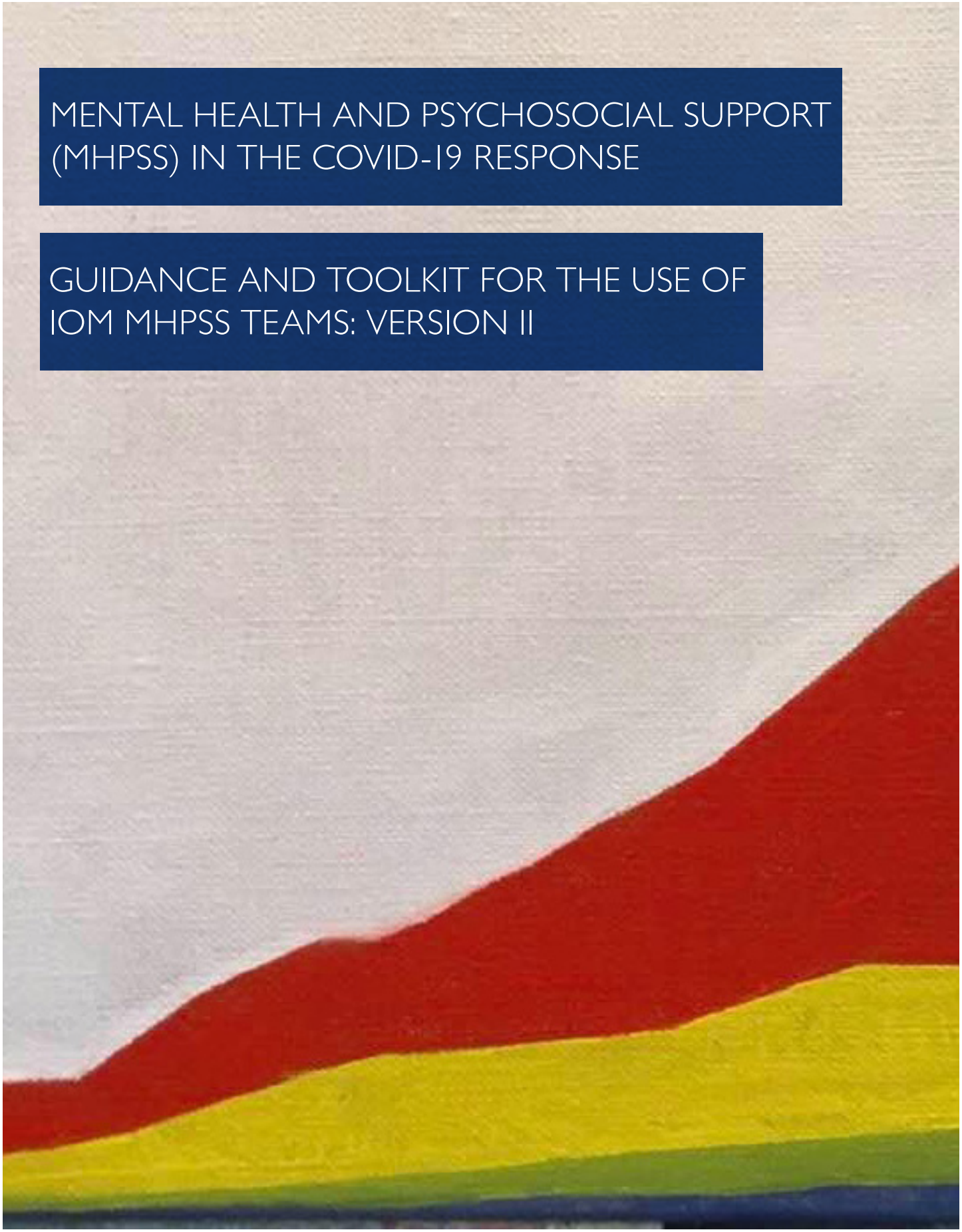
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) IN THE COVID-19 RESPONSE

GUIDANCE AND TOOLKIT FOR THE USE OF IOM MHPSS TEAMS: VERSION II



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INTERNATIONAL ORGANIZATION FOR MIGRATION

17 route des Morillons
P.O. Box 17, 1211 Geneva 19
Switzerland
T. +41.22.717 91 11
F. +41.22.798 61 50
hq@iom.int
www.iom.int

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INTRODUCTION

The COVID-19 pandemic is a threat to both the physical and mental health of migrants and to their psychosocial well-being. A large part of the world's population will be affected by adversity related to the virus, encompassing uncertainty about their future, lost livelihoods opportunities, financial hardship, loss of loved ones, stigma and the perduring effects of isolation as well as a general sense of fear. These concerns are causing unusual psychological reactions that can worsen or exacerbate pre-existing mental health conditions or vulnerabilities.

The COVID-19 pandemic affects migrants as well as their caretakers. Stigma can affect both migrants coming from high prevalence areas as well as those working with people who have COVID-19. Concerns on new work arrangements affect both migrants and staff. The well-being of those living and working in densely populated urban areas, camps, transit and detention centres is particularly at stake.

