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COVID-19
A Guide to Mental Health and Psychosocial Support (MHPSS)
for all countries and programmes

WHY IS IT NEEDED?

The Covid-19 global pandemic can cause stress, fear and anxiety for individuals and families. These strong feelings can be overwhelming especially among older adults, health-care professionals, care providers, people with disabilities and other vulnerable groups.

Public health measures to contain the spread of the virus (such as school closures, quarantine and lockdowns) disrupt social connections and for some people may lead to an increase in loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour. Stigmatisation of certain groups of individuals such as health-care professionals and patients of Covid-19 may also be an issue.

> The purpose of this document is to summarise key **mental health and psychosocial support** (MHPSS) considerations for this outbreak and provide clear and actionable guidance for interventions.

WHAT MUST BE ENSURED?

In order for MHPSS interventions to be effective they must be adapted and made accessible to different groups of individuals. The specific needs of women, men, girls and boys need to be considered. Gender norms, roles, and relations that influence women's and men's different vulnerabilities must be considered and addressed so as to avoid perpetuating gender and health inequalities. In times of crisis, people are affected differently and require different kinds of assistance. MHPSS interventions, whenever possible, should include support for the full range of mental health needs (refer to IASC MHPSS Pyramid for more details) and be integrated into existing support systems. All programmatic activities must adhere to the **Protection Principles** as follows:

- **Prioritize safety & dignity, and avoid causing harm**, preventing and minimizing any unintended negative effects of our interventions;
- **Ensure meaningful access** to assistance and services - in proportion to need, without barriers and with special attention to vulnerable individuals and groups;
- **Accountability**, by setting up appropriate mechanisms through which affected populations can feedback and address concerns and complaints;
- **Participation and empowerment**, supporting and developing self-protection, capacities and assisting people to claim their rights.

Consider that...	What you can do is...
Concerns about Covid-19 and its risks can be exacerbated by lack of information, uncertainty, and misinformation. **Constant fear, worry and stressors may lead to long-term consequences** such as detrimental health outcomes, deterioration of social networks and negatively impact local dynamics.	Ensure that accurate information about Covid-19 and the protective measures that people can take are available and accessible. All interventions should include positive mental health messaging of hope, sense of safety, calm, social connectedness and self and community efficacy. Often people and communities have a diminished sense of control in emergencies. Interventions that promote self and community efficacy include promoting positive coping, support in problem solving skills, and activities that foster a sense of control. Develop messages which are appropriate for the target populations in terms of language, educational level, and cultural context. Messaging should normalise fears, and address concerns, perceptions and views of those affected and ways people could support each other. It should build on positive coping strategies which the community have proposed and debunk rumours and myths by sharing key factual messages.
Individuals working with Covid-19 patients and their families, surviving patients and some ethnic groups may face **stigmatisation** (eg rejection, discrimination, being stereotyped or labelled, or may experience loss of status) due to perceived link with the disease.	Programs should mobilize trusted individuals such as local authorities, and community and religious leaders to address stigma and excessive fears of contagion through public awareness campaigns that counteract misconceptions and educate the public. Special care should be taken when integrating surviving patients back to their communities so as not to cause harm (eg drawing attention to the fact that they are Covid-19 survivors). The public should also be encouraged to value, support and empathize with frontline responders.
Responders (eg health workers, police, cleaners, social workers) to the Covid-19 pandemic may experience **psychological distress, fatigue, and occupational burnout**.	Programs responding to Covid-19 have a duty of care towards staff and should safeguard the mental well-being of responders by offering self-care information and training on occupational safety and health. Peer support groups for responders provide opportunities for social support during the response.
Individuals in **quarantine** may feel **isolated and lonely and experience anxiety** as they are separated from their loved ones and carers.	Programs should emphasize to the community the importance of staying in contact with people who are quarantined, especially those separated from their families and caregivers. Quarantined individuals should be encouraged to do physical exercise(eg walks, stretching, static exercises),

	cognitive exercises (eg puzzles, reading, card/board games) and relaxation exercises (eg deep breathing, meditation, listening to music). Measures to reduce the negative impact of social isolation and to promote autonomy (eg choice in daily activities) in quarantine sites should be in place.
School closures, work from home directives and curtailing of movements **disrupts routines and social connections** and can create stress and anxiety.	Programs should promote culturally appropriate self-care strategies, encourage families to establish new routines and maintain family rituals so as to foster a sense of normalcy, especially for children. People should be advised to find alternate ways to remain in touch with friends and families (eg text messaging and social media) and be caution against negative coping (eg alcohol, tobacco). Positive coping strategies such as exercising regularly, mediation, listening to music, breathing exercise, and talking to someone may help manage the stress and anxiety.
Mourning the death of a loved one is hard, and Covid-19 makes it even more difficult. Families who have lost loved ones during this period may not be able to conduct a traditional funeral or service surrounded by people who can support them. They are unable to access the type of physical contact and support we typically rely on to get through times of loss.	Programs should support the bereaved with opportunities to mourn in ways that are meaningful to their traditions and rituals, while not compromising public health measures to stem Covid-19.
MHPSS workers and services may **not have the experience** to appropriately respond to the context of Covid-19.	Instead of creating parallel systems, programs should strengthen existing mental health capacities and structures by providing training and support in MHPSS in emergencies. This will also prepare the system for future emergencies.
Existing MHPSS programming will need to be adapted to comply with public health measures and prevent the spread of Covid-19.	To minimize risk of infection and continue necessary support to beneficiaries, providers may consider delivering services via electronic and telecommunication technologies. For instance, over the phone check-ins and sessions, and using messaging applications (eg WeChat, WhatsApp) and social media (eg Facebook, Instagram) to set up support groups and encourage social connections.

