

INFORMATION NOTE ON UPDATING HUMANITARIAN AND COUNTRY RESPONSE PLANS TO INCLUDE COVID-19 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) ACTIVITIES

Justification/Rational for prioritization:

- The COVID-19 pandemic is a threat to both physical and mental health. Large numbers of people are affected by adversity associated with loss of livelihoods and sudden uncertain futures due to the economic consequences. Fear from the virus is spreading faster than the virus and inducing mental health and psychosocial consequences among those affected directly and those who are following the news. Fear, depression and anxiety/worry are likely common reactions in all affected countries. For some these reactions are prolonged, severe and disabling, thereby leading to increases of mental health conditions among adult males and females, girls and boys.
- Concerns about health, beloved older relatives, financial stability and feelings of helplessness are all very common emotions reported around the world across all age groups and genders.
- Physical distancing, self-isolation, quarantine, and working from home are triggering reactions of isolation, loneliness, and loss of social contacts among large number of people worldwide.
- Extreme stressors may induce, worsen or exacerbate pre-existing mental health conditions. Older adults and people with pre-existing health, mental health and substance use conditions are among the most vulnerable.
- There are mental health and psychosocial consequences of discrimination towards persons who have been infected and their family members and there is social stigma towards those treating and caring for people with COVID-19.
- MHPSS is a cross-cutting issue that has relevance within health, protection, nutrition, education and camp management and coordination sectors/clusters, in all emergencies. (This is recognized by IASC Principals in 5th December meeting [minutes](#))

Intervention:

1. Orient responders in psychosocial aspects of COVID-19 response, including responders working in points of entry, basic needs services, law enforcement, education, emergency, social welfare, health, and any inpatient or long-term care facilities. (*Orientation seminars for all sectors*)
2. Ensure inter-sectoral referral pathways are established and contextualized to the situation of limited physical distancing. (*Mapping of and establishment of phone, internet and emergency referrals*)
3. Distribute timely information on services, coping strategies and updates in accessible formats. (*Adaptation, translation and dissemination of information and messages through multiple media channels – newspaper, community/ neighbourhood noticeboards, social media, TV, radio and other channels*)
4. Provide MHPSS to people in isolation and support people in quarantine. (*Phone Counselling, Helplines, Remote PFA and Tele-MHPSS*)
5. Protect the mental health and well-being of all responders and ensure that they can access mental health and psychosocial care. (*Strengthen or establish MHPSS services for staff, peer-peer support initiatives, team meetings for frontline responders, shift rotations, childcare support whilst they are working, support groups on social media and, confidential helplines. Disseminate information on positive coping strategies*)
6. Address mental health and the basic needs of people with pre-existing mental health conditions who are affected by COVID-19. (*Build capacity of health and social care responders, identify needs, strengthen the*

existing mental health and social welfare services. Introduce a distance support/ guided self-help component where feasible)

7. Address mental health needs of older adults and other vulnerable people. (*E.g., appropriate targeting of this population; adapting accessible messages and communicating them*)
8. Address stigma by providing positive messages about staff and affected population. (*Organize activities and messaging to honour people affected and frontline responders*)
9. Establish opportunities for the bereaved to mourn – even from a distance. (*Orientation of response teams on MHPSS considerations and mourning, in line with IASC Guidelines (2007) action sheet 5.3*)
10. Integrate response activities into existing services. (MHPSS focal points identified in all COVID-19 response services)

Target: *at least two persons (one male: one female) trained and a system in place to provide and coordinate services for MHPSS in all facilities engaged in COVID- 19 response. (Health, Education, Camps, Social Services and others) [adapt target to context/budget]*

Budget: *include costs for building capacity, orientation seminars, tele/remote- MHPSS services, adaptation, translation and dissemination of IEC materials, focal points assignments and providing services. [Adapt budget to local context]*

Practical tools and additional information (click on hyperlinks to access materials for your reference):

- Inter-Agency Standing Committee. *Briefing Note about MHPSS aspects of COVID-19, 2020*
- <https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>
- WHO. *Mental health and psychosocial considerations during the COVID-19 outbreak* , 2020 [available here](#).
- [WHO Coping with stress during COVID-19](#)
- [WHO helping children cope with stress during COVID-19](#)
- [WHO How to address social stigma powerpoint](#)
- [Social media cards](#): please share via your social channels or [retweet from WHO channels](#),
- [IASC. IASC Guidelines on MHPSS, 2007](#)