

# COVID-19

## RECOMMENDED INTERVENTIONS IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) DURING THE PANDEMIC



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# SUMMARY

The COVID-19 pandemic is a major threat both to physical and mental health and to the well-being of entire societies that have been critically affected by this crisis, making it a priority that must be urgently addressed (1). Hardships associated with socioeconomic effects, fear of the virus and its spread, and other related concerns have an unquestionable impact on the mental health of the population.

This document describes the essential interventions in mental health and psychosocial support (MHPSS) that should be developed on an intersectoral basis in countries and communities. Its frame of reference is the Inter-Agency Standing Committee (IASC) intervention pyramid for MHPSS services (2). The pyramid shows different levels of support, ranging from social considerations, safety, and basic needs, to the provision of specialized services for the management of more severe conditions, as well as the probable volume of demand at each established level.

The following are the main recommended COVID-19 response interventions at each level of the pyramid, from base to apex, in the:

1. Social considerations in basic services and security:
  - Risk communication and promotion of measures for protection, safety, information, response to basic needs, and psychosocial considerations (3, 4, 5).
2. Strengthening community and family supports:
  - Psychological first aid (PFA) (6) from community actors, adapted to COVID-19.
  - Mutual support and other community-based psychosocial strategies (3).
  - Information and recommendations for vulnerable or at-risk groups (3, 4).
3. Focused non-specialized supports:
  - Remote or in-person attention at the first level of health care, based on humanitarian intervention strategies to close mental health gaps (mhGAP) (7).
  - Psychological first aid (PFA) (6) from health professionals (in-person or remote), adapted to COVID-19.
4. Specialized mental health services:
  - Remote care in psychiatry, psychology, or counseling.
  - In-person emergency care.
  - Continuation of preexisting treatments.

# INTRODUCTION

As a result of the COVID-19 pandemic, the Region of the Americas and the entire world are in a situation that is unprecedented in the 75-year history of the United Nations. The virus is putting enormous pressure on socioeconomic systems and health, while people struggle to receive adequate care and maintain their livelihoods. The COVID-19 pandemic is a major threat both to physical and mental health and to the well-being of entire societies.

People's mental health and psychosocial well-being are profoundly affected at many levels as they face hardships. As the virus enters and spreads across communities throughout the Region (8), there are many risk factors for mental health: household quarantine, physical distancing, isolation in hospitals, interruptions in health services in general and mental health services in particular, difficulties in guaranteeing continuous availability of medicines, and concerns about becoming infected and infecting others, including loved ones. Fear, sadness, anxiety, and concern are common and understandable reactions. In some cases--usually a small proportion of the population--these reactions can be prolonged and become more serious and incapacitating, leading to an increase in mental health disorders in adults and children. Furthermore, communities and individuals may define their needs and priorities differently in each circumstance.

The current priority is to save lives and strengthen public health measures, hygiene, and sanitation. However, people's emotional needs require care. Otherwise, a silent epidemic could cause serious harm to individuals, society, and the economy.

According to the World Health Organization (WHO) and the Pan American Health Organization (PAHO), the mental health and psychosocial support (MHPSS) response to COVID-19 is aimed at reducing suffering and improving the mental health and psychosocial well-being of people directly or indirectly affected by the disease.

This document describes the essential MHPSS interventions that should be developed on an intersectoral basis in countries and in communities.

# MHPSS INTERVENTION PYRAMID

As the progression of the COVID-19 pandemic continues, many people will be affected in different ways and will need different kinds of support.