Migrants, especially the most vulnerable ones or the ones in an irregular situation, can encounter challenges to access the health system, may not be able to receive reliable information on the pandemic in their own language, are separated from their support network and have to cope with a square separation effect, and often have occupations in the most affected sectors or informal jobs, being at an enhanced risk during and after the outbreak.

This brief document compiles existing material related to mental health and psychosocial support (MHPSS) for the COVID-19 crisis, as well as other resources that can be applicable to the context. Documents are divided into different sections, based on the "spaces of new vulnerability" inherent to some IOM programmes although many of them are applicable to other areas. They cover both mainstreaming of MHPSS and specific actions.

MHPSS managers will also find guidance on how to address the less technical and more managerial and programmatic issues related with the pandemic, including programme redefinition, surge capacity and how to manage demands to provide staff support to colleagues in the same missions.

The document was elaborated by the Global IOM MHPSS Section in consultation with 20 MHPSS managers and focal points in IOM missions, and the staff counselling unit. It includes best and promising practices and tools identified through these consultations and engagement with partners. The document will be updated every two weeks with new hyperlinks and materials and the progresses-updates of the identified best practices and tools. This is the second version of the document. The highlighted text signifies new information.

PSYCHOSOCIAL ASPECTS OF COVID-19

Common psychological reactions to a pandemic include but are not limited to fear, anxiety, confusion, frustration, anger and withdrawal. People may worry for their family members' or their own health, about not having access to enough supplies or medication, losing jobs and livelihoods, or being able to maintain their work performance with added stressors. Worries are intensified by subsequent situations, such as economic hardship, increased strain for family caregiving, increased exposure to family tensions, social distancing and stigma.

Migrants, especially the most vulnerable ones, can face unequal access to health and other services, riskier working, housing or shelter conditions, increased worries and sense of guilt towards those left behind. This situation is augmented for those migrants in situations of increased vulnerability, including those in detention, identification and transit centres, those living in camps, stranded migrants, and those who do not have full control over their bodies, movements, social interactions and sleep cycles, as it is often with victims of trafficking and migrants in conditions of servitude.

The media plays an important role, informing about the situation and keeping populations updated on measures taken by governments to control the spread of the virus. However, there may be an excess of exposure, which for many migrants can be worsened by the lack of familiarity with sources of information in the host country in terms of being able to distinguish between reliable and unreliable sources. Also, the lack of language proficiency to understand the nuances of what is being communicated and the willingness to follow mass media and social media in both the origin and the host countries may double overexposure and misunderstandings.

Common measures taken by governments so far have included forbidding public events, mandating hygiene measures and physical distancing, closing or restricting movements at the borders, putting in quarantine those arriving from areas of high prevalence, banning travel for people from those areas, and imposing extensive or partial lock down, which all have an effect on migrants' movements, social connections, work and livelihood. Other measures affecting migrants are the suspension of programmes for resettlement, assisted voluntary returns, and humanitarian returns, which will create bottlenecks and increased states of anxiety for those in the pipeline. Finally, many migrants, like those in irregular situations, may not be entitled to all levels of health care or may not know what their rights to access health care are under the current circumstances; they may be invisible to the public health system altogether. Migrants living with chronic illnesses or severe mental disorders can see their access to basic health-care services and to medication hindered due to movement restrictions and intensification of pre-existing scarcity of medications, which may pose additional stressors on them and their families.

Training on hygienic standards to help prevent the spread of COVID-19 at Ali Khali camp, Teknaf in Cox's Bazar. Muse Mohammed, 2019.

Having to stay in quarantine or in isolation for prolonged periods of time can lead to stress, exhaustion, emotional detachment from others, irritability, insomnia, anxiety, increased substance use, poor concentration and indecisiveness, deteriorating work performance, demotivation to work or low mood. These feelings might last even after the end of the quarantine period. In these situations, it is crucial to enhance self-care and follow recommendations to maintain a good physical and mental health status.

Particularly worrisome is the situation of those migrants who, because of this situation, will find themselves stuck in detention, identification and transit centres, where some indicated measures like physical distancing and hygiene provisions are not possible, those who do not have the financial means to follow recommendations, or those who are isolated or quarantined while travelling or in transit, in places that are neither their origin ones, nor their host ones. Migrants may be subject to stigmatization and discrimination where they are and upon return to destination, as it is the case in general for migrants coming from high prevalence countries or regions.

Find below hyperlinks to resources on common psychosocial reactions to pandemics, some specifically tailored for COVID-19, and others for relatable situations like the Ebola Virus Disease (EVD) outbreak in West Africa in 2014–2016 and the Severe Acute Respiratory Syndrome (SARS) outbreak that invested 26 countries in 2003.

RESOURCES:

IOM Ireland created an infosheet on common reactions to the coronavirus outbreak: COVID-19 / Coronavirus Emotional Responses What to Expect?.

IFRC, UNICEF and WHO published a guide to preventing and addressing social stigma in the COVID-19 outbreak: Social Stigma Associated with COVID-19.

The Psychological Effects of Quarantining a City, written by Rubin and Wessely, explores the psychological effects of current measures to suppress COVID-19 based on previous experiences of quarantined cities.

