Policy brief
August 2020

Stories from the field: Providing mental health and psychosocial support during the COVID-19 pandemic

Executive summary

The COVID-19 pandemic has had a major impact on people's mental health and wellbeing globally, with some populations particularly at risk of developing mental health problems as a result of exposure to often pre-existing social determinants that have been exacerbated during the outbreak. At the same time, mental health services have been severely affected and are encountering various challenges, finding it increasingly difficult to continue the care they were providing prior to the crisis.

This briefing is a summary of lessons learnt from experiences of frontline practitioners in the field, who described innovative strategies they put in place to ensure mental health service continuation during the pandemic.

A community worker delivering essential requirements to people with mental health conditions (Enosh, Israel)

Key messages and recommendations

This Policy Brief aims to summarise the main lessons learnt from this exercise and highlights five major recommendations:

1. Promote the response to people's basic needs as part of any mental health and psychosocial support (MHPSS) intervention;
2. Prioritize care for people with severe mental health conditions and vulnerable groups;
3. Protect and promote staff and caregiver mental health;
4. Promote the use of inclusive messaging, informal communication channels, and collaboration with caregivers to engage hard-to-reach populations;
5. Create central decision-making mechanisms and cross-sectoral partnerships for a more efficient response.

Introduction

About the project

In March 2020, the Mental Health Innovation Network (MHIN), in collaboration with the World Health Organization (WHO) Department of Mental Health and Substance Use, launched a global call for stories of mental health service provision during the COVID-19 outbreak. Mental health practitioners around the world were asked to share challenges, innovations and recommendations in continuing care in response to service disruption caused by the pandemic.

From over 100 submissions, a total of 40 entries were featured in the project, namely through a blog series, video interviews and webinars. Stories covered a range of geographical regions and service user groups. See the "Acknowledgments" section below for a full list of organisations that contributed to the project. The full blog series, video interviews and webinar recording can be found on the MHIN website (Link: bit.ly/MHSTORIES).

This Policy Brief looks to summarize the main lessons learned from all the entries received as part of the project. It is aimed at those planning, implementing and supervising mental health services during times of service disruption caused by the COVID-19 pandemic. It seeks to provide practical recommendations to inspire practitioners all over the world to keep mental health services running despite the many challenges they may face in the current context.

Mental health and COVID-19

The COVID-19 pandemic has raised major concerns about the mental health of populations around the world. The health impacts of the virus along with isolation measures have created significant psychological distress. Many people have lost their livelihoods and have been separated from loved ones and important social support networks. The spread of misinformation has exacerbated fears about the virus and uncertainty about the future.

The pandemic has highlighted the relevance of the social determinants of mental health and increased risks of mental ill health among people in particularly vulnerable situations. Lockdowns, business closures and a huge economic slow-downs have severely affected the financial security of many and reduced access to basic needs. In low-resource settings, many people struggle to access reliable sources of food, water, electricity and other essential items like medication. Many face genuine risks of losing employment and depleted family savings. In its 2020 SDG Report[1], the UN estimates that over 70 million people will be driven into extreme poverty by the COVID outbreak. Given the strong link between poverty and mental ill health, these indirect impacts on financial and social security are likely to lead to a substantial negative impact on wellbeing and mental health.

A recent UN Brief shed light on the disastrous effects that the COVID-19 pandemic has had on mental health, compounded by weakened mental health services. It points out that neurological, substance and alcohol use conditions, as well as online gambling and excessive gaming are also very likely to worsen as a result of the crisis. The Policy Brief calls for countries to scale up their MHPSS responses to the pandemic, namely through (i) applying a whole-of-society approach for the promotion, protection and care of mental health, (ii) ensuring widespread availability of emergency MHPSS, and (iii) supporting recovery from COVID-19 by building mental health services for the future[2].

"As we recover from the pandemic, we must shift more mental health services to the community, and make sure mental health is included in universal health coverage. The United Nations is strongly committed to creating a world in which everyone, everywhere, has someone to turn to for psychological support. I urge governments, civil society, health authorities and others to come together urgently to address the mental health dimension of this pandemic. And I call on governments in particular to announce ambitious commitments on mental health."
UN Secretary General, Antonio Guterres

Certain population groups are at higher risk of experiencing mental health problems during the pandemic. Many health care workers on the front-lines face stigma through association with being exposed to infection and are concerned about not only their own risk of exposure, but also of infecting their families. They work long hours and may not have adequate personal protective equipment (PPE). Older adults may experience increased

isolation with limited access to (or knowledge of how to use) technology for social contact. Lockdown increases the risk of domestic and gender-based violence, and there are well documented increases in rates of abuse[3]. People with pre-existing health conditions or disabilities face barriers to accessing their usual medication and supports.

Study results: a diverse set of experiences from around the world

Here we summarise the key lessons learnt from over 40 submissions of practical experience in countries across the world. Each of the following sections elaborates on these lessons.

1. Access to basic needs should be considered in any MHPSS response

Most of the organisations featured in this project were historically focused on providing mental health services of different kinds. In response to the pandemic, however, many perceived the need to shift activities to assist in facilitating access to basic needs and stressed this as essential component of mental and emotional support.

Practitioners in both high-income countries (HIC) and low- and middle-income countