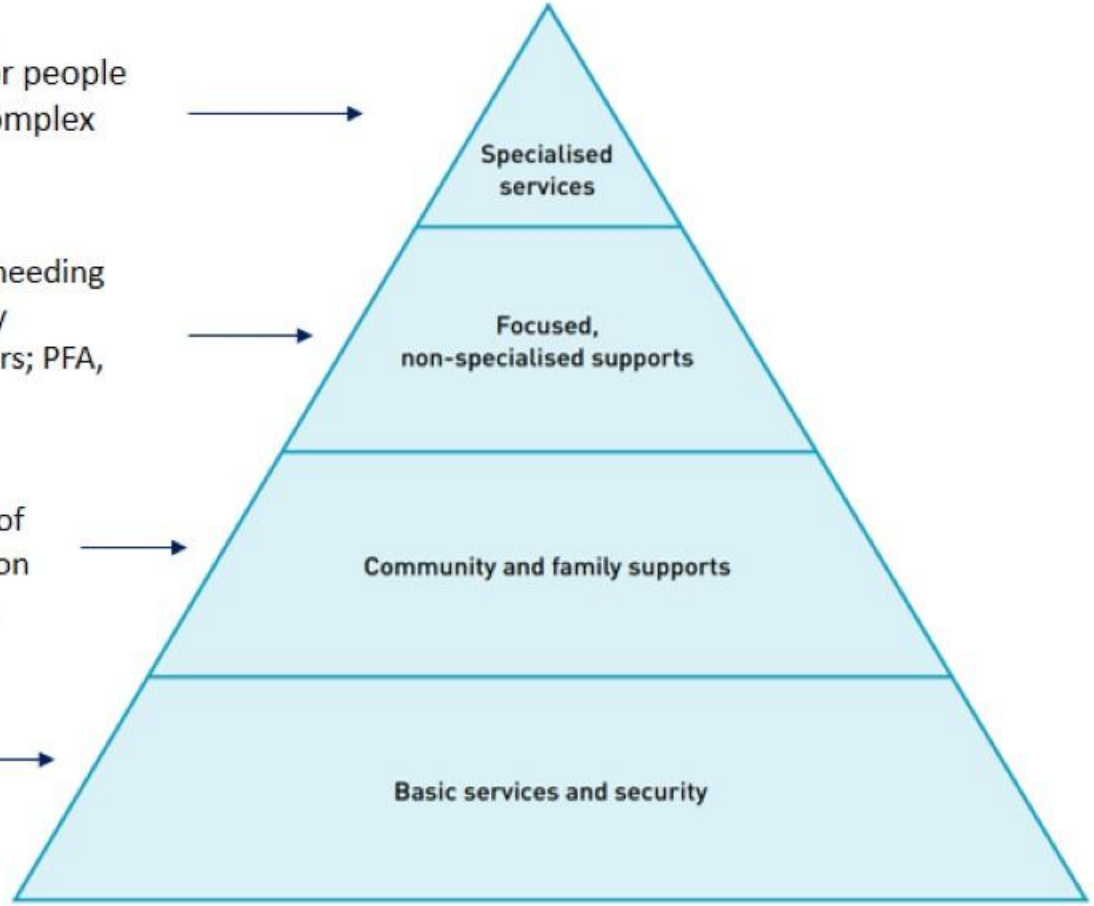
Multilayered, integrated MHPSS response

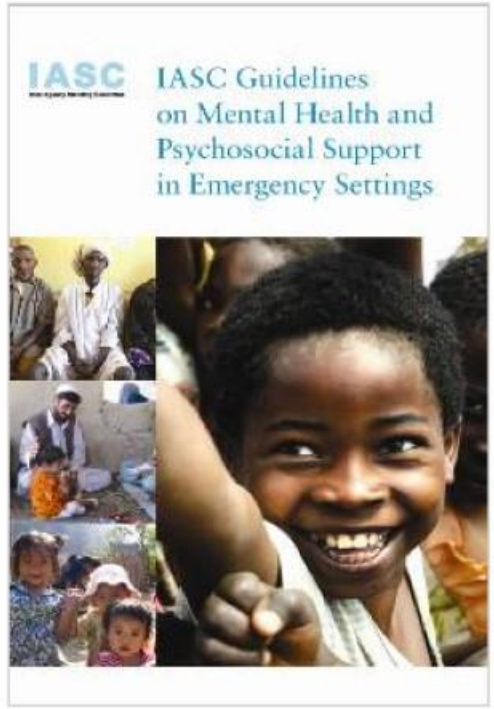
Clinical mental health care for people with severe MH disorders; complex psychosocial interventions

For a smaller group of people needing more focused individual, family interventions by trained workers; PFA, basic mental health care

For specific vulnerable groups of people; family tracing, education programmes, social networks

Providing services that address basic needs; psychosocial and physical health needs





Intervention pyramid for mental health and psychosocial support in emergencies (adapted from IASC guidelines)

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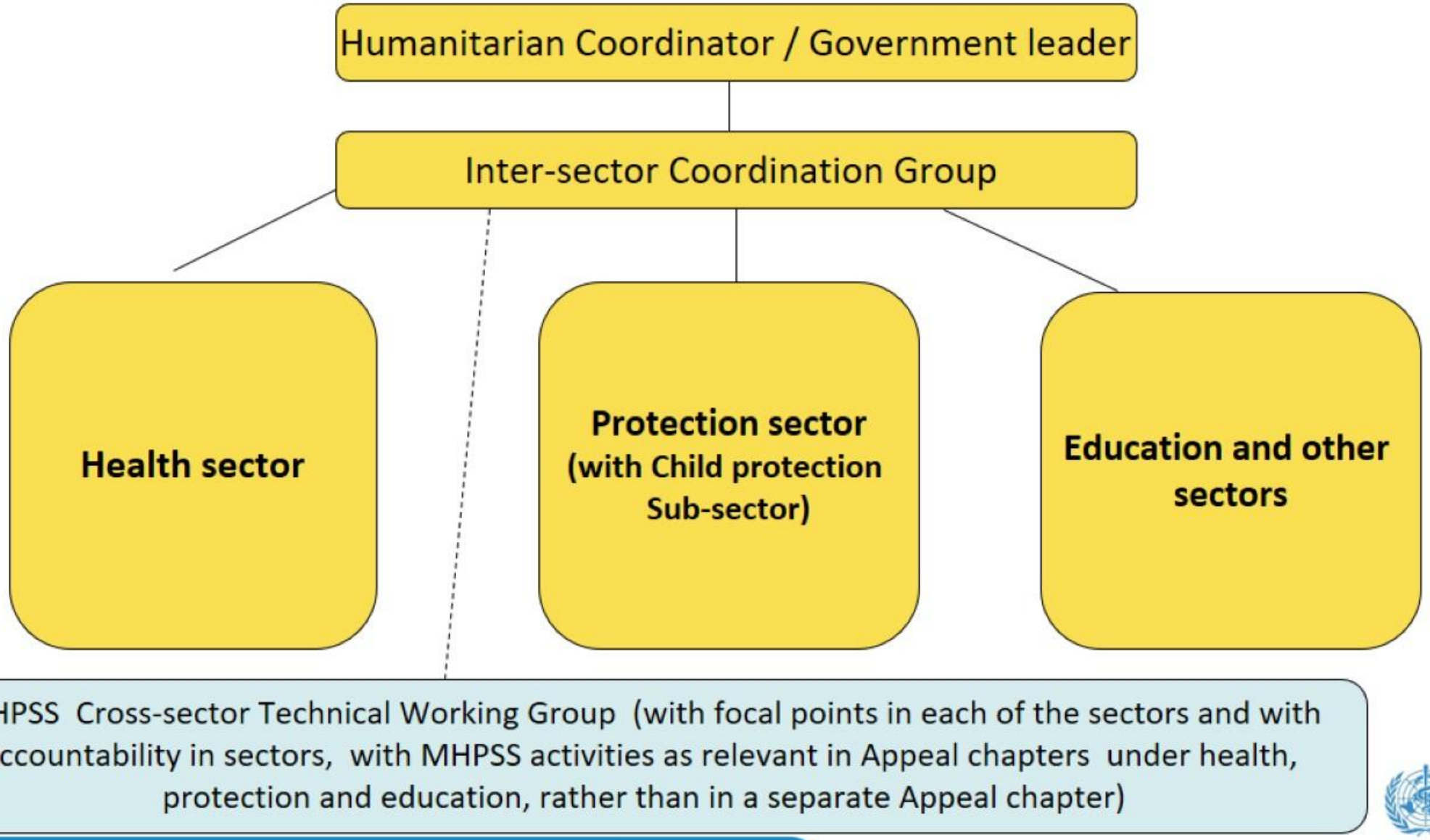
Sphere Handbook mental health standard: 9 key actions