The article Psychological Interventions for People Affected by the COVID-19 Epidemic written by Duan and Zhu and published in *The Lancet*, debates the results of MHPSS interventions during the outbreak in China.

Brooks et al. reviewed 24 researches on the psychological impact of quarantine for *The Lancet* in 2019: The Psychological Impact of Quarantine and How to Reduce it: Rapid Review of the Evidence.

Although not directly related with COVID-19, literature produced during the SARS and Ebola outbreaks respectively can be of help.

In 2014, Hawryluck et al. examined the psychological effects of quarantine on 129 persons in Toronto, Canada: SARS Control and Psychological Effects of Quarantine, Toronto, Canada.

Similarly, Pellecchia et al. studied social consequences of quarantine for asymptomatic individuals suspected of being in contact with a positive case during the Ebola outbreak in Liberia: Social Consequences of Ebola Containment Measures in Liberia.

Finally, Fear and Stigma: The Epidemic within the SARS Outbreak, by Person et al., outlines efforts to rapidly assess, monitor, and address fears associated with the 2003 severe acute respiratory syndrome (SARS) epidemic in the United States.

GENERAL RECOMMENDATIONS

Although recommendations vary depending on the country, IOM operations and other circumstances, some general key points to be communicated widely to IOM programme beneficiaries include:

- Protect yourself and be protective to others, maintaining physical distancing and following hygiene measures.
- Seek information only from reliable sources, such as WHO or national health authorities, and minimize following news that make you feel distressed.
- Maintain a healthy routine that includes enough rest, body movement and recreational and relaxation activities.
- Balance physical and mental activities and focus on constructive activities that can help you alleviate distress. Remember to adhere to local physical distancing and isolation rules when exercising.
- Maintain social contacts while keeping physical distancing.
- Rely on your values and spiritual beliefs as positive coping strategies to find motivation.
- Reach out for help if you need it.

The recommendations may not be confined to messaging, but they can actually inform programming.

- Protection measures that allow physical distancing can be envisaged, such as the provision of alternative shelters or other solutions wherever physical distancing is not possible. This could be part of tier one responses in a MHPSS programme, and envisage, for instance, distribution of sanitizers or masks.
- Social media campaigns, boards, podcasts, MSG campaigns, other systems of public announcements can be organized by the MHPSS programme, to make sure people receive the right information in a supportive language.
- Suggestions on routines that are possible in the given circumstances can be conveyed in workshops with limited numbers of community leaders or videoconferences with facilitators.
- The programme can directly facilitate telecommunications and virtual social contacts, enhancing internet provisions, distributing tablets or mobile phones to the most at risk, teaching how to use virtual communication platforms.
- Social activities that are possible in the given programme and based on national health, hygiene and distancing provisions can be derived from the Manual CB MHPSS in Emergencies and Displacement (chapter 5 to 9) and proposed. If not able to identify them, contact contactpss@iom.int.
- Prayers, daily or weekly religious rituals and contacts with religious functions can be organized, wherever appropriate and acceptable by radio, or social media. For other religious rituals, like burial rituals, see the relevant paragraph at page 11.

Without reinventing the wheel, recommendations and messaging could be drawn from the following resources. All the tools below are valid. However, they would need to be re-tailored to the specificities of the beneficiaries of your programme to be effective, before they are translated in the corresponding languages. By instance, recommending physical distancing may not be appropriate and even counterproductive if people are not allowed to keep distance because of the conditions of the transit centre where they are hosted. In this case it could be better to give hygiene and distancing recommendations that are possible and useful. Suggestions to seek information from reliable sources may not mean much to more vulnerable or irregular migrants and the message should be accompanied with examples of reliable sources they can trust in a language they can understand. Finally, how to reach out for health care has to be defined in the various possibilities that are actually available to different categories of migrants.

RESOURCES:

WHO published a guide on MHPSS considerations with messages for the general population and various social groups, which can be found here: Mental Health and Psychosocial Considerations During COVID-19 Outbreak.

WHO published a leaflet named Coping with stress during COVID-19, which includes general recommendations and is available in the following languages: Arabic; Chinese; English; French; Russian; and Spanish.

WHO created a series of cards related to COVID-19 to be used in social media, they are available here: Social media cards.

The U.S. Center for Disease Control (CDC) shared recommendations on how to manage stress related with COVID-19: Manage Anxiety & Stress.

Roberto Biella Battista, an emergency psychologist for the 118 service in Lombardy-Italy developed a series of recommendations, available in both Italian and English.

IOM San Jose has elaborated a leaflet specifically for migrants: Recommendations for Migrants – How to Cope with Stress during the Coronavirus COVID-19 Outbreak. Now available in other languages: here.

Coping with Stress During Infectious Disease Outbreaks that Require Social Distancing is a leaflet published by the Los Angeles County Department of Mental Health and Los Angeles County Department of Public Health.

The IOM Staff Welfare webpage now has a special section on managing through COVID-19, which can be found here.