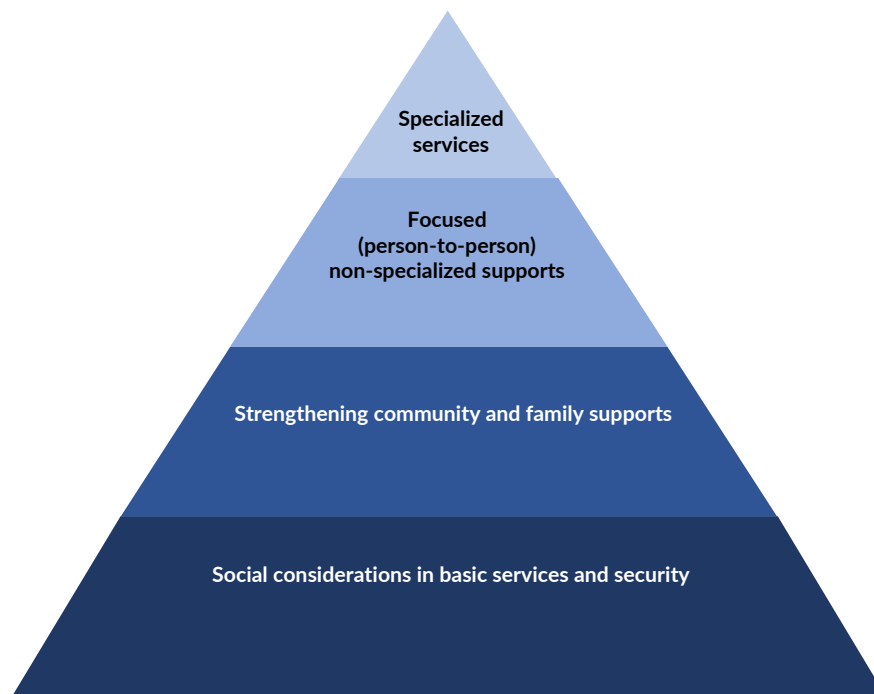
As an appropriate basis for the development of a set of strategic recommendations that serve the population's needs, the Inter-Agency Standing Committee (IASC) MHPSS intervention pyramid (2) has been used. The pyramid presented in Figure 1 offers guidance and examples to establish a multi-level complementary support system, recognizing that people are affected at different levels and intensities, and therefore require different kinds of support. All levels of the pyramid are important, and they should be adapted to each local context during the pandemic and implemented sustainably.

The base of the pyramid consists mainly of interventions that focus on the general population during the pandemic. Next comes community and family support for groups that have some degree of vulnerability. Further up the pyramid, we find focused support for individuals with specific mental health needs and finally, at the top, there are specialized mental health services for people with disorders that require interventions of greater complexity.

The proposed interventions at each level are designed to respond to specific identified needs, and to prevent greater mental health impacts through timely and comprehensive interventions at the lower levels of complexity.

In an integrated approach to MHPSS, professionals and community actors work together along the pyramid to meet communities' needs. This requires specific competencies and minimum standards.

Figure 1. Pyramid of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings



# CONSIDERATIONS AND GENERAL RECOMMENDATIONS

- MHPSS is considered a cornerstone in emergencies and has been identified as an essential component within the general health response, along with other areas of intervention in the COVID-19 pandemic (1,2,3).
- Interventions should recognize and utilize the existing national regulatory framework (for health, education, security, and other areas).
- Intersectoral coordination is needed to ensure optimization of resources uses and to avoid duplication of effort, including coordination between the public and private spheres. The sectors involved include health, social protection, education, human rights, community organization, human resources, food safety, and water and sanitation.
- Interventions should be consistent with the specific needs identified in different groups of people in their specific contexts and within the framework of the stages of progression of COVID-19.
- Conduct a rapid damage risk assessment and an analysis of mental health and psychosocial support needs, including the identification and mapping of available resources, preexisting services, and key actors (9).
- Ensure that preparedness and response activities are monitored and evaluated in order to make modifications where necessary and improve their effectiveness.
- Prioritize actions according to the need for preventive isolation detected in communities. Particular attention should be given to the needs of the most vulnerable groups in relation to: life course (older adults, children, and adolescents), gender, ethnicity, migratory status, street dwellers, incarcerated persons, people who are institutionalized or living in temporary shelters, and people with preexisting and chronic conditions.
- Use the resources and guidelines for mental health and psychosocial support interventions that have been developed for emergencies--psychological first aid [PFA] (6) and the adaptations recommended for PFA during the COVID-19 pandemic [mhGAP-HIG] (7)--making the necessary adjustments to the local context and specific needs.
- Ensure continuity of treatment for people with preexisting mental, neurological, and substance use disorders.
- Special features of the pandemic make it necessary to adapt mental health and support psychosocial interventions to remote or virtual means (internet, interconnected communication networks, telephone, smartphone applications, community radio, public announcements by loudspeakers).
- Adapt messages and forms of communication to different target groups, according to sex, age, and preexisting conditions, in order to make them accessible and inclusive (3).
- Consider the special features of preventive isolation and restricted mobility in terms of access to services and referral/counter-referral processes.
- Ensure that direct caregivers and health workers have personal protective equipment for their safety and the necessary training to optimize their work and their own self-care, including care of their own mental health.
- Ensure mainstreaming of the human rights approach in all interventions (10).
- Consider the opportunities to develop a community-based mental health services network during the emergency, focusing on sustainability to the extent possible (11).