1. Coordinate mental health and psychosocial support across sectors

Reaching agreement on model for coordinating Mental Health and Psychosocial Support (MHPSS)



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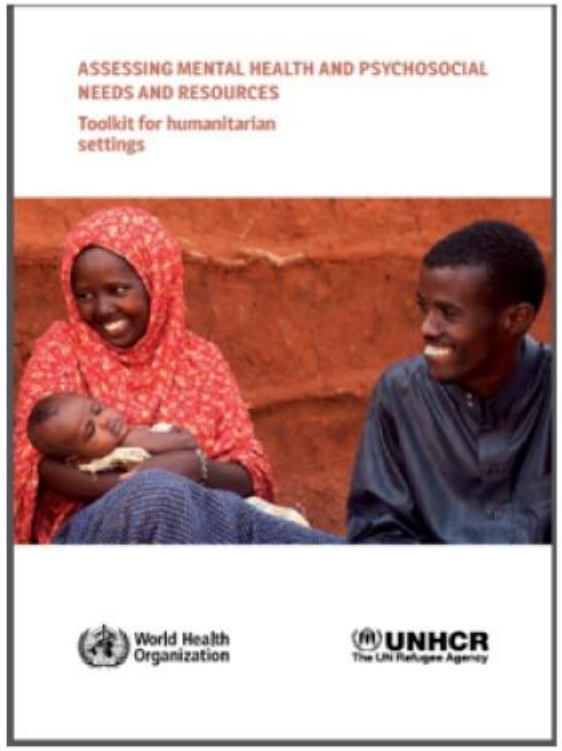
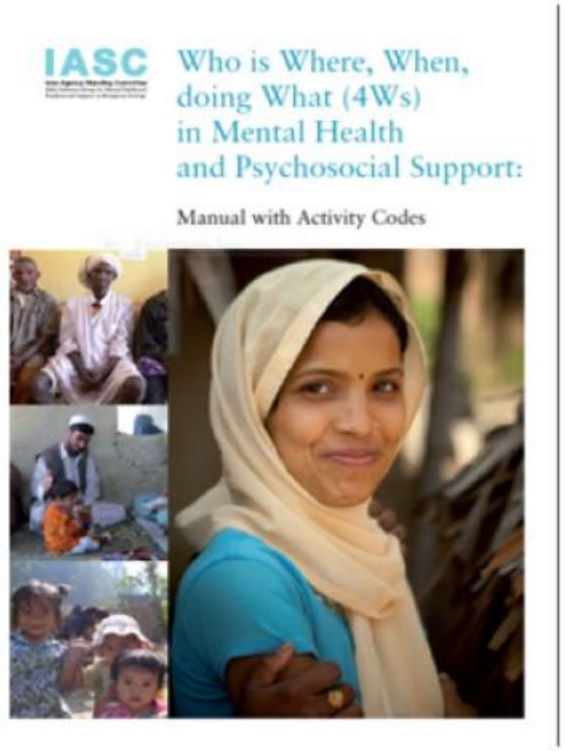
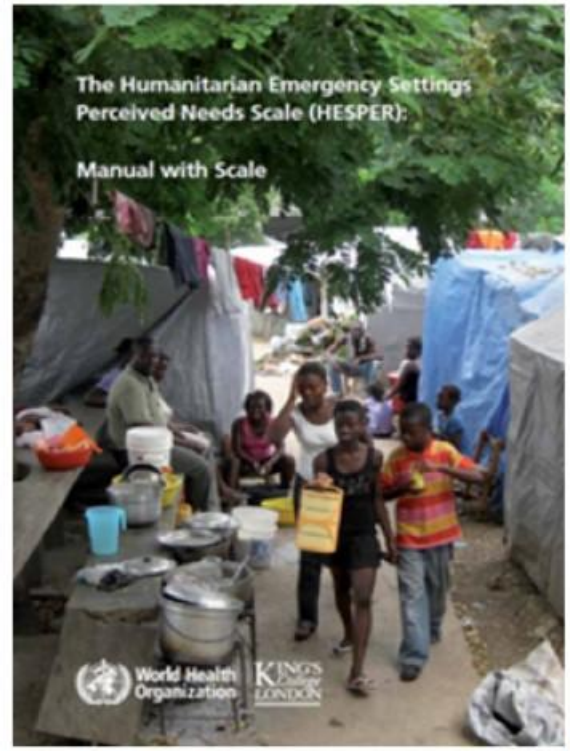
2. Ensure interventions are developed on the basis of identified needs and resources.







