

WHO's contribution to the MHPSS response to COVID-19: an overview

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It is well established that **adversity is a risk factor** for short-term and long-term mental health problems.

- The COVID-19 pandemic is causing widespread anxiety, panic, feeling of helplessness and uncertainty about the future.
- People who test positive for COVID-19 and those who have loved ones affected by COVID-19 are being particularly affected, including by stigma.
- Experiences of extreme psychological stress threaten COVID-19 prevention efforts when people are too stressed to fully comply with public health guidance.
- COVID-19 is likely to exacerbate pre-existing mental health conditions.

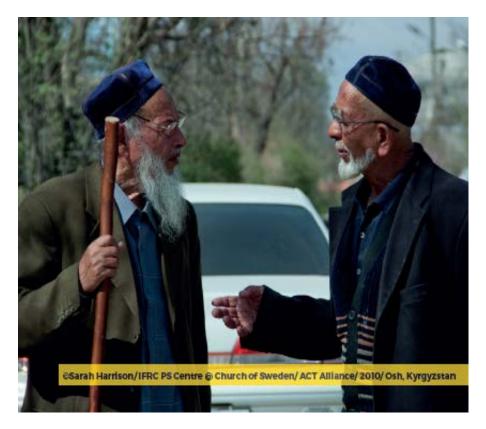
"There is No health Without Mental Health"



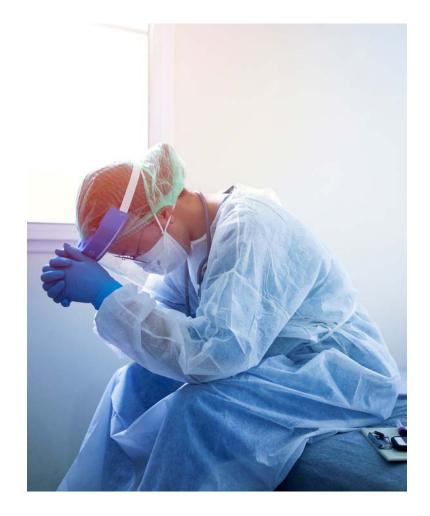
- Physical distancing, while being an important prevention measure, can weaken social support systems, likely affecting people's mental health and psychosocial well-being.
- People experiencing the death of family members due to COVID-19 often do not have the opportunity to be physically **present in their last moments**, or to have **funerals according to their family and cultural traditions**.
- Major economic impact, including loss of livelihoods exacerbates underlying social adversities, with impacts on mental health, brain development, alcohol and other substance use.
- Increased protection concerns, particularly women and children at risk of family violence.



- Highly vulnerable groups:
- Older adults or children with developmental or neurological problems and their caregivers
- People with disabilities, including psychosocial disabilities
- People with pre-existing chronic physical health problems (e.g. NCDs, HIV; TB)
- People in long-stay facilities (e.g. psychiatric institutions and homes for older adults)







- Frontline workers, particularly health workers, are playing a crucial role in fighting the outbreak and saving lives.
- They are under **exceptional stress** with increased workloads, large numbers of people needing urgent care, and are confronted with higher mortality and suffering.
- **Stigmatization** towards those working with people with COVID-19 has been reported
- MHPSS for health staff is insufficient
- There have been recent reports of suicide attempts by health care workers



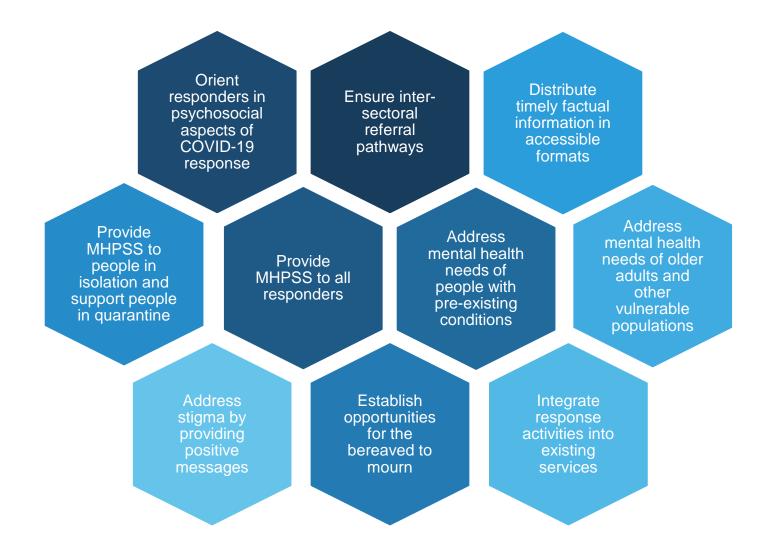
The humanitarian sector is especially concerned about **people on the move** (e.g., forced migrants, including refugees and asylum seekers) and **people living in areas affected by humanitarian crises:**