- People affected by emergencies should consider themselves above all as active participants in improving individual and collective well-being, rather than passive recipients of services designed for them by others.
- The basic principle of “do no harm” should always be respected.
- Adaptation to the specific sociocultural context is a necessary part of any proposed intervention.

## LEVEL 1. Psychosocial aspects of basic services and security

### CONSIDERATIONS

- Ensure that basic needs such as water, shelter, food, basic sanitation, etc. are met.
- Ensure a cross-cutting human rights approach that addresses the vulnerability of specific population groups.
- Respect the human rights of people with COVID-19, health workers, and the community in general.
- Strengthen the dissemination of information about hygiene measures and infection prevention.
- Improve access to reliable sources of information on services and mechanisms for COVID-19 care.
- Promote inclusion and discourage social discrimination against infected people, their family members, and front-line workers.
- Provide information about the expected emotional manifestations, changes in family dynamics, and possible social reactions.
- Provide information on virtual channels, and platforms that can help with the problems associated with mental health and psychosocial well-being.
- Promote healthy lifestyles, physical and psychological self-care, interpersonal communication by phone and online, and social responsibility.
- It is essential to ensure that interventions facilitate the promotion of community safety, the protection of families, children, and the general population, and the prevention of violence, abuse, and exploitation.
- Access to reliable information on the virus, services, and rights is essential.

### TARGET POPULATION

- General population

### PEOPLE INVOLVED IN THE INTERVENTIONS

- Local authorities
- Community health teams at the first level of care
- First responders, including security forces and fire departments.
- Civil society organizations: neighborhood associations, churches, clubs, civil defense groups, and social action groups
- Nongovernmental organizations
- Journalists and other actors in the communications media

### INTERVENTIONS

- Identification of actors and institutions that support the community’s basic needs, safety, and protection.

- Coordination and participation in identifying the affected or at-risk population.
- Coordination and participation in the construction of common strategies to support basic needs, health, safety, and protection.
- Development of consultation processes and citizen participation.
- Identification of community leaders and promotion of their participation in the design and implementation of strategies for the distribution of assistance to the most vulnerable populations.
- Preparation and dissemination of information and social communication for the general population, focusing on mental health promotion and psychosocial well-being.
- Dissemination of information about the services available to the population: support for basic needs, health services, and social protection services.
- Communication by telephone, applications, internet, community radio, public announcements by loudspeakers, or other methods used locally.
- Intervention to reduce stigma and discrimination against people directly affected by COVID-19 and health workers.

## LEVEL 2. Strengthening family and community supports

### CONSIDERATIONS

- Address the psychosocial impact on people and families directly affected by COVID-19.
- Address the impact of disruption to culturally meaningful practices associated with death and mourning.
- Identify risk factors and vulnerable groups that may require specific interventions.
- Strengthen support networks: family, work, and social.

### TARGET POPULATION

- People suffering from the SARS-CoV-2 infection, as well as their families.
- Special populations: children and adolescents, senior citizens, and persons with disabilities.
- Vulnerable groups: migrant populations, homeless populations, people who are socioeconomically vulnerable or live in settlements or shelters, as well as people living in penitentiaries, or geriatric or psychiatric facilities.
- Minorities: indigenous communities, LGBTQI+ populations, etc.
- People who live alone and single-parent households.

