



# Info sheet COVID 19 MHPSS interventions

**Area of intervention**  
MHPSS

## Key objectives

To propose practical and priority MHPSS interventions adapted to the COVID 19 context, based on the IASC pyramid.

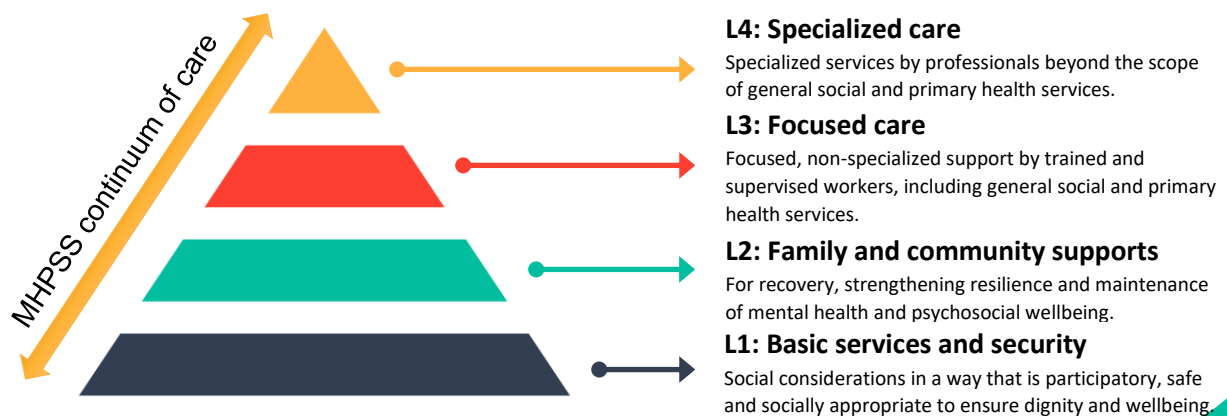
## Audience

Frontline workers

## Key considerations – Continuum of care

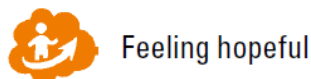
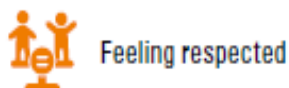
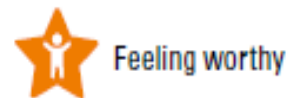
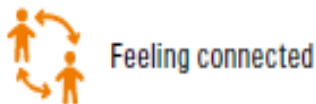
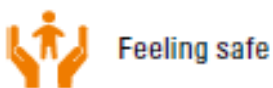
In any epidemic, it is common for individuals to feel stressed and worried. MHPSS interventions should be carried out **to prevent the risk of long-term repercussion** on the population's wellbeing and capacity to cope with adversity.

The IASC Guidelines for MHPSS in Emergency Settings recommends that **multiple levels of interventions** be integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions (below).



## Key considerations – Psychosocial wellbeing

Tdh framework adopts a holistic understanding of psychosocial wellbeing, and seeks to strengthen the psychosocial well-being of children, youths and their caregivers through five fundamental building pillars:



The proposed interventions are selected to respond specifically to 2 of the 5 wellbeing pillars, essential in this epidemic context: Feeling safe (calm) and Feeling Connected. However, as all pillars are interrelated the transversal principles also enable you to tackle other pillars.

## Transversal principles

The following principles are essential to support **self and collective efficacy** and to ensure **appropriate response to needs**:

Meaningful Participation and empowerment  
Gender and diversity responsiveness

Contextual approaches  
Community based MHPSS



## Prerequisite for MHPSS interventions

MHPSS interventions should be **grounded in the context**. Therefore, before to adapt MHPSS responses to the COVID context, it is important to identify some key prerequisites:

- **New assessment of needs** in the context and of culturally specific MHPSS issues and needs.
- **Consultations with child, adolescent and adult community stakeholders** to ensure their perspectives and needs are incorporated to help to better target responses.
- **Mapping of existing services**, MHPSS expertise & structures, including private & public health, social welfare and education services.
- **Coordination** for information sharing, consistency and integration of MHPSS into response activities
- **Evaluation of need and possibility of remote services**
- **Establish a protocol on remote services when needed**
- **Ensure physical safety, welfare and duty of care issues** are addressed and well understood for staff and volunteers so that they can adapt their work as needed for their safety, and the safety of beneficiaries.
- **Training of frontline workers** should also include remote Psychological First Aid.



## Concrete examples of COVID interventions across MHPSS continuum

### L1 - Access to information to feel safe



Ensure that **accurate information about COVID-19** is readily available, accessible, and adapted to the audience.