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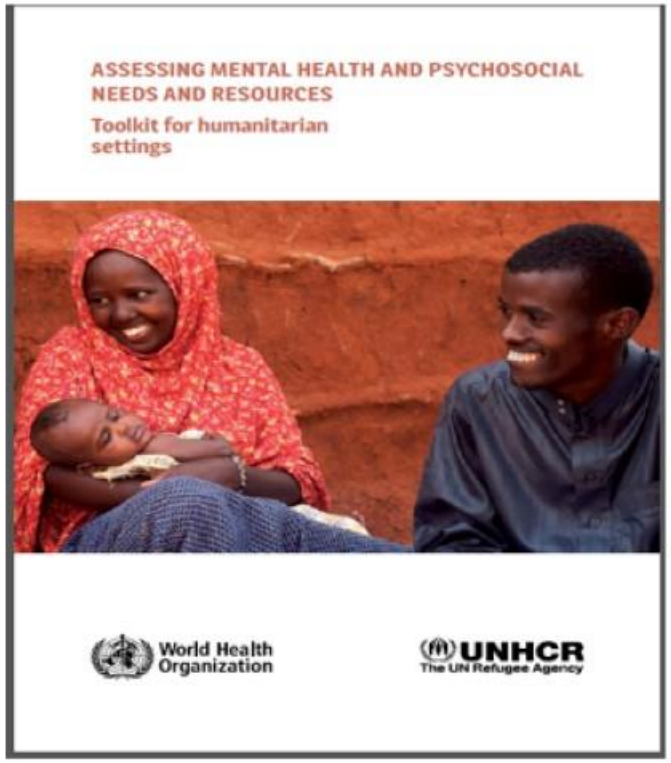
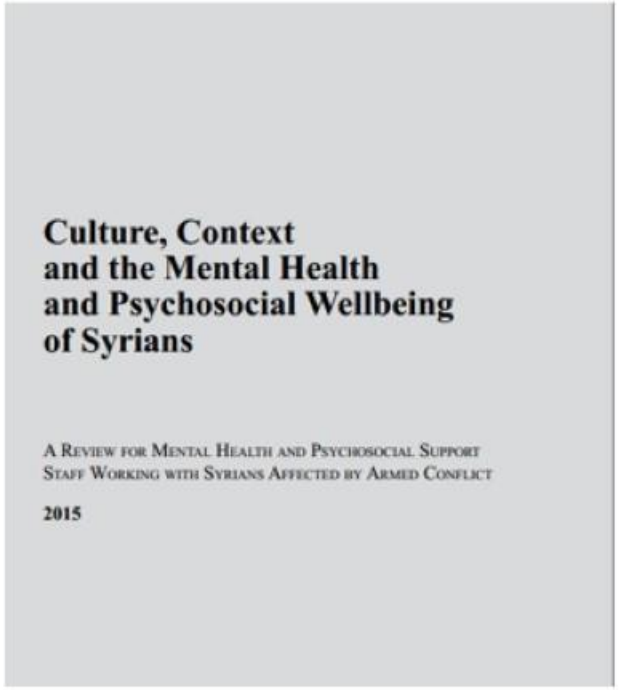
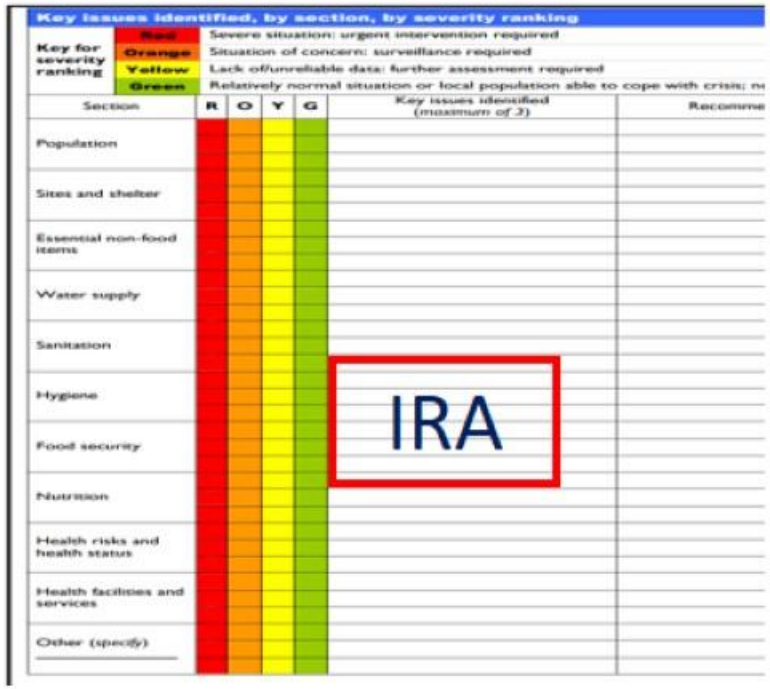
Emergencies assessment/situational analysis toolkit

- **4Ws**
- **WHO-UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASS)**
- **Humanitarian emergency settings Perceived Needs Scale (HESPER)**
- **Assessment checklist for Institutions**
- **Assessment of PHC**
- **HIS**
- **Collect existing information**
  - collecting general information from non-mental health sector leads (tool 8)
  - collecting pre-existing information on mental health through literature review (tool 9)
- **Participatory assessment of local perspectives on problems and coping**
  - general community members (tool 10)
  - community members with in-depth knowledge of the community (tool 11)
  - severely affected people themselves (tool 12)



Non-mental health assessments during emergencies





Health Resource Availability Mapping System (HeRAMS)

Service Availability and Readiness Assessment (SARA)

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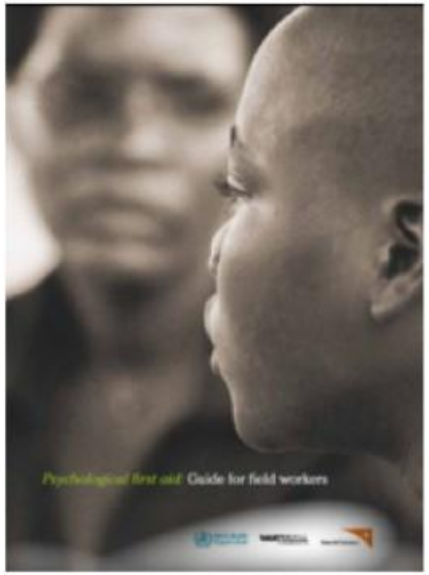
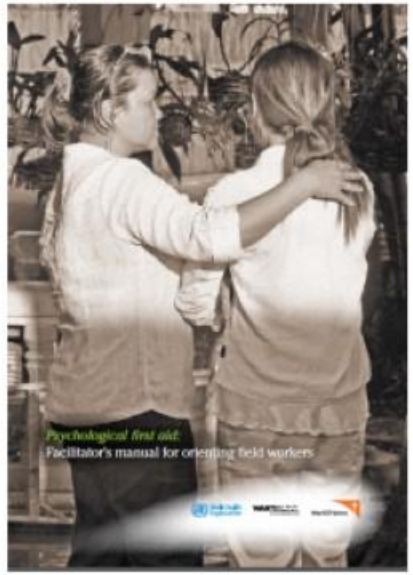
3. Enable community members including marginalized people to strengthen community self-help and social support

4. Ensure that community workers, including volunteers, as well as staff at health services offer psychological first aid to people in acute distress after exposure to extreme stressors





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Setting up community-based supports

Community-based interventions may focus on prevention, promotion, and/or support for people with MH problems:

- Advocacy and awareness
- Peer support activities
- Provide information/resources on self-help strategies,
- Help people with MH conditions to seek help at the health center or clinic;
- Conduct effective referrals and out reach
- May include educational, rehabilitation, life skills, cultural, social or recreational activities

- **Delivered by lay workers, peers, volunteers. Both inside and outside the health sector**