Going beyond sharing information is needed to promote behavioural changes, particularly in the light of a global emergency that requires evaluating some careless social and cultural behaviours and the lack of understanding of our interconnectedness as a system. Integrating models such as **Health Belief** facilitates individuals taking actions to ward off, screen for, or to control an ill health condition.

PREPAREDNESS

The COVID-19 outbreak is at different stages in the countries where IOM operates. Countries where the outbreak is at initial stages or is not yet initiated, should be prepared and have a contingency plan.

MHPSS managers should:

- Be aware of measures taken at the country level and international recommendations.
- Organize focus groups or rapid surveys to understand the perception of COVID-19 among the target population, in order to demystify misperceptions through appropriate messaging (see box below).
- Identify more at risk beneficiary groups, families and individuals or those that could be made most vulnerable by the outbreak (i.e elderly who live alone) and mobilize the communities to prepare a plan to respond to their needs.

IOM Cox Bazar, in preparation to a possible outbreak in the camps of Rohingya refugees and host communities, conducted an **initial assessment** on perceptions, myths, gossips and fears about COVID-19 among the local populations, in order to inform both responses and messaging.

In addition to this, **a new document** on local perceptions of COVID-19 was published. The document is based on 12 focus group discussions with Rohingya community members.

- Map out community structures, human resources and services which are available and need to be mobilized at different stages of the outbreak.
- Maintain or intensify coordination with partners and MHPSS Working Groups if existing to ensure a harmonized approach and adequate coverage.
- Referral pathways for persons with mental health conditions should be updated.
- Staff should be prepared to have different work arrangements, including telework.
- Identify the technology needed for remote support and prepare a procurement and distribution plan if needed.
- Prepare tailored training materials for MHPSS staff and frontlines, including Psychological First Aid (PFA) and self-care. For the preparation of key messages and a broadcasting plan, key messages can be directed to the general population before the onset of the outbreak and then be tailored for specific groups identified as vulnerable.
- Activities must be adapted to the needs of target groups and country regulations at each stage, prioritizing remote support and peer to peer support. People receiving clinical care, should receive continued services.
- Support the establishment of community based and community run response mechanisms, including volunteers who check in with the elderly, basic psychosocial skills training for leaders and activists, etc.
- Envisage forms to build interventions based on capacities created within the community.
- Create a system of technical supervision for the MHPSS team and the community members involved in the MHPSS response, taking into consideration logistics and telecommunication needs.
- Orientate priority workers, like fireman, law enforcement officers, paramedics, nurses, faith leaders, essential shop personnel and others in how to be supportive of people affected by COVID-19.

RESOURCES:

The **IASC Information Note on Updating Humanitarian and Country Response Plans to Include Covid-19 Mental Health And Psychosocial Support (MHPSS) Activities** provides a rationale for prioritization of actions and key interventions.

The Inter-Agency MHPSS Reference Group in South Sudan developed a guide for MHPSS in the COVID-19 response which includes considerations for the pre-outbreak/preparedness phase: **MHPSS Considerations during COVID-19 pre-outbreak response in South Sudan.**

IOM Ethiopia developed a MHPSS response plan, based on the current programmes, the country context and the IASC relevant guidance: MHPSS Response to COVID-19.

A multi-agency group is finalizing an orientation manual online for workers who provide essential services during the lockdown (paramedics, nurses, volunteers, law enforcement officers, shop assistants and owners, caregivers). As soon as ready, it will be found here.

WHAT TO DO IN DIFFERENT SETTINGS

CAMPS AND CAMP-LIKE SETTINGS

People living in camps may have more difficulties to self-isolate and adhere to relevant hygiene recommendations. Adverse living conditions might exacerbate feelings of fear, distress and anger. MHPSS interventions in camps should follow the IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement, adapted to the COVID-19 situation, that is avoiding activities that go against national provisions on safety and sanitary protection measures. Contact contactpss@iom.int for any questions or comments.

- Prayers, daily or weekly religious rituals and contacts with religious functions can be organized, wherever appropriate and acceptable by radio, or social media. For other religious rituals, like burial rituals, see the relevant paragraph at page 11.
- Psychosocial mobile teams, if in place, can:
    - o Assess perceptions of COVID-19 among beneficiaries,
    - o Design awareness-raising (developing appropriate key messages),
    - o Design suitable ways to share information,
    - o Offer specific psychological support before a lock down,
    - o Organize virtual psychological support,
    - o Identify and mobilize existing community structures and resources.
- Re-train those community members trained in Psychological First Aid (PFA), in the PFA adaptation for COVID-19 context.
- Mapping of existing resources in the camps (e.g. people trained in PFA).
- Train frontline workers on MHPSS in epidemics, PFA adaptation for COVID-19 context version, anti-stigmatization around COVID-19 and self-care.
- Empower community members and civil society organizations through the provision of printed materials to distribute and workshops done with limited participants, one-on-one, or virtually.
- Other measures for remote support can be created and intensified, including:
    - o Remote technical supervision of community resources via Skype or telephone,
    - o Telephone hotlines,
    - o Remote services: e-based PFA and counselling services.
- Peer to peer support can be established for people living in the same household.
- Promote family support, seeking to cultivate strengths and innate problem-solving abilities to restore confidence in their inner capacity to overcome adversity through provision of recommendations and remote support.
- Community support systems need to be established for people with vulnerabilities who are unable to provide for themselves, access essential services, etc.
- Identification and referral of persons experiencing high levels of distress or presenting with mental health conditions need to continue.
- Ensure psychosocial mobile teams are protected during their activities (e.g. by providing masks or other protective gear).