- Limited access to health care may become extremely difficult.
- Increased risk of contracting the virus because of confined living conditions
- Further stigma and discrimination



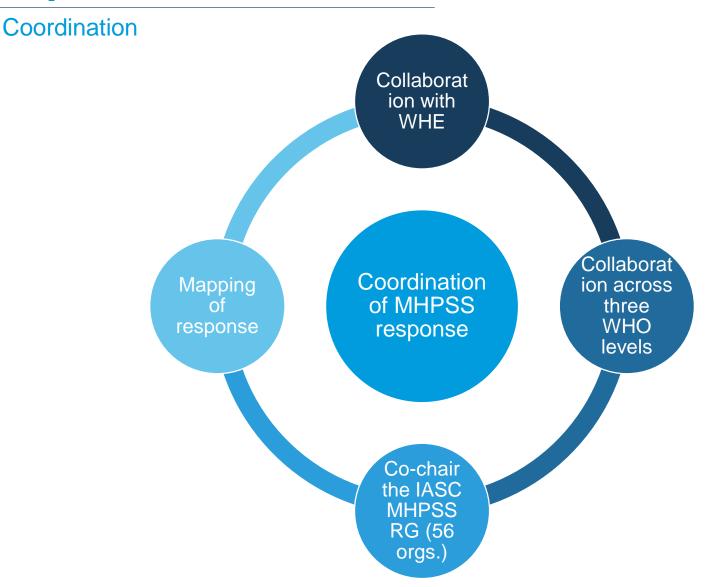


Recommended activities



*All activities are in line with IASC Briefing Note on Addressing MHPSS aspects of COVID-19 outbreak

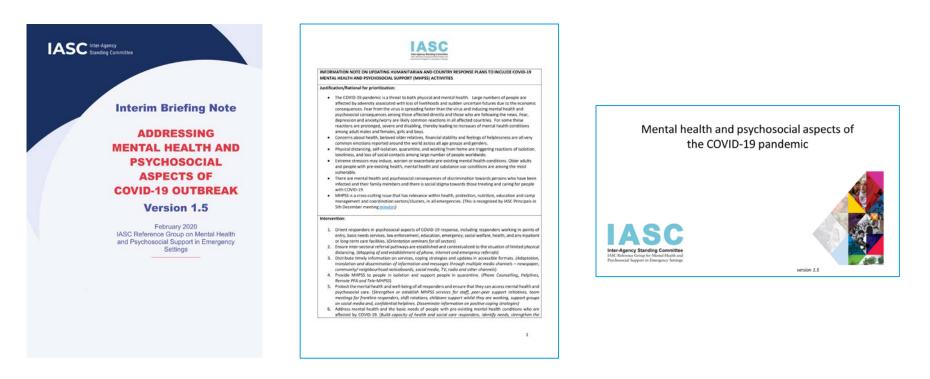






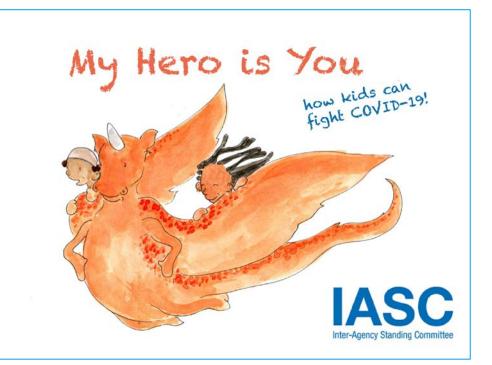
IASC Interim Guidance

- Translation into 30+ languages
- Summary slides and complementary guidance on integrating MHPSS for COVID-19 into Humanitarian Response Plan and country plans



Children's storybook

- Informed by global survey distributed in Arabic, English, Italian, French and Spanish
- Contributions of over **1,700** children, parents, caregivers and teachers in over 100 countries
- Supported by global, regional and country based experts from Member Agencies of the IASC MHPSS RG
- Translation into 44
 languages in 4 days







Guidance on MHPSS Considerations as part of Risk Communication and Community Engagement fir COVID-19