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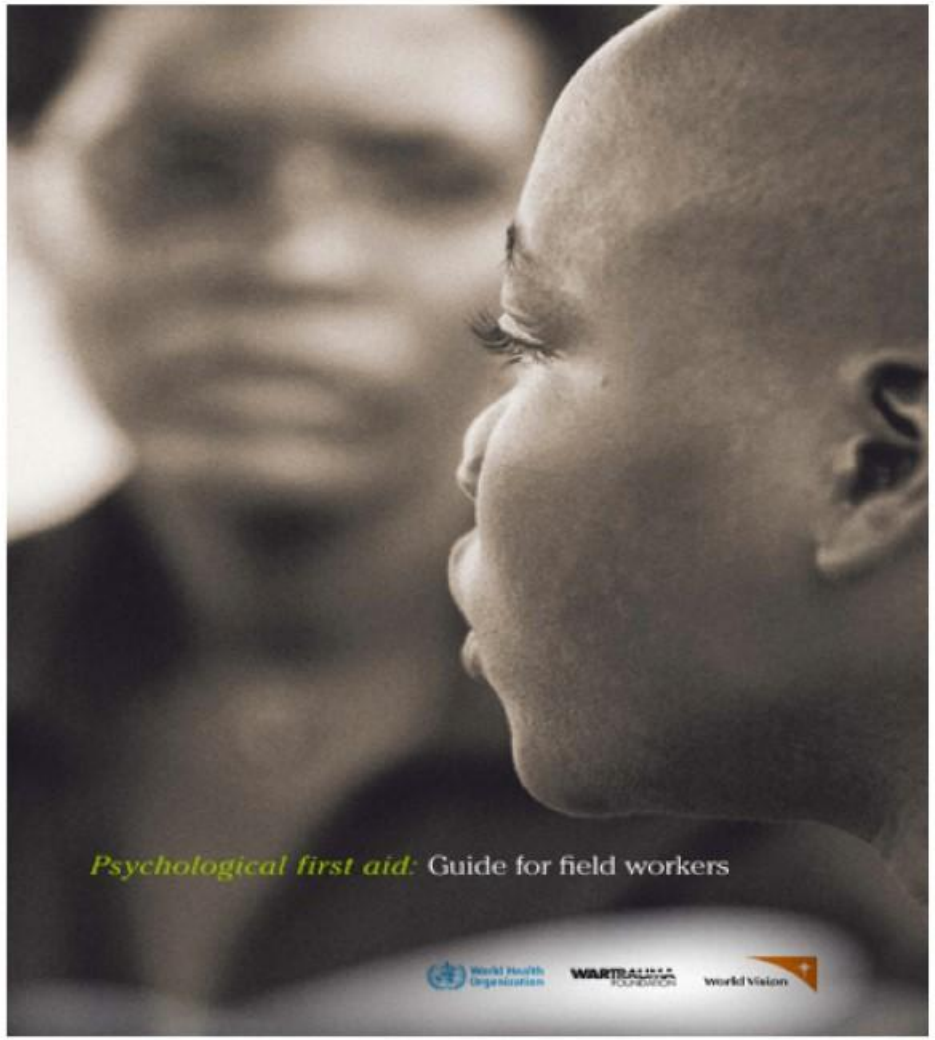
PFA Guide for Field Workers



- WHO publication www.who.int
- Endorsed by 24 UN/NGO international agencies
- Available in all Regional Languages including Persian, Urdu, Dari, Arabic

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The action principles of PFA

Principle	Actions
LOOK .	• Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions.
LISTEN	• Approach people who may need support. • Ask about people's needs and concerns. • Listen to people, and help them to feel calm.
LINK	• Help people address basic needs and access services. • Help people cope with problems. • Give information. • Connect people with loved ones and social support.

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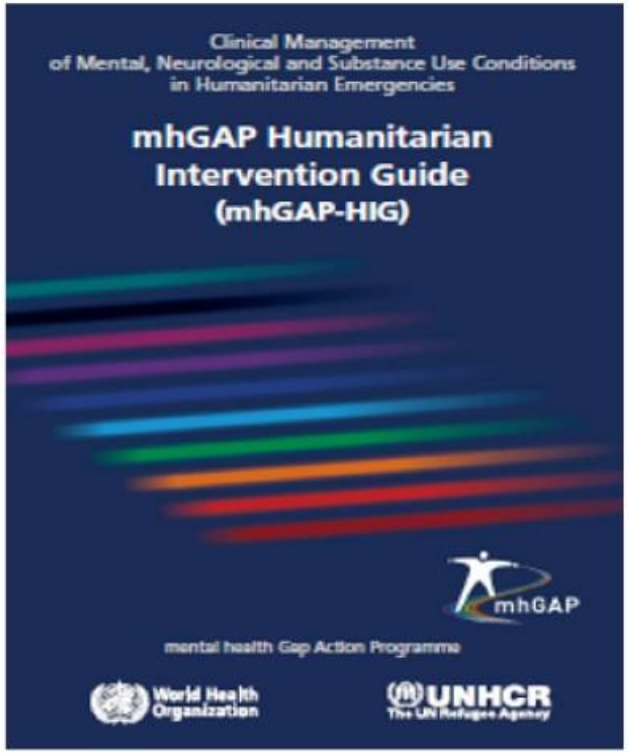
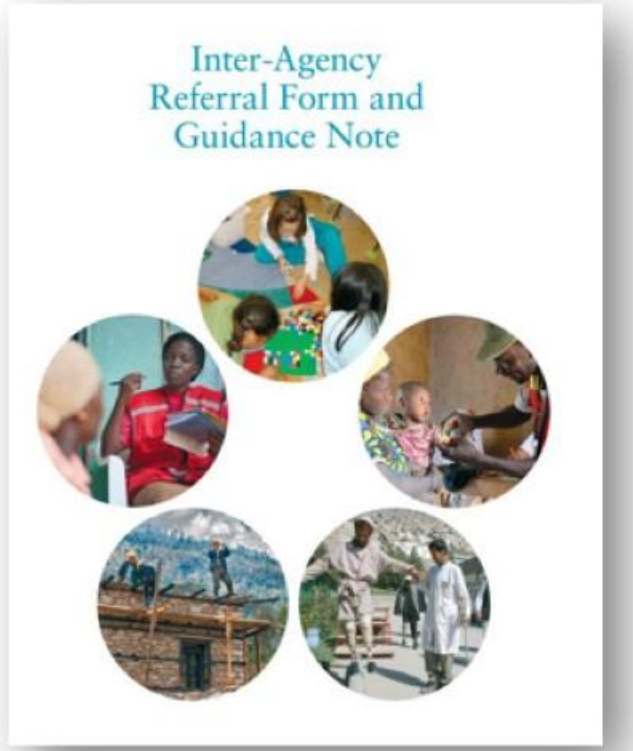
5. Ensure that there is at least one staff member at every health facility who manages diverse, severe mental health problems in adults and children.