RESOURCES:

For MHPSS within the COVID-19 Response in Humanitarian Settings see:

IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, elaborated by the IASC Reference Group on MHPSS in Emergency settings of which IOM is an active member.

IOM Cox Bazar summarized the main points of the Briefing Note in a Power Point that can be found here.

The Sphere Standards and the Coronavirus Response, is instead a document looking at the use of the Sphere Standards in the context of the COVID-19 pandemic, marginally referring to MHPSS components.

PFA is a key intervention in and out of camps. Resources developed for the COVID-19 response can be found here: Annex to the IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak - PFA adaptation for COVID-19 context

For the provision of PFA remotely, see this interesting guide: Remote Psychological First Aid during the COVID-19 Outbreak Interim Guidance.

The IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak also contains an annex on Continuation of comprehensive clinical care in humanitarian settings, and a second one on Remotely delivered MHPSS services.

The South Sudan MHPSS technical Working group developed an SOP and a guidance note on Remote MPHSS assistance during COVID-19, with key points on hotline management and recommendations for all levels of the IASC pyramid of intervention.

For Remote Counselling see some preliminary materials elaborated by IOM Cox Bazar and IOM Iraq respectively, that will be updated with the development of the programme in the next versions of this Guide:

Updated version: Tele-counselling guidelines - MHPSS Team, IOM Cox's Bazar, Bangladesh.

IOM Iraq wrote a guide for MHPSS staff to set the scene and establish a private setting for a remote interactions with service recipients. It can be found here.

Delivering Psychological Treatment to Children via Phone: A Set of Guiding Principles Based on Recent Research with Syrian Refugee Children sets out basic principles for the safe delivery of psychological therapy to children via telephone, based on the adaptation of an existing therapy for phone delivery among Syrian refugee children in Lebanon. The project was a collaboration between Queen Mary University of London, American University of Beirut, Médecins du Monde, Johns Hopkins University, and Medical School Hamburg.

URBAN SETTINGS

In urban settings, migrants might be facing lack of adequate accommodation during the quarantine period, barriers to access information and services, overcrowded spaces and disrupted or weakened support networks, as well as livelihood and subsistence problems. This situation might add stress related to their migration status and limit even further their access to livelihood opportunities. Their access to health services needs to be monitored.

For more information, see this article The Neglected Health of International Migrant Workers in the COVID-19 Epidemic. Existing activities must be adapted to the needs of target groups and country regulations at each stage, prioritizing remote support and peer to peer support. People receiving mental health care should receive continued services, according to the established protocols for continuity of care set by the host government.

As permitted by each country's regulations, psychosocial mobile teams can play a key role raising awareness, offering support and linking with services. They may play a role in:

- Mapping resources in the areas of social support, shelter, housing, hygiene and safety kits, health care for migrants in accordance with their migration status.
- Disseminating this information to migrants through leaflets, media, social media, informal networks.
- Preparing migrants in advance for possible state measures, with sessions on self-care and stress management.
- Providing remote counselling services.
- Supporting the identification of vulnerable populations and referring them to other critical programmes such as cash and in kind distribution programmes.
- Providing existing migrant centres, migrant aggregation venues and health and other service centres with self-help materials for migrants, such as the one linked below or variations of:

Self-Help Booklet for Men Facing Crisis and Displacement

Psychological Coping During Disease Outbreak

Self-Care and Coping Skills in Stressful Situations Booklet

Newly added: Orientation on Psychosocial Well-Being in a Situation of Isolation and on How to Increase Resilience in Migrant Communities, developed by IOM Portugal.

IOM Iraq created a poster on having a healthy daily routine at home, it is available in Iraqi Arabic dialect, Sorani Kurdish and Bahdini Kurdish.

IN THE HEALTH-CARE SYSTEM

Some categories of migrants may suffer unequal access to health-care services, or be used to not refer to public health services in fear of being registered or because they are not aware of their rights vis a vis health-care access. Even when they access the services, they may encounter linguistic and cultural difficulties. This becomes even more risky in situations of pandemics. MHPSS managers should liaise with relevant health authorities and migrant communities to:

- Advocate for all migrant inclusion in prevention, response and treatment options in relation to COVID-19.

- Translate important information on protocols to access COVID-19 related anamnesis, testing and treatment in the languages of migrant communities in the respective areas.
- Mainstreaming of MHPSS in primary health centres and existing support structures and training of government professionals, e.g. health workers in the response in the PFA Annex for COVID-19.
- In high migration areas, making sure that COVID-19 emergency and triage unit can rely on relevant interpretation through hotlines or community anchors.
- Translate printed materials for home care or discharge protocols distributed at hospital or COVID-19 Emergency and Triage centres in the languages of migrant groups living in the area.