### PEOPLE INVOLVED IN THE INTERVENTIONS

- Local authorities
- Health authorities
- First responders, including law enforcement and fire departments
- Community health teams at the first level of care
- Health promoters
- Social workers
- Community leaders
- Educators
- Civic organizations: neighborhood associations, churches, clubs, civil defense groups, and social action groups
- Nongovernmental organizations



## INTERVENTIONS

- Create processes for consultation and citizen participation using alternative means of communication.
- Identify community leaders and promote their participation in the design and implementation of strategies for MHPSS in response to COVID-19.
- Promote mutual support strategies in the community using new communication technologies.
- Facilitate mechanisms for the inclusion of vulnerable individuals and groups.
- Develop actions geared towards preventing stigmatization, discrimination, and exclusion due to race, sex, or illness due to COVID-19.
- Consolidate remote support (telephone and virtual applications), with a focus on vulnerable people.
- Build mechanisms for coping with preventive isolation by integrating work, school, and recreational activities for children and adolescents.
- Strengthen religious and spiritual support, according to the needs of families and communities.
- Facilitate mechanisms to reinterpret mourning practices and rituals in preventive isolation conditions, within a framework based on cultural beliefs, while considering the restrictions on customary practices, given the specific protective measures put in place due to COVID-19.
- Implement support strategies for caregivers of people who need assistance.
- Adapt MHPSS and PFA strategies to remote means of communication (virtual or telephone).
- Connect community leaders to mental health and psychosocial support service providers, as well as nongovernmental actors working during the emergency.
- Identify community leaders and agents that can provide PFA, according to the situation.
- Train first responders and institutions to promote mental health and psychosocial well-being.
- Provide training for community leaders and agents on PFA and identification of people who require specific care (primarily virtual training).

## LEVEL 3. FOCUSED non-specialized supports

### CONSIDERATIONS

- Facilitate access to MHPSS support through remote medical care services for the population.
- Ensure mental health care and psychosocial support for people receiving primary care, focusing on vulnerable groups and minorities, while considering the barriers that prevent access to these services
- Ensure a working network which includes links between social actors trained in MHPSS, general health services, and mental health services at different levels, focused on identifying people with mental health problems, as well as case referral and counter-referral.
- Establish a patient database or registry to monitor and ensure pharmacological and psychosocial treatments.
- Ensure the availability of essential psychotropic drugs (7) at the first level of health care (antidepressants, anti-anxiety drugs, antipsychotics, and anti-epileptic drugs).

### TARGET POPULATION

- People who present mental health problems and require intervention at the first level of care.
- People in quarantine due to COVID-19 who require psychosocial support or mental health care.
- Children and adolescents in vulnerable conditions.
- Victims of gender-based, intrafamily, or social violence or conflict.
- Family members and caregivers of people who require special care.
- Front-line health care teams that treat COVID-19.

- Patients with COVID-19 who are receiving health care.

## PEOPLE INVOLVED IN THE INTERVENTIONS

- Primary care professionals
- Health workers that treat people with COVID-19
- MHPSS professionals (training and supervision)

## INTERVENTIONS

- Remote training for first responders on MHPSS, PFA (6), and mhGAP humanitarian intervention (7) for the identification, care, or referral of people who require care.
- Strengthen general health and mental health services networks for optimal development of identification processes, as well as case referral and counter-referral.
- Provide essential drugs (7) at the first level of health care (antidepressants, anti-anxiety drugs, antipsychotics, and anti-epileptic drugs, among others) so that they can be prescribed by trained general practitioners.
- Promote the mental health and psychosocial well-being of family members and caregivers.
- Promote the mental health and psychosocial well-being of health care teams on the front lines of COVID-19.
- Strengthen mutual support groups that have adapted to remote modalities.
- Medical care for the psychological and neurological symptoms of patients who test positive for COVID-19 (12).

# LEVEL 4. Specialized services

## CONSIDERATIONS

- Guarantee access to and continuity of appropriate treatments for people with mental, neurological, and substance use disorders.
- Ensure a coordinated health services network trained in MHPSS that integrates PFA (6) and mhGAP humanitarian interventions (7).
- Apply the framework of rights for people with mental, neurological, and substance use disorders.
- Provide special care to people living in temporary residences, as well as geriatric, psychiatric, and penitentiary facilities.

## TARGET POPULATION

- People with mental, neurological, and substance use disorders.
- Family members and caregivers who require mental health support.
- Health care teams on the front lines against COVID-19 who require mental health care.