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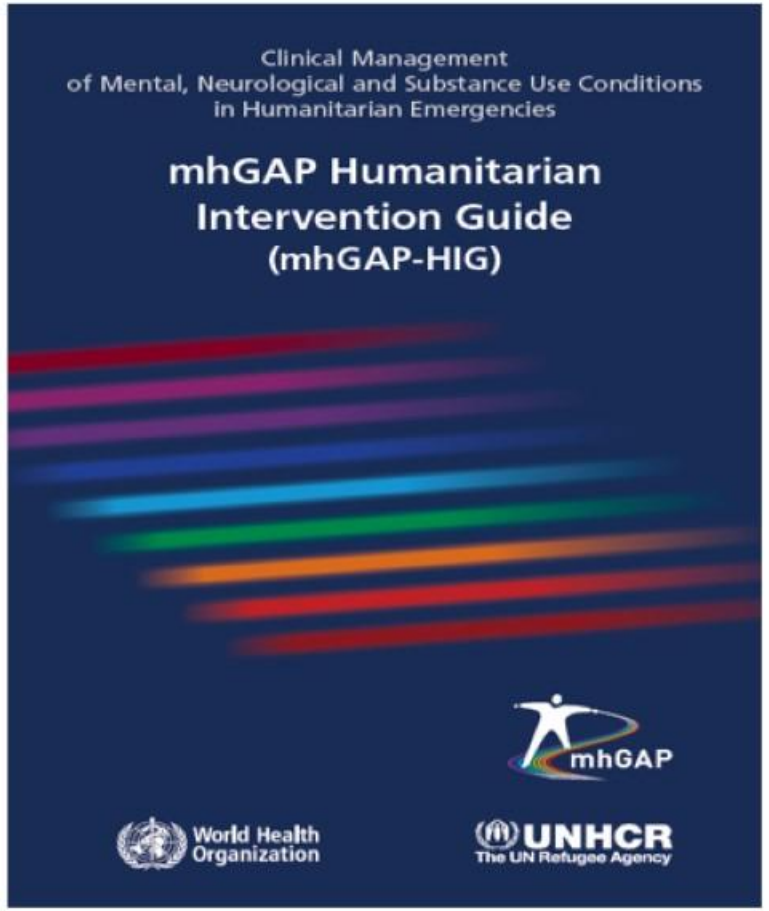
mhGAP Humanitarian Intervention Guide (mhGAP-HIG)

- Advice for clinic managers
- General principles of care
- Brief modules on assessment and management of:
  - Acute stress (ACU)
  - Grief (GRI)
  - Moderate-severe depressive disorder (DEP)
  - Post-traumatic Stress Disorder (PTSD)
  - Psychosis (PSY)
  - Epilepsy/seizures (EPI)
  - Intellectual disability (ID)
  - Harmful sue of alcohol and drugs (SUB)
  - Suicide (SUI)
  - Other significant mental health complaints (OTH)



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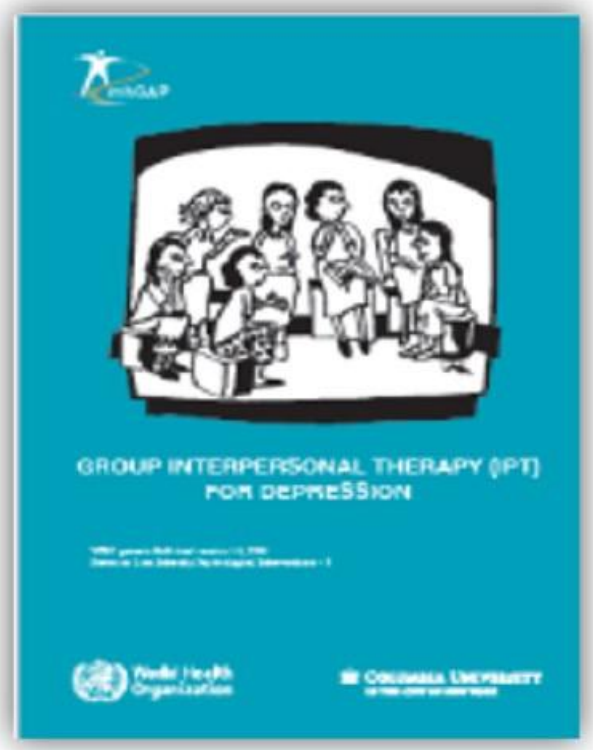
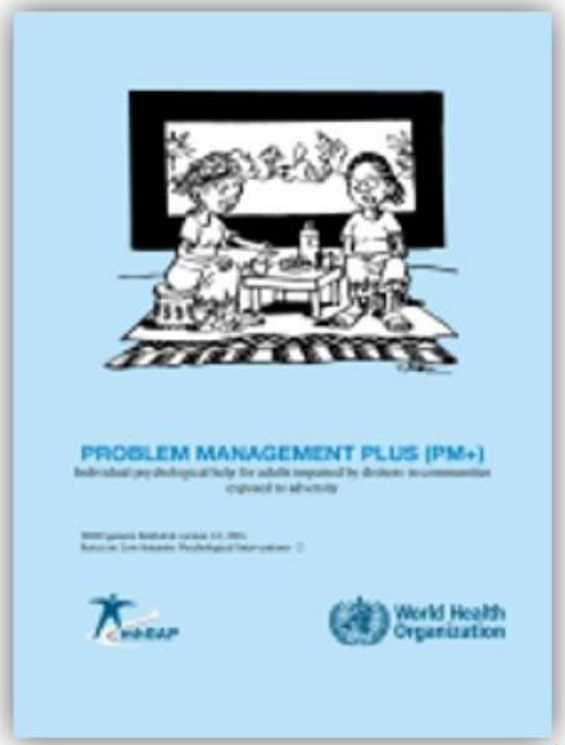
6. Make psychological interventions available when possible for people impaired by prolonged distress **including STAFF**





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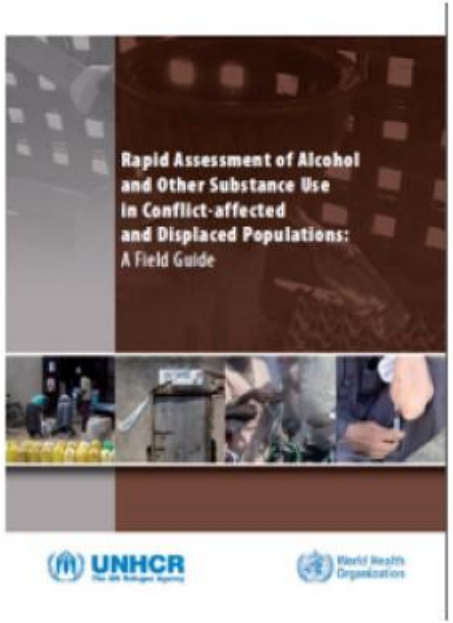
7. Address the safety, basic needs and rights of people with mental health problems in institutions.

8. Minimize harm related to alcohol and drugs



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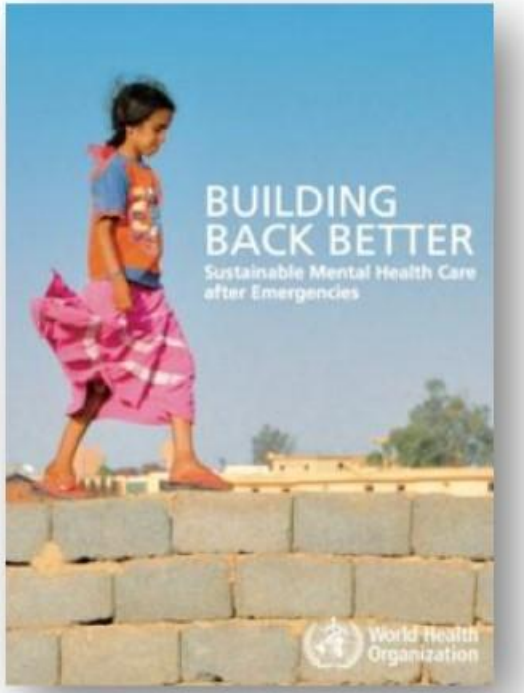
9. As part of early recovery, initiate plans to develop a sustainable community mental health system.

