



## Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus

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## Introduction

The novel Coronavirus (nCoV) epidemic in 2019 -2020 has recently emerged. The route of transmission is not totally known, although it is known that it can spread from person to person, and local health care systems may be ill-equipped to handle a large-scale outbreak. Furthermore, misconceptions and misinformation about the disease often spreads rapidly in such epidemics.

In previous epidemics mental health and psychosocial support (MHPSS) has been identified as a key priority. MHPSS ensures the well-being of the affected populations, and counter-acts the threats to public health and safety that fear, stigmatization and misconception pose. Access to information, knowledge about the disease and how it spreads, make it easier for the affected to feel supported and calm, and to comply with instructions. Furthermore, psychosocial support to staff and volunteers help the operation as work conditions are extremely stressful.

This briefing note provides background knowledge on the MHPSS aspects related to nCoV and suggests MHPSS activities that can be implemented. The messages can be helpful for those in contact with patients or relatives and feel the strain of working and living during the epidemic. The briefing is aimed both at those working in any capacity with those affected by nCoV and for the MHPSS responders who implement MHPSS activities and interventions for everyone affected.

## Normal reactions to epidemics

In epidemics there are usually misconceptions and rumours about the disease. The affected may receive contradictory information from the Ministry of Health, organizations or other sources. Fear and mistrust of public health messages can cause people to not seek medical help and some may even hide. Based on misconceptions, health workers may experience threats or acts of violence from the affected. Should it be necessary to prevent normal burial rituals, this can cause anger, frustration, resentment and fear.

It is important to establish a dialogue with the local communities and especially the faith leaders to get their help in explaining the situation and for example discuss alternative, safer ways of honouring the dead with them.<sup>1</sup>

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<sup>1</sup> A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming. IASC. 2018.

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## *Rumors related to nCoV*

Some of the rumors circulating in the nCoV outbreak are:

- The virus only attacks old people and spares young people and children
- The virus can be transmitted through pets and people should abandon their pets
- The use of mouthwash, antibiotics, cigarettes, and liquor with high alcohol can kill nCoV
- Going to a sauna and firing of fireworks can prevent nCoV
- The disease is premeditated and nCoV is a bioweapon designed to target a specific population
- Food items are contaminated and will spread the virus
- Patients hide their disease because they intentionally want to spread virus to others

## *Common reactions and behaviors in epidemics*

- Fear of being sick, and of the way in which one dies
- Fear of symptoms and diseases that are easily treated
- Fear of falling ill and dying keep people from approaching health workers or health facilities
- Fear of losing livelihood, not being able to work during isolation, and of being fired because the employer is afraid of contamination etc.
- Feeling of helplessness and depression due to being isolated
- Mistrust and anger of everyone associated with the disease
- Stigmatization and fear of patients, healthcare workers and caregivers
- Refuse approaches by volunteers and medical workers; threatening them verbally or physically
- Refuse to care for unaccompanied or separated minors due to fear of contamination
- Belief that prayer is the only thing that will save people

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of lack of knowledge, rumours and misinformation. It is important to correct misconceptions, at the same time as acknowledging that the feelings and subsequent behaviour is very real, even if the underlying assumption is false. Health workers, volunteers and local staff may be excluded from their ordinary social network and families due to engagement in the response. Volunteers in earlier virus disease outbreaks have reported that they are believed to be:

- disease carriers responsible for spreading the virus
- contagious, and therefore not welcome in their homes and in their family
- paid by the agencies or the Red Cross and Red Crescent to bring the disease into the community

Volunteers may experience hostility from communities and stakeholders, and be accused of not providing the necessary tools to protect people. Engaging with community leaders including faith leaders is a key step to counteract such misconception; see more below.

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## Mental Health and Psychosocial Support Activities

Numerous mental health and psychosocial activities can be carried out depending on the context. Ongoing assessments and monitoring must take place to decide which activities are the most appropriate at any given time. The list below is meant as an inspiration:

- Assessment of community needs and feedback to supervisors on developments in the community
- Continuous risk assessment
- Support for other sectors surveillance including contact monitoring and tracing, health, logistics
- Peer support activities
- Basic training in psychological first aid and supportive communication for volunteers, health and community workers
- Supervise, support and monitor volunteers and other stakeholders by
  - training in nCoV sensitization messages to provide correct information to increase calm, sense of safety, and trust in epidemic responders and their efficacy
  - regular supervision and case management support
  - collecting data on the number of affected people receiving services
  - assessing the impact of psychosocial activities
  - following up on activities
  - develop, adapt and distribute information, education and communication materials

## MHPSS needs in the community

### *Reducing fears and promoting empowerment and efficacy*

- Assess community beliefs and understanding of nCoV
- Identify and prevent rumours and actions in the community that may harm the epidemic control efforts
- Seek cooperation with neighbourhood leaders, market leaders, faith leaders, authorities, healers, and other key community members to identify avenues of collaboration and community efficacy and empowerment

- 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 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 while ensuring infection control
- Introduce the Personal Protective Equipment to community members to demystify the protective clothing