Find **here** online training sessions for helpline workers using the PFA framework developed by Dr. Nancy Baron. The materials were developed to train Egyptian psychologists and psychiatrists attending a helpline for health professionals and a helpline for patients in isolation units.

IOM Portugal is organizing online **MHPSS sensitization sessions** for people in contact with migrants affected by COVID-19. The sessions targeted medical students, reception actors, social workers and civil society actors. These remote sensitization sessions offer practical guidance on identification and referrals to specialized care, communication, and self-care. More focused sessions are also planned for frontline migrant counsel and possibly for law enforcement and security personnel in detention centers.

DETENTION CENTRES

COVID-19 is increasing uncertainty about the future and safety of migrants. Inaccurate information and rumors spread fear among migrants with restricted movements, who fear the virus will spread within the detention centre and they will not be able to escape it. Containment measures most probably imply cancelling visits and increasing the risk of isolation. Detained migrants may face increased stress, anger and frustration following these measures, which might result in increased tension within centres. Public calls have been made to release detainees and avoid the spreading of the disease in confinement.

Some actions can help support the well-being of migrants in detention:

- Provision of accurate information regarding measures to be taken, symptoms and available services in migrants' language to reduce stress.
- Facilitate communication with their family and friends, with phone calls or online methods when visits are cancelled, eventually by providing the relevant tools.
- Suggest social and occupational activities that can be continued without facilitation of staff.
- Provide physical space and materials that enable creative, physical activity like mind-body forms of activity or resistance based exercise, sociocultural activities initiated by detainees, as well as hygiene materials and safety and hygienic protocols. Systems should be in place to ensure access to recreational spaces maintaining physical distancing.
- Establish peer support systems and encourage self-care routines.
- Offer remote counselling.
- Training staff in the PFA Annex for COVID-19 model and basic MHPSS.

WHO Regional Office for Europe released an interim guidance targeting both people in prison and in detention. It can be found here: **Preparedness, Prevention and Control of COVID-19 in Prisons and other Places of Detention.**

OHCHR and WHO developed the **IASC Interim Guidance on COVID-19: Focus on Persons Deprived of Their Liberty**.

TRANSIT CENTRES

People living in transit or reception centres or shelters for migrants already experience uncertainty about their future and frequently live in overcrowded spaces separated from their support networks. COVID-19 is an added source of distress and uncertainty which comes along the suspension of most return and resettlement programmes or impossibility to continue their path. Recommended actions include:

- Provision of accurate information in migrants' language as well as culturally sensitive and appealing ways (applications, leaflets, radio messages, online workshops) to reduce stress.
- Facilitate communication with family and friends with phone calls or online methods.
- Suggest social and occupational activities that can be continued without the involvement of staff.
- Provide physical space, material, hygienic materials and safety and hygienic protocols that enable creative, physical activity, sociocultural activities initiated by residents.
- Establish peer support systems and encourage self-care routines.
- Offer remote counselling.
- Training staff and migrant leaders in the PFA Annex for COVID-19 model and basic MHPSS.
- Offer distant technical supervision for the above.

RECOMMENDATIONS

FOR MIGRANT WORKERS AND TOURISTS STRANDED IN QUARANTINE

Migrant workers and tourists stranded in quarantine due to a potential exposure or because of the closure of borders, or having to undergo quarantine after arrival at destination or back home, can face several additional stressors. IOM may be asked by some governments to extend support to these groups. IOM will probably work with this group of people for the first time and will have limited access to them. Some actions can alleviate this situation:

- Facilitate contact with embassies, consulates and services.
- Translation of information on the situation in the countries (transit and habitual residence) to help relieve stress.
- Provision of materials and information on stress management and on self-care during quarantine.
- Phone or online counselling in their own language, through mobilization of resources in their country. In this link you find a remote group support session for migrants quarantined for prevention in a migrant centre in Algeria.

RESOURCES:

The Hong Kong Red Crescent elaborated a self help leaflet for people quarantined for SARS that can be readapted to the COVID 19 situations. Psychological Coping during Disease Outbreak - People who are being quarantined: Psychological Coping during Disease Outbreak - People who are being quarantined.

In this link you find a remote group support session for migrants quarantined for prevention in a migrant centre in Algeria: Rapport d'activité: Groupe de parole avec les migrants par Skype.

FOR POPULATIONS AT HIGHER RISK

This group includes people aged 65 years and older, people living in long-term care facility, people with disabilities and people with preexisting conditions, such as hypertension, diabetes mellitus, coronary disease, etc. For these migrants, it is especially important to follow recommendations to avoid being infected. They might find added barriers to access health services and find services they were used to receive being upheld.

Elderly migrants are more likely to not speak the language of the host country, most probably need support to carry out daily activities that might be suspended or affected and suffer the negative effects of quarantine. The community can facilitate support and health and social care providers need to be oriented about this groups' vulnerabilities and difficulties in accessing health-care services. COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement covers inclusion. The IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, elaborated by the IASC Reference Group on MHPSS in Emergency settings, contains an annex on Specific MHPSS considerations for Older adults.