- Afghanistan
- Burundi
- Indonesia
- Iraq
- Jordan
- Kosovo
- Somalia
- Sri Lanka
- Timor-Leste
- West Bank and Gaza Strip



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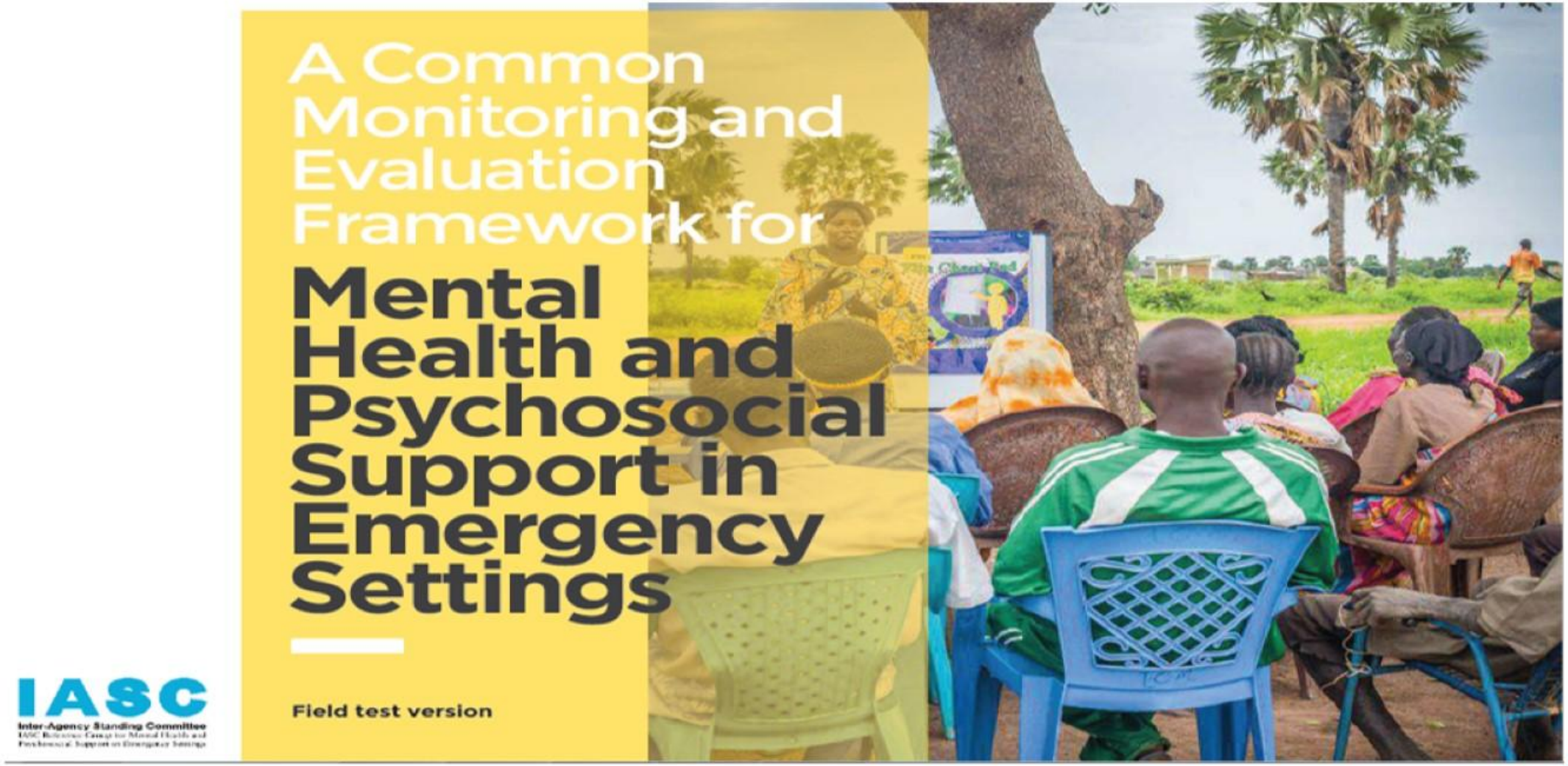
Monitoring and Evaluation



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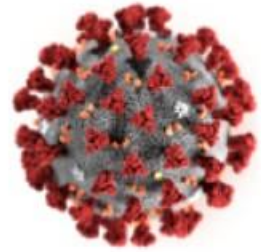
Mental health and psychosocial aspects of the COVID-19 pandemic



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Mental health and psychosocial aspects of the COVID-19 pandemic

It is common and normal for individuals to feel stressed and worried in response to any disease outbreak.

Stress is common

However, specific stressors particular to the COVID-19 pandemic are:

- Rumors and **misinformation** (social media)
- **Closure of schools** and children's activity spaces
- **Travel restrictions**
- Possibility or actual **physical isolation and quarantine**
- **Deterioration of trust in government agencies and social networks**
- **Avoidance of health facilities**
- **Risk of relapse** in pre-existing health conditions (including mental health)
- Common symptoms of other health problems can lead **to fear of infection**

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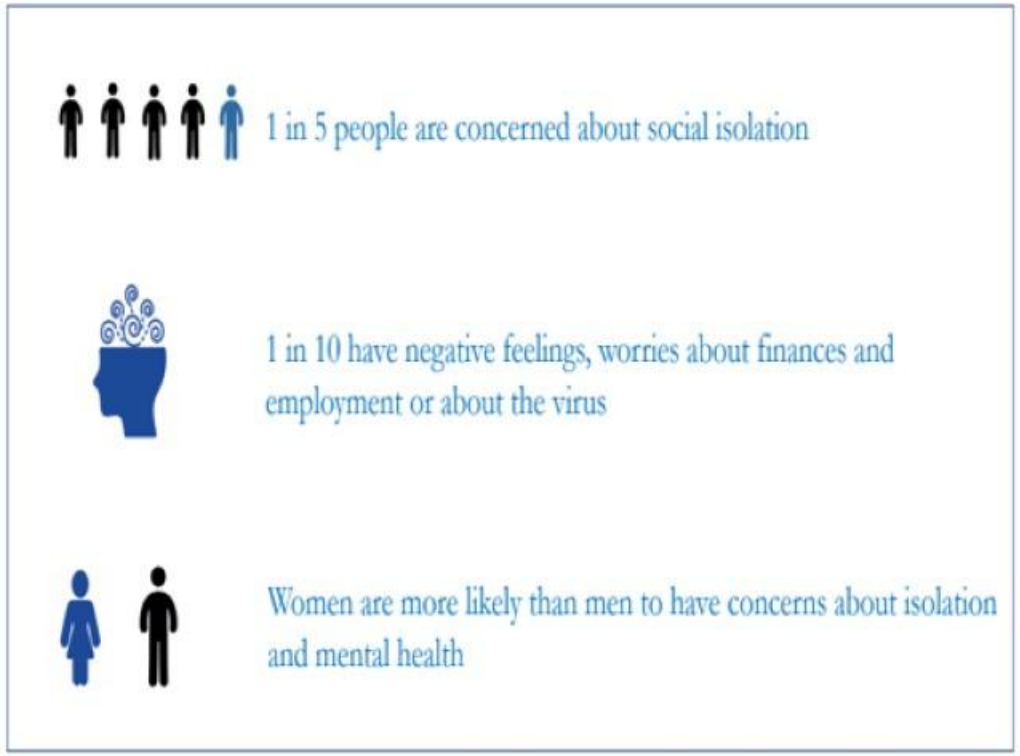
Mental well-being during the COVID-19 outbreak