Series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak, including:

- The general population
- Healthcare workers
- Health facility managers
- Carers of children
- Older adults, people with underlying health conditions and their carers
- People in isolation

World Health Mental health and psychosocial considerations during the COVID-19 outbreak 18 March 2020 In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern. WHO stated that there is a high risk of COVID-19 spreading to other countries around the world. In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic. WHO and public health authorities around the world are acting to contain the COVID-19 outbreak. However, this time of crisis is generating stress throughout the population. The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak. Messages for the general population 1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. When referring to people with COVID-19, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness. 2. Do not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering from COVID-19 their life will go on with their jobs, families and loved ones. It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma. 3. Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed; seek information only from trusted sources and mainly so that you can take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts: not rumours and misinformation. Gather information at regular intervals from the WHO website and local health authority platforms in order to help you distinguish facts from rumours. Facts can help to minimize fears

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Social media

- Facebook Live Q&A on mental health and COVID-19
- Widely disseminated infographics (translated into all UN languages)
- "Healthy at Home" campaign



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MSD's contribution to the response

Webinars and dissemination through information networks

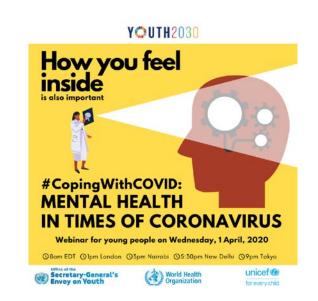
- COVID-19: How to Address Social Stigma presentation (disseminated through WHO's Epiwin information network)
- "Mental Health in Times of Coronavirus" Webinar in collaboration with the Office of the SG's Envoy on Youth
- Webinar in collaboration with IOMSC: "Occupational Health Measures in the Preparedness and Response to COVID-19 at the Workplace"
- Webinar series: Mental Health and COVID-19 in collaboration with UGMH
- EURO Regional Director's Statement to the Press on Mental Health and COVID-19



World Health Organization

Evidence clearly shows that stigma and fear around communicable diseases hamper the response

Facts, not fear will stop the spread of novel coronavirus (COVID-19)







Documentation of best practices

Collaboration with MHIN to document mental health innovations in most affected countries.

Mental Health

MH

SHARE YOUR STORIES OF SUCCESS WITH DELIVERING MENTAL HEALTH SUPPORT DURING SERVICE DISRUPTION AND COVID-19

DEADLINE: 10 April, 2020

We want to hear about the innovative way you are delivering mental health support during the service disruption caused by COVID-19.

MHIN, in collaboration with the Department of Mental Health and Substance Use at the World Health Organization are calling for submissions of global experiences from mental health and social care providers working tirelessly to provide mental health support to people while coping with the outbreak.



> Email: MHIN@lshtm.ac.uk and salag@who.int

Disabilities and human rights

- Coordinate with SG office on Disabilities for inclusion of people with psychosocial, cognitive and intellectual disabilities
- Guide all inputs related to human rights and adaptation of material for inclusion of people with disabilities.

Older adults

- Collaboration in products with ageing department
- Collaboration on older adults MHPSS within IASC

Substance use and addictive behavior

• Guidance on management of substance use conditions during COVID-19, online gaming and gambling in situation of isolation and quarantine







Digital MHPSS interventions

 Guidance on tele-MHPSS programming, EQUIP module for distance psychological interventions, collaboration with IASC on the topic

Orientation Manual for people providing essential services

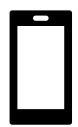
 Guidance for people providing essential services (e.g. frontline workers, civil servants) to support the emotional wellbeing of people affected by long-term emergencies (such as COVID-19).

Staff care

- Guidance on MHPSS for health workers and other staff of COVID-19 response by MSD, other WHO Departments, UN, and IASC.
- IASC sub-group on Continuity of Comprehensive and Clinical Care (CCCC) for MH conditions in humanitarian settings during COVID-19







Neurological sequalae

 Literature review and clinical guidance on neurological manifestation of COVID-19

Psychotropic medication

- Guidance on pharmacodynamics of psychotropic medications in COVID-19 patients, drug-drug interactions and neuropsychiatric side effects of medications under trials for COVID-19 treatment
- WHO 3-level MHPSS COVID-19 Response Framework (Draft in progress)

Children and Youth:

 Webinars, collaboration with UNICEF and IASC partners on messaging, collaboration in guidance on parenting













Any questions?