## PEOPLE INVOLVED IN THE INTERVENTIONS

Professionals specializing in mental health:

- Psychiatrists
- Psychologists
- Mental health nurses
- Other mental health professionals

## INTERVENTIONS

- Access to remote mental health care in psychiatry, psychology, and other specialized care (telephone or virtual communication).
- Establish a patient database or registry to monitor and ensure pharmacological, psychological, or psychotherapeutic treatments.
- Provide essential psychotropic drugs, where possible with longer-term prescriptions in order to avoid frequent visits to health care facilities.
- Monitor psychosocial and pharmacological interventions.
- Design specialized mental health intervention strategies for health care workers who require them.
- Training in and promotion of the mental health and psychosocial well-being of family members and caregivers.
- Comprehensive health interventions and monitoring of users with mental, neurological, or substance use disorders, including residents of psychiatric institutions, community residences, senior and other centers.
- Deinstitutionalization of patients with mental conditions in long-term psychiatric hospitals, provided that alternative community services are available.

## RESOURCES

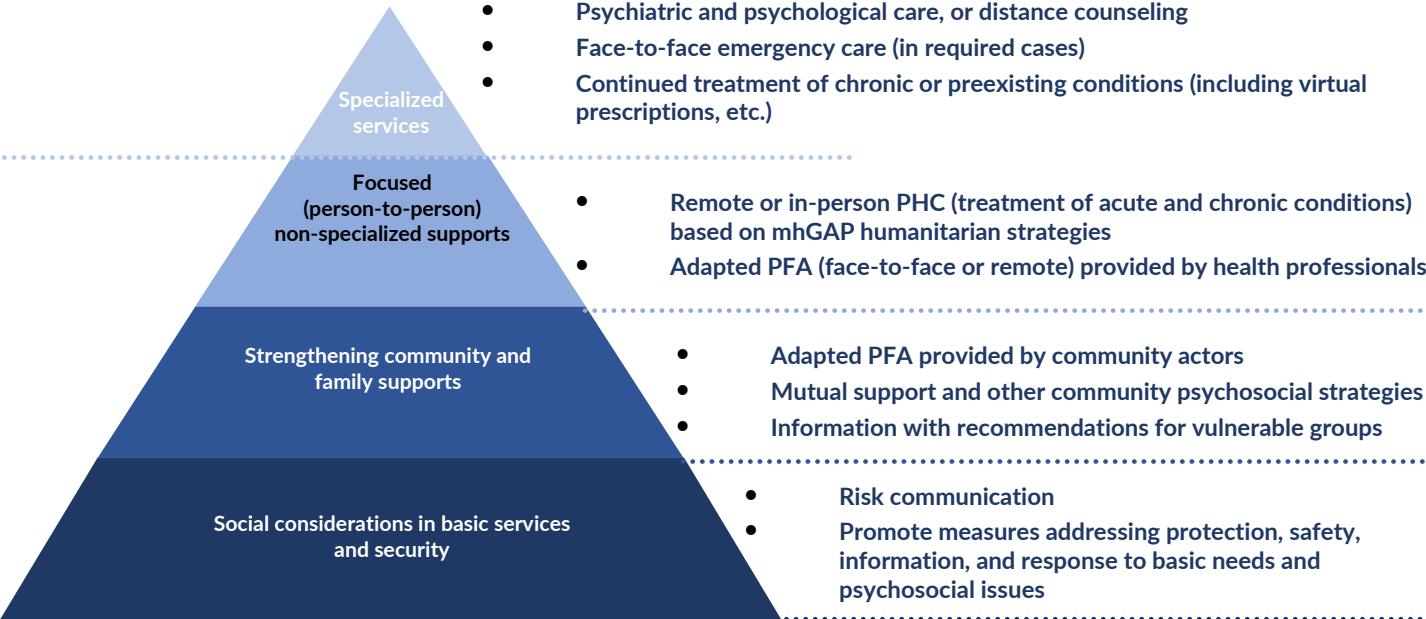
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# SUMMARY OF THE MAIN RECOMMENDATIONS

Below is a structured overview of the main recommended MHPSS interventions for COVID-19 at each level of the pyramid:

Figure 2. Adaptation of the pyramid presented in *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, 2007

## MAIN RECOMMENDED MHPSS INTERVENTIONS FOR COVID-19



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## RECOMMENDED INTERVENTIONS IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) DURING THE PANDEMIC

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