Data from Ipsos MORI survey on COVID-19 and Mental Wellbeing in the UK: https://www.ipsos.com/ipsos-mori/en-uk/Covid-19-and-mental-wellbeing

- A national representative study in the **Chinese** population reported that almost 35% of respondents experienced psychological distress,
- A national study in **Iran** in March 2020 identified more than 60% of respondents in psychological distress.
- A national survey in the **United States of America** in March, reported that nearly half (45%) of adults indicated that their mental health had been negatively impacted due to worry and stress over the virus.
- A study conducted among **Italian** and **Spanish** parents indicated that 85.7% of parents perceived changes in their children's emotional state and behaviors during the confinement at home. The most frequent symptoms were difficulty concentrating (76.6%), irritability (39%), restlessness (38.8%), nervousness (38%) and feelings of loneliness (31.1%).
- Statistics from **Canada** reported that 20% of the population aged 15-49 increased their alcohol consumption during the pandemic, and in Ireland, 40% increase in sales was observed in 4 weeks during March in comparison with similar period of previous year
- Data from **China** suggest that frequent exposure to social media is related to anxiety, depression, and stress during the outbreak.

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Mental well-being during COVID-19 (continued)

- A large study from 194 cities in **China** that during the COVID-19 pandemic indicated that 16.5% of respondents reported moderate to severe depressive symptoms and 28.8% moderate to severe anxiety symptoms.
- Another study in **Ethiopia** during the pandemic among the general population indicated a 32.6% prevalence in anxiety and a 22.2% prevalence in depression, with a 4% prevalence in suicidal ideation.
- National surveys, local studies in **Australia**, **Canada**, **Denmark**, **Ireland**, **India**, **Italy**, **Japan**, and, **South Africa** all have reported that experiences on anxiety, depression, stress, and loneliness are widespread.
- People infected with COVID-19 appear to report particularly high levels of mental health conditions, with a study among hospitalized patients in **China** indicating that 34.7% of patients had symptoms of anxiety and 28.4% of depression.
- A recent retrospective case series from **China** found that 22% of people who died from COVID-19 experienced delirium compared with just 1% of people who recovered

Mental well-being during COVID-19 (continued)

- **COVID-19 pandemic is likely to exacerbate existing symptoms or trigger relapse among people with pre-existing mental health conditions.**
  - Stakeholder surveys conducted in the **United Kingdom** and **South Africa** (with which 70% and 59% of respondents identified with a prior diagnosed mental health condition respectively). 12% identified feelings of suicide, 9% of respondents concerns relating to becoming ill and 6% indicated substance use as the main challenge.
  - According to the International Long-Term Care Policy Network approximately half of all COVID-19 related deaths in **Australia**, **Belgium**, **Canada**, **France**, **Ireland**, **Norway** and **Singapore** occur among residents of long-term care facilities, with mortality rates ranging from 14% to 64%
- **Psychiatric wards in numerous general hospitals have been converted into COVID-19 wards.**
  - The city of **Madrid** has had to reconvert over 60% of its psychiatric beds to care for COVID-19 patients. Day hospitals, rehabilitation units, and vocational units for psychiatric patients have all been closed. The number of people attending emergency psychiatric services has been reduced by 75%.
  - A neurological institute in Buenos Aires, Argentina, reported an over 99% reduction in patient encounters since COVID-19.
- **Specialized mental health services are not the only ones to have been affected. Community-based psychosocial support activities have also been severely impacted.**
  - For instance, in many countries, groups, associations and community-based initiatives that brought people together regularly before the COVID-19 pandemic - offering social support and a sense of belonging have not been able to meet for several months.

Impact of COVID-19 on mental health of health care workers

Previous research during the acute SARS outbreak indicated that 89% of health-care workers in high-risk situations reported psychological effects.

In the context of the COVID-19 pandemic,

- Study among health-care workers in **China** showed the frequency of depression (50.4%), anxiety (44.6%), insomnia (34%), and distress (71.5%).
- Preliminary data from **Pakistan** also indicated that among health professionals working during the COVID-19 pandemic, 42% were likely to experience moderate psychological distress whereas 26% exhibited severe psychological distress.
- A survey conducted in **Canada** reported that among the health workers attending to the COVID-19 crisis 47% said they needed psychological support.
- There have been recent reports of **suicide attempts** by health care workers

Overarching principle

MHPSS should be considered a cross-cutting issue amongst all sectors and emergency pillars involved in the response

- Human rights and equity
- Participation
- Do No Harm
- Building on available resources and capacities
- Integrated support systems
- Multi-layered supports

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Recommended activities (a)

1. Orient responders in psychosocial aspects of COVID-19 response
2. Ensure inter-sectoral referral pathways
3. Distribute timely factual information in accessible formats
4. Provide MHPSS to people in isolation and support people in quarantine
5. Protect the mental health of all responders and ensure that they are able to access mental health and psychosocial care

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Inter-Agency Standing Committee
IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings

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Recommended activities (b)

6. Address mental health and basic needs of people with pre-existing mental health conditions who are affected by COVID-19

7. Address mental health needs of older adults and other vulnerable populations

8. Address stigma by providing positive messages

9. Establish opportunities for the bereaved to mourn

10. Integrate response activities into existing services

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Messages to the general public

1. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.

2. To reduce stigma, do not label people as COVID-19 patients, to ensure that they are not defined by COVID-19.

3. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts, not rumours and misinformation. Gather information at regular intervals, from the WHO 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 of others. Assisting others in their time of need can benefit the helper as well as the person receiving the support.

5. COVID-19 has affected, and is likely to affect, people from many countries and in many geographical locations. Do not attach a label of COVID-19 to any ethnicity or nationality. Be empathetic to all those who are affected, in and from any country.

Messages to carers of children

1. Children feel relieved if they can express and communicate their feelings in a safe and supportive environment.

2. Keep children close to their parents and family, if it is 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.

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.

Messages to healthcare workers

1. Managing your mental health and psychosocial well-being during this time is as important as managing your physical health.

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

3. 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 patients with intellectual, cognitive and psychosocial disabilities.

Messages to older adults and their carers

1. Provide practical and emotional support through informal networks (families and peers) and health professionals.

2. Share simple facts about what is going on and give clear information about how to reduce the risk of infection in words that 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.

3. Be prepared and know in advance where and how to get practical help if needed, such as calling a taxi, having food delivered and requesting medical care.

4. Keep regular contact with loved ones (e.g. via phone or other means).

Messages to team leaders and managers

1. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have better capacity to fulfil their roles.

2. Ensure that good-quality communication and accurate information updates are provided to all staff. Rotate workers from higher-stress to lower-stress functions. Implement flexible schedules for workers who are directly impacted or who have a family member impacted by a stressful event. Ensure that you build in time for colleagues to provide social support to each other.

3. Facilitate access to and ensure that staff are aware of where they can access mental health and psychosocial support services.

Messages to people in isolation or quarantine

1. Try as much as possible to keep to your personal daily routines or create new ones. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, maintain regular sleep routines and eat healthy food. Keep things in perspective and use IT to connect with loved ones.