The International Disability Alliance (IDA) compiled a list of the barriers that persons with disabilities face, along with some practical solutions and recommendations. Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance.

Victims of trafficking might be at enhanced risk, with more limited options to seeks help, access health services or return to their country of origin. Coordination with protection teams is necessary to support them during lock down.

People with severe mental health conditions are also at a higher risk, MHPSS services must be adapted and special considerations are essential for new clients in need of support during the pandemic.

The IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, contains an annex on Continuation of comprehensive clinical care in humanitarian settings, with information on considerations around high-risk service users, medication and people with mental health conditions in specific living circumstances.

Other groups in need of additional support might be identified. For instance, the IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, contains an annex on Substance use and addictive behaviours during COVID-19.

Resources on gender implications are also available:

Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings

The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific

Tools & Resources for Thematic Areas

Newly added: Age, Gender and Diversity Considerations

FOR MIGRANT CHILDREN

Children must receive accurate information, with messaging adapted to their age. They will react to news and experience quarantine in different ways according to their age and context.

RESOURCES:

Activities and messages for children:

The Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak includes a section on messages and activities for helping children deal with stress during the covid-19 outbreak.

The factsheet Helping children cope with stress during COVID-19 shows five WHO recommendations to support children.

Molly Watts, an intensive care nurse at Southampton Children's Hospital, wrote an online picture book to help children respond to their worries about the coronavirus outbreak: Dave the Dog is worried about coronavirus.

My Hero is You, Storybook for Children on COVID-19 is a project developed by the IASC MHPSS RG, with the contribution of experts from the RG's members, groups of parents, caregivers, teachers and children, looking specifically at MHPSS.

Some materials were elaborated to help children understand the facts of coronavirus which can have a mitigating effect on their fears and distress, for instance:

What can we say to children about Coronavirus (COVID-19)? Is a guide written by Atle Dyregrov and Magne Raundalen, offering advice for parents, facts about the corona virus, indications on what to say to children and information on family life during the outbreak.

Save the Children developed tips on how to talk with children about COVID-19 that can be found here: 7 Simple Tips on How to Talk to Kids About the Coronavirus.

Among materials elaborated for prior pandemics it may be worth to consult:

14-day Well-being diary is an activity created by the Hong Kong Red Cross for children who have to stay in quarantine.

I'm Just Like You! How to Talk with Children About Ebola is a guide written to help children understand what Ebola is, how to stay safe and how to cope with their fears and feelings, which can be adapted to COVID-19.

Resources for caregivers and teachers:

Parenting in the Time of COVID-19 is a series of six one-page tips for parents, which cover planning one-on-one time, staying positive, creating a daily routine, avoiding bad behaviour, managing stress, and talking about COVID-19.

UNICEF offers 8 practical tips to help comfort and protect children in How to talk to your child about coronavirus disease 2019 (COVID-19).

UNICEF also shared How teachers can talk to children about coronavirus disease (COVID-19), with tips for having age appropriate discussions to reassure and protect children.

IFRC, UNICEF, and WHO created the document Key messages and actions for coronavirus disease (COVID-19) prevention and control in schools, with facts about COVID-19 and information for school staff, caregivers and community members.

The CDC created messages for parents, school staff, and others working with children, which encompasses general principles and facts to discuss with children, it can be found here: Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children.

Supporting children's wellbeing and learning during school closures was developed by the MHPSS Collaborative for Children and Families and Save the Children. It consists of messages and tips focusing on supporting parents and caregivers in order to improve both wellbeing and learning outcomes for children.

Teenagers:

How teenagers can protect their mental health during coronavirus (COVID-19), available at UNICEF's website, provides six strategies for teens.

These tools are copyright free and can be translated in all languages. To avoid duplications, coordinate the plans of translation with the Global MHPSS Section.

BURIAL RITUALS

In many countries affected by the epidemic, burial rituals are not allowed and the disposal of corpses might imply cremation. This can cause distress in families and be against religious practices of many migrant communities.

To limit the distress this can cause to families and friends, MHPSS managers can establish a system of virtual consultations with religious leaders from the communities of origin of the migrants to find the appropriate language, and remote/different ritual forms that could give closure within established symbolic mechanisms.

This has been done by IOM in situation of natural disasters where all corpses could not be found. When burial teams exist in camps, they can receive orientations on psychosocial aspects of the COVID-19 and be supported to access to psychosocial support and prevent stigmatization. Find relevant guidance in the Manual on **CB MHPSS in Emergencies and Displacement** in Chapter 7: Rituals and Celebrations.

Since not having access to just burial rituals and traditions can create a stressful toll on communities, in Somalia IOM MHPSS teams are engaging religious leaders in the development of national guidelines for the disposal of corpses.