**Adapt messages** upon assessment / rumors for different target groups, to dispel myths & share clear messages about healthy behaviour and improve people's understanding of the disease.

Disseminate information through **appropriate support**: Prevention messages through frontline staff, Leaflets, Radio, Tv messages...



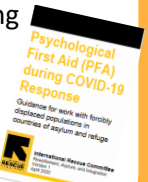
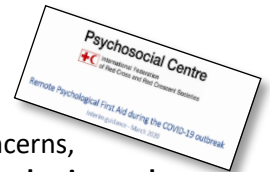
### L1 (2,3,4) - Mainstreaming MHPSS in all frontline interventions



**Psychological first aid (PFA)** is a humane, supportive response to someone who is suffering and may need support.

Characteristics of PFA:

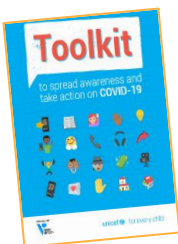
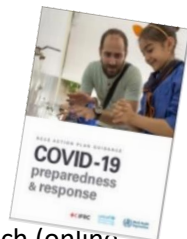
- Non-intrusive,
- assessing **needs** and concerns,
- helping people to address **basic needs**,
- **listening to people**, but not pressuring them to talk,
- comforting people and helping them to **feel calm**,
- helping people **connect** to information, services and social supports,
- **protecting people** from further harm.



### L2 - Engaging youth, teachers, leaders, community-based actors



**Risk Communication and Community Engagement (RCCE)**, step by step to plan a RCCE at community level.



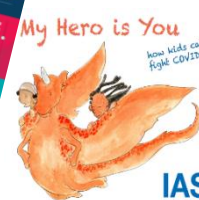
**Engaging youths** : outreach (online, community level), inform and educate, Engage and take action (ex: [U-report](#), [youth voices](#))

Think about ways to support **teachers**: as they support homeschooling, they can bring MHPSS support to parents and children. And MHPSS should be considered when preparing way back to school.

### L2/3 – Awareness, information, prevention on stress management



Identify **different messages / media** adapted for different groups: *Community, Parents, Youths & Children*.



Choose the **most appropriate ways to disseminate these messages** and follow up: Face to Face, SMS, WhatsApp, Radio, through community focal points.



## L3 – Case management



Here are some of the key actions/support that social workers or child protection workers can bring, through case management to support the feeling of safety and the feeling of connectedness with families / individual/ children they are following.



### Feeling SAFE

Feeling safe, calmed and having control are basic elements for any human being.

- Emergency foster care
- MHPSS referral
- Medical services referral
- Nutrition services referral
- Basic counselling
- Food and/or NFI emergency support



### Feeling CONNECTED

Feeling connected to supportive people and groups in your community.

- Establishing and facilitating family contact and link (when disrupted and if desired by the child) – telephone, pictures, video...
- Basic family counselling and/or mediation
- Referral for MHPSS services
- Caregiver-child emotional bonds and attachment support (early stimulation and childcare development)
- Peer psychosocial support networks

0



## L 3/4 - Targeted and specialized psychosocial support

Specific **MHPSS support** for all or for specific target groups (Ex: GBV specific online support / General MHPSS hotline)

**PM+** Scalable psychological intervention (5 sessions provided remotely by lay counsellors)



Mainly one to one support  
Changes to remote online/ phone support



- Develop a safety and confidentiality for remote services protocol
- Map existing MHPSS specialized support for ensuring referrals for additional support



## L 1/2/3/4 : Capacity building for all COVID and frontline responders

### Proposed thematic:

- Stress management
- PFA
- COVID 19
- Adaptation of activities (working remotely)
- Mainstreaming MHPSS in health services

### How ?

- Webinars: [MHPSS.net](https://www.mhpss.net)
- Sharing practices through networks
- Trainings organized internally to institutions/ organizations or at interagency level
- Online libraries: [Child Hub](https://www.childhub.org) / [Better care](https://www.bettercare.org) / [WHO](https://www.who.int) / [MHPSS.net](https://www.mhpss.net)

### Specific recommendations for working remotely

- Set up a supportive space - develop trust
- Maintaining privacy, confidentiality and data protection.
- Communication adaptation
- Developing safety protocols for managing risk over the phone ( i.e. disclosure of risk of harm )
- Remote Consent
- Technology issue - channel of communication? technical challenges?

## Useful links

<https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

<https://childhub.org/en/covid/mental>