2. If health authorities have recommended limiting your physical contact to contain the outbreak, you can still stay socially connected via e-mail, social media, video conferencing and telephone.

Resources

- IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak
- IASC Information Note on Updating Humanitarian and Country Response Plans to Include COVID-19 MHPSS Activities
- WHO Mental health and psychosocial considerations during the COVID-19 outbreak
- A guide to preventing and addressing social stigma associated with COVID-19
- Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic
- Basic Psychosocial Skills Guide for COVID-19 responders
- Operational considerations for multisectoral mental health and psychosocial support programmes

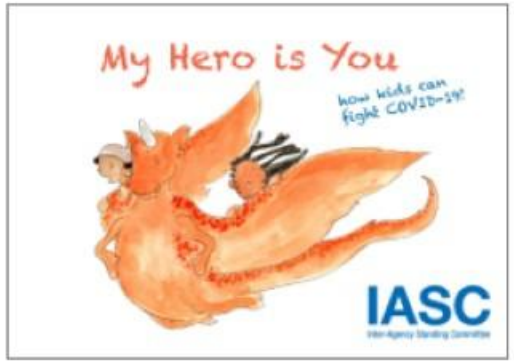
- WHO Resources for Stress:
  - Coping with stress during the 2019-nCoV outbreak
  - Doing what matters in times of stress: an illustrated guide
- WHO Resources for children and parents:
  - Helping children cope with stress during 2019-nCoV outbreak
  - Parenting in the time of COVID-19
  - My Hero is You, Storybook for Children on COVID-19
  - Excessive screen use and gaming considerations during COVID-19

- WHO Resources on Substance and Alcohol Use:

Substance use considerations during the COVID-19 pandemic

Alcohol and COVID-19: What you need to know (summary|infographic)

Excessive screen use and gaming considerations during #COVID19



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Thank you

Questions and Comments

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Management of mental and neurological manifestations associated with COVID-19

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Persons with suspected or confirmed COVID-19

We recommend providing basic mental health and psychosocial support (MHPSS) for all persons with suspected or confirmed COVID-19 by asking them about their needs and concerns, and addressing them.

- **Basic psychosocial support skills** are essential for management of all patients, integral part of care
- Provide access to **support based on PFA principles** to people in acute distress exposed recently to a traumatic event
- Ask about their **needs and concerns** (e.g. around diagnosis, prognosis, other social, family or work-related issues)
- **Listen carefully** – try to understand what is most important to the person at this moment
- Help them work out **priorities, help with decision-making as necessary**
- Help address **urgent needs and concerns**
- **Link them** with relevant resources and services
- **Give information** on condition and treatment plan: **accurate, easily understood, and non-technical language**
- Help people **connect with loved ones** and social support (e.g. phone/internet)
- **Follow up after discharge** to ensure symptoms not worsening, they are doing well (through telehealth if needed)
- Support for **children separated from caregivers** by appropriately trained MHPSS workers, adapted for needs of children, appropriate to development

Depression and Anxiety

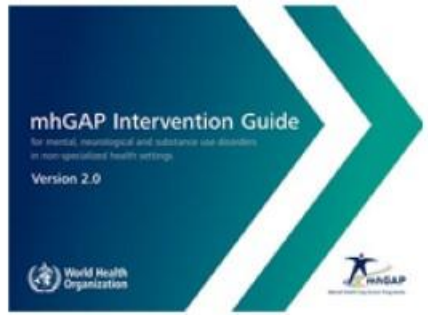
We recommend prompt identification and assessment for anxiety and depressive symptoms in the context of COVID-19 and to initiate psychosocial support strategies and first-line interventions, for the management of new anxiety and depressive symptoms.

- ❑ **Psychosocial support**
  - **Symptoms of anxiety:** strategies such as psychological first aid (PFA), stress management, and brief psychological interventions (based on CBT principles) should be considered.
  - **Symptoms of depression:** brief psychological interventions (based on CBT principles), problem-solving treatment and relaxation training can be considered.
- ❑ **Pharmacological management**
  - **Depression** : SSRI (seratraline) should be offered. If ineffective, alternative SSRI or SNRI. Consider pregabalin if neither tolerated.

  In the **elderly** response rates of duloxetine outperformed placebo as well as escitalopram, venlafaxine, citalopram, clomipramine, mianserin, trazodone, fluoxetine, tianeptine, nortriptyline and maprotiline (with the last four medications showing the lower response rates).

  In **palliative care patients** tricyclic antidepressants (TCAs) showing a larger effect size as compared to selective serotonin reuptake inhibitors In people with **chronic obstructive pulmonary disease (COPD),** nortriptyline reduced depressive symptoms post-treatment compared to placebo. SSRIs showed no difference for the change in depressive symptoms post-intervention

  - **Anxiety causing severe distress** and not responsive to psychosocial support: consider benzodiazepines.
    - short half-life/ low risk of drug-drug intx (e.g. lorazepam), lowest dose for shortest period.
- ❑ If symptoms persist beyond COVID-19 recovery and/or discharge: **refer to mhGAP IG**
- ❑ **Important to ask about thoughts or acts of self-harm**
  - ❑ Remove means of self-harm, active psychosocial support, follow-up;Refer to mhGAP IG



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Sleep problems

We recommend psychosocial support strategies are the first-line interventions for management of sleep problems in the context of acute stress.

- ❑ **Sleep hygiene advice**
  - Incl. avoiding psychostimulants (caffeine, nicotine, alcohol)
- ❑ **Stress management**
  - Incl. relaxation techniques, mindfulness practices
- ❑ **Psychological interventions based on CBT principles**
- ❑ Identify and **address possible underlying factors** before using pharmacological sleep aids
  - E.g. environmental factors (light, noise), anxiety, delirium, agitation, pain, air hunger
- ❑ **Pharmacological management**
  - Anecdotal alternatives to benzodiazepines include the anxiolytic and hypnotic agents (e.g. pregabalin, gabapentin, beta-blockers, antidepressants, anti-histaminergic agents)

Delirium

We recommend, in patients with COVID-19, that measures to prevent delirium, an acute neuropsychiatric emergency, be implemented; and patients be evaluated using standardized protocols, for the development of delirium. If detected, then immediate evaluation by a clinician is recommended to address any underlying cause of delirium and treat appropriately.

- ❑ **Manage any underlying cause of delirium**
- ❑ For patients receiving invasive ventilation, **minimize continuous/intermittent sedation:**
  - Target specific titration end points (light sedation unless contraindicated) or daily interruption of continuous sedative infusions.
- ❑ For patients experiencing agitation:
  - ❑ Use calming communication strategies and attempt to reorient the person.
  - ❑ Address triggers e.g. acute pain due to physical illness or air hunger
  - ❑ May be necessary to use psychotropic medication if continued agitation and severe distress
- ❑ Medication management
  - ❑ Consider side-effects that may worsen symptomology
  - ❑ Use minimum effective doses at lowest frequency and for shortest duration possible; doses adjusted to age, co-morbidity, degree of distress
  - ❑ For severe agitation, low doses of haloperidol (administered orally or by intramuscular injection) can be considered, while carefully monitoring for adverse effects
  - ❑ If haloperidol contraindicated, use other antipsychotic with safer cardiovascular profile
  - ❑ If patient remains severely agitated, benzodiazepines can be added (e.g. lorazepam)

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