MHPSS PROGRAMMING AND STAFF CARE

IOM is taking protective measures for staff, which in most cases impact work routines. This can lead to moving to teleworking modalities, increased workloads, increased exposure to COVID-19 for frontliners, cancellation of Rest and Recuperation (R&R) or annual leave as well as temporary limitations to the ability to work. Many CoMs are asking MHPSS managers to take the lead in the organization of staff care. It is important to note that MHPSS programmes and staff care need to be separated, for a series of reasons:

a) Ethical standards that are inherent to help professions on the differentiation between therapeutic, work and friendly relationships.

b) Workload: you and your team are asked to readjust programmes and procedures and to respond to increasing demands with additional limitations. Adding new tasks may be overwhelming.

c) Profile: not all IOM MHPSS experts are counsellors or counselling psychologists, and typically they have worked more on the management side of things for years. They may not be best positioned to provide counselling or establish staff care systems.

d) Sustainability. Most IOM MHPSS resources are generated by projects, while staff care is a corporate responsibility. Projects have their own deadlines, intended beneficiaries to serve and time limits. Staff care needs to be a dedicated and limitless process which should be offered to MHPSS teams as well.

e) Donor permission. This can't be on the top of your other duties (see b). A shift in functions will have to be sought from donors for projectized positions. Missions in donor capitals can guide you. Seek their views on reprogramming of funds.

This being said, in exceptional circumstances MHPSS managers may step in given that:

a) The task is resolved,

b) Is evaluated to be possible,

c) Is a professional match,

d) There is a clear timeframe and an exit strategy, so it is clear this is done for a very specific time and there is an envisaged hand over and,

e) Is sought by higher management.

In all other cases, and as a first line response, direct the CoM to the Staff Wellfare Unit at headquarters or in RO Cairo. There are more indirect ways in which MHPSS programmes can help staff care. These include informing the staff members about the available staff welfare services, sharing messages created by the staff welfare's office, identifying rather quickly experts (emergency psychologists and others) in various languages both globally and through regional and national networks for support.

ANNEXES

ANNEX I: STAFF CARE AND TIPS

In general, and for your own and team well-being, follow the following recommendations from the staff counselling unit. Here you can find IOM Key messages to deal with the situation:

Message 1 - Managing in the current health situation

Message 2 - Understanding our reactions to the current health situation

Message 3 – The impact of isolation

Message 4 - Managing during COVID 19

Other resources:

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

Please take into consideration the following aspects:

1. Awareness

Make sure you follow all of the safe hygiene precautions as advised by OHU and WHO and only pay attention to information from reliable sources. Ration how often you look for updates unless it is necessary, including social media. IOM staff must follow regular global, regional and national recommendations to be aware of the risks and measures to be followed. Additional information on the psychosocial implications of the virus can be found in this presentation on preparedness for UN personnel:

Dimensions & Implications of the Coronavirus disease 2019 (COVID-19): Preparedness for UN personnel

Further advice and technical guidelines on COVID-19 can be found on the WHO website.

COVID-19: fighting panic with information

2. Working from home

Create a routine and make sure that you create a separation between work and home-life, both in terms of time and where you work. Plan your work with your supervisor and colleagues and plan your daily tasks to stay focused. Avoid feelings of isolation by having regular meetings with your colleagues and make sure you take breaks. You can find further information in the following documents:

The 3 Cs for effective telecommuting

Working from Home and Staying Healthy and Motivated

3. Self-care

Even if you are MHPSS staff, you might feel overwhelmed focusing, irritability or other emotional responses that might change from day to day. It is important to maintain your own coping strategies as well as adopting new ones to deal with physical distancing. Take breaks when you feel you need them and plan your time to keep a good work-life balance, scheduling activities in the evenings or weekends. You can use your phone or laptop to keep in touch with friends, have virtual meals, gatherings or parties. You can take classes online to learn new skills, do cultural activities or follow yoga and exercise videos to stay physically active. Think of ways in which you can support your colleagues, family, friends and community. Exercises like writing a diary can help to manage your worries. If you have mental health concerns, e.g. anxiety, then please contact your own professionals or Staff Welfare (swo@iom.int). For more information:

Here and here you can find relevant information on physical activity developed by WHO and Global Recommendations on Physical Activity for Health.

As well as resources from IFRC on Managing stress in the field, and the UN's HR portal on Self-Care and Resilience.

This article from New York Times provides some practical examples and links: The Scientific 7-Minute Workout and headspace provides online mediation.

4. Health staff

Health staff face a higher risk of infection, increased work pressure, daily contact with affected people, death of patients and communicating it to family members, and possible stigma and discrimination. Health staff must be aware of the risk of suffering compassion fatigue or burnout.

Basic Psychological Support during Covid19-Guidance note for ICRC Staff Health

Psychological Coping during Disease Outbreak Healthcare professionals and first responders

Coronavirus Disease (COVID-19) Outbreak: Rights, Roles and Responsibilities of Health Workers, Including Key Considerations for Occupational Safety and Health

The Psychological Impact of the SARS Epidemic on Hospital Employees in China: Exposure, Risk Perception, and Altruistic Acceptance of Risk

The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) IN THE COVID-19 RESPONSE

GUIDANCE AND TOOLKIT FOR THE USE OF IOM MHPSS TEAMS: VERSION II

Disclaimer: This publication is a work in progress and is being continuously updated.

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