### *Reduce stigmatization in communities and support reintegration*

- Provide psychosocial support for people who have recovered from nCoV to 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 centres and their family members receive support including food, psychological first aid and other needs
- Facilitate communication between patients and family members while in the treatment
- Facilitate community dialogue with stakeholders in raising awareness and to promote community reintegration
- Distribute financial support and assistance to families affected by a death or illness caused by nCoV

### *Collaboration*

- Develop effective collaboration between mental health and psychosocial actors, community members and stakeholders to maximize the positive impact of activities among the population
- Collaborate with communication teams to document and inform the public about the positive impacts of psychosocial support through all Red Cross and Red Crescent activities

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## Mental Health and Psychosocial Support Components in All Epidemic Response Activities

### *Awareness raising on disease prevention and control*

- Use a psychosocial approach to further behavioural change using supportive communication techniques when developing messages for different audiences and for the media
- Train responders in psychological first aid to learn active listening and trust building with community members
- Include psychosocial volunteers in social mobilization activities to reduce fears and change beliefs and provide sensitization messages for example through household visits and targeted community sessions

### *Isolation of suspected, probable and confirmed cases*

- Liaise with surveillance teams for identified cases
- Include psychosocial support volunteers in the surveillance and health worker activities to reduce fears and change beliefs and provide sensitization messages

### *Contact tracing and monitoring*

- Inform and raise awareness to foster collaboration in case of possible resistance for the contact, their family and other community members and stakeholders

### *Case management*

- Liaise with health care personnel to identify vulnerable cases and community members for inclusion in psychosocial activities
- Sensitize family members who may refuse treatment
- Conduct targeted community sensitization and psychoeducational activities to reduce fears and change beliefs. Target groups may include discharged patients and others affected by nCoV, neighbours, community members, community and faith leaders
- Provide psychosocial support for the affected families and discharged patients
- Link families who have been separated
- Provide peer support and stress management for health workers and others involved in the response



- Support family with the deceased, especially as some normal burial rituals may no longer be possible due to infection control measures. Stay close and calm, listen to the fears and sorrows, provide a sense of safety, offer practical support and provide information about where to seek further help or knowledge.

### *Mental health and psychosocial support training of volunteers enable them to<sup>2</sup>:*

- Assess and identify vulnerable groups and their psychosocial support needs
- Plan and implement psychosocial activities for the affected
- Identify and refer people who may need clinical mental health intervention to the service available in the community and include and engage them in other psychosocial activities
- Handle stressors having learnt about stress management and coping
- Continue the work having acquired new knowledge and practical skills as the situation develops
- Learn new approaches that can be used in all types of emergency situations
- Mobilize and strengthen the ability for team-work

Volunteers must receive sufficient support such as incentives, transportation, food, protective equipment and visibility materials. Supervision and peer support systems such as regular team meetings, peer support and buddy systems also need to be established for volunteers.

## Communication Considerations in Epidemics

It is extremely important to communicate in a supportive way when visiting and talking to people affected by nCoV as they may be scared and mistrustful. Staff and volunteers should be well briefed about the disease, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication and active listening. Every crisis is personal, and reactions will vary depending upon previous experiences, and what an affected person says may differ from what they are experiencing inside. Acknowledgement of the experiences can relieve built up anxiety, provide an opportunity to establish a supportive relationship, and enable people to start helping themselves.

*When interacting consider and acknowledge the needs of every person and group:*

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<sup>2</sup> Caring for volunteers: A tool kit, IFRC Reference Centre for Psychosocial Support.

- Age, as children need things explained in simpler language
- Gender e.g. women may prefer to talk to women and men to men
- Culture e.g. some groups may prefer not to hold eye contact
- Faith e.g. when people need to pray or what they can eat
- Needs and disabilities where assistance may be required

*Key psychosocial phrases conveying interest and empathy:*

- I understand your concerns ...
- You have the right to be (sad, angry ...) ....
- I hear what you are saying ...
- I understand that you are worried ...
- In this situation, your reaction is normal ...
- Maybe we can discuss possible solutions ...
- What we can offer is ...
- I am concerned about you ...
- With your consent, we would like to ...

## Mental Health and Psychosocial Support for Those in Isolation

Precise verbal communication is very important as many of the non-verbal tools used to communicate empathy and warmth through facial expressions and touching may be restricted due to security measures such as protective clothing, facial masks, no physical contact allowed etc.