Vulnerable Groups

People with developing or existing mental health and substance use disorders may avoid health facilities or may be unable to access their care provider, leading to interrupted services, relapses and other negative outcomes.	Referral pathways should be updated and include information on national helplines. Programs should take precautions to ensure continued access to medication and support. Informed consent must be respected throughout treatment for people with mental health and substance abuse disorders on an equal basis with other people.
Children are particularly vulnerable because they have lesser understanding about the situation, feel less able to control events and have limited experience dealing with stressful situations. Schools are safe places for many children living in abusive homes. With school closures, the likelihood of abuse that children either experience or observe during this period may also increase. Children may be exposed to dangers online as they increase internet usage.	Children should be listened to and allowed to express difficult feelings. Parents should respond to their child's reactions in a supportive way and use simple language to help children understand what is happening. Information should be communicated in a reassuring, honest and age-appropriate way (parents may need additional support and guidance in parenting skills). Child protection risks should be included in general Covid-19 messaging and child protection actors should continue providing support to at-risk families (eg remote contact, hotlines, community child protection committees/focal points) and have updated referral information. Parents should be made aware of online safety issues. Unless absolutely necessary (eg for treatment or prevention of infection) children should not be separated from their families. If separation is required, regular contact with family should be provided and the best interest of the child remains paramount. Alternative care arrangements should be safe and reliable and must be in line with child protection measures.
In many contexts, **women** are the primary caregivers to the ill, elderly and children. This burden is likely to significantly increase putting stress on their mental well-being.	Programs should incorporate women's voices and knowledge in prevention activities. Support to help women identify warning signs of burnout and stress and guidance on how to deal with it should be provided. Programs should encourage other members of the households, especially men and boys, to share in household responsibilities and caregiving roles. Finally, targeted health and safety messages for caregivers should be developed to help ease anxiety and fears.
Lack of social contact and loneliness among **older adults** are linked to poor mental health. When compounded with uncertainty and stress can heighten the risk for late	Provide emotional support through frequent telephone contact with family and mental health professionals. When appropriate, peer support interventions should be considered to decrease loneliness. Communicate facts and public health

onset depression or anxiety. During this period or while in quarantined older adults with cognitive decline may experience increased anxiety, anger, stress and become more withdrawn.	information on the outbreak in ways that older people with or without cognitive impairment can easily understand. Information should be repeated whenever necessary. Tips on practical assistance (eg groceries delivery) should be made available to decrease anxiety.
This outbreak may cause **people with disabilities** (PWDs) and their families to face additional stress and anxiety due to barriers in accessing information and services.	Voices of PWDs and their needs should be included in the planning and response. Messages should be inclusive (eg braille, sign language, captioning) and accessible to PWDs taking into consideration sensory, intellectual, cognitive and psychosocial disabilities. Specific guidance on how to care for the physical and mental wellbeing of PWDs in quarantine should be developed.
Other vulnerable groups such as poor communities, homeless individuals, refugees, internally displaced persons and migrants are particularly vulnerable to the threats posed by Covid-19. They often live in overcrowded conditions with poor access to clean water and sanitation, and limited or strained public health and mental health services. Compounded daily stressors (eg loss of income, restriction of movement, fear of contracting the disease) can negatively affect their mental well-being.	Programs should continue to provide support to individual cases in high distress, helping them manage uncertainty and anxiety, including provision of basic needs when appropriate. Quarantine sites should be made available for individuals who are unable to safely self-quarantine. Prevention and awareness-raising materials should be contextualised, be available in multiple formats, in appropriate languages, and consider literacy levels. Communication methods (eg online, radio, helplines, loudspeakers, through community-health workers) should be carefully considered.

Helpful resources:

Mental Health and Psychosocial Considerations During Covid-19 Outbreak, WHO, 2020

Coping with Stress during the 2019-nCov outbreak, WHO, 2020

Inter-Agency Standing Committee briefing note – Addressing mental health and psychosocial aspects of Covid-19 outbreak, IASC, 2020

Parenting in the times of Covid-19, WHO

Protecting children during the Covid-19 outbreak: Resources to end violence and abuse, End Violence Against Children

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[Coronavirus and kids: Resources from Save the Children](#)

[Helpsheet for Parents: Keeping children safe online, Think U Know](#)

For more information and guidance or in-depth support with one specific aspect:
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