- Provide accurate information on disease outbreak to promote calming
- Use key psychosocial phrases
- Ask questions
- Encourage
- Guide and refer

The early symptoms of nCoV are similar to symptoms of many common and benign illnesses such as the flu, common cold, diarrhea etc. the following is advice for anyone who is isolated because of a lock down and for those awaiting results of a test for nCoV. Being physically isolated or waiting for

test results is extremely stressful. During isolation and the waiting period, there are many things the isolated person cannot control, but the following may help positive coping<sup>3</sup>:

- **Set goals:** Setting goals and achieving them gives a sense of control. Goals must be realistic in the given circumstances and could include writing a diary or learning new skills. For staff and volunteers, it could also be keeping up with paperwork even if not able to work in the field.
- **Keep active:** Read, write, play games, do crossword puzzles, sudokus, develop mind games to stimulate thinking, for example remember the plots of movies or passages from books. The possibilities are unlimited.
- **Look for or inject humor into the situation:** Humor can be a strong antidote to hopelessness. Even smiling and laughing inwardly can provide relief from anxiety and frustration.
- **Eat sufficiently and exercise as much as possible:** This will help keep the body strong and counteracts the physical effects of stress.
- **Maintain hope:** Believe in something meaningful, whether family, faith, country or values.
- **Actively use stress management techniques:** Physical relaxation techniques can reduce stress levels and are useful methods to manage pain and emotional turmoil. Most people are familiar with stress management techniques but not all use them in practice; however, this is the time to encourage the use of such techniques.
- **Accept feelings:** 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

## Specific Stressors for Responders

Emergencies are always stressful, but specific stressors particular to nCoV outbreak affect the population as well as responders. The stressors include:

- **Risk of being contaminated** and contaminating others, especially if the transmission mode of nCoV is not 100% clear
- **Strict bio-security measures:**
  - Physical strain of protective equipment
  - Physical isolation and adhering to a no touch policy
  - Constant awareness and vigilance required
  - Strict procedures to follow leaving out spontaneity
- **Common symptoms can be mistaken for** nCoV as a simple fever or other symptoms may lead to fear of being infected

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<sup>3</sup> Adapted from: Murphy, P. J., & Farley, K. M. J. (1997) Hostage survival skills for Canadian Forces personnel (Operational Effectiveness Guide 97-1). Ottawa Department of National Defense, Personnel Research Team.

- **The tension** between the public health priorities and the wishes of patients
- **Stigmatization** of those working with nCoV patients
- **The consequences of the outbreak** in communities and families: deterioration of social network, local dynamics and economies, surviving patients rejected by their communities, possible anger and aggression against government and health structures, staff and volunteers etc.

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## Managing Stress

Before assisting in an epidemic, it is natural to have some concerns. Family and friends may be worried, have little knowledge about the disease, not know what the work will be like etc. When preparing to work in an epidemic, consider:

- **Family and friends:** may be concerned about the safety and their own safety upon your return. Take these concerns seriously, help with proper information, and talk openly about the concerns and dangers – both those that are real and those that are imagined. Having the support of understanding close ones will make the work easier.
- **Learn about nCoV:** Learn about the disease, how to avoid contamination, safety measures etc. as information supports being calm and confident. Health staff, epidemiologists, nurses, <https://go.ifrc.org/> and WHO websites can answer questions about the virus.
- **Be critical:** There is misinformation and the media tends to dramatize the coverage on the outbreak. Only seek information from trustworthy sources.

**Security:** Ensure a proper briefing is given before beginning any task in an epidemic. Know how to use protective equipment and always follow security instructions. Complying with security measures is not only a matter of personal safety but that of everyone else.

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## Resources

- Psychological First Aid for Ebola virus disease  
[http://www.who.int/mental\\_health/emergencies/psychological\\_first\\_aid\\_ebola/en/](http://www.who.int/mental_health/emergencies/psychological_first_aid_ebola/en/)
- Guidance Note on Child Protection in Infectious Disease Outbreaks  
[https://childprotectionallianceblog.files.wordpress.com/2018/04/guide\\_cp\\_infectious\\_disease\\_outbreak.pdf](https://childprotectionallianceblog.files.wordpress.com/2018/04/guide_cp_infectious_disease_outbreak.pdf)
- A short introduction to psychological first aid. For Red Cross and Red Crescent Societies  
<http://pscentre.org/wp-content/uploads/2019/07/PFA-Intro-low.pdf>
- A guide to psychological first aid. For Red Cross and Red Crescent Societies  
<http://pscentre.org/wp-content/uploads/2019/05/PFA-Guide-low-res.pdf>
- Caring for volunteers. A Psychosocial Support Toolkit and Training manual.  
<http://pscentre.org/topics/caring-for-volunteers/>
- Broken Links. A field guide and training module  
<http://pscentre.org/topics/broken-links/>
- Risk communication and community engagement: Guidance note for the national society & IFRC response teams  
[http://prddsgofilestorage.blob.core.windows.net/api/sitreps/3972/nCov\\_RCCE\\_Guide\\_29-01-2020.pdf](http://prddsgofilestorage.blob.core.windows.net/api/sitreps/3972/nCov_RCCE_Guide_29-01-2020.pdf)

More resources and training materials can be found on the PS Centre's website: [www.pscentre.org](http://www.pscentre.org)

## Contact Persons for Staff Support and Technical Support on MHPSS

- IFRC staff support for IFRC delegates: [staff.health@ifrc.org](mailto:staff.health@ifrc.org)
- IFRC technical assistance on MHPSS:  
MHPSS advisor for Asia Pacific, Eliza Cheung: [eliza.cheung@redcross.org.hk](mailto:eliza.cheung@redcross.org.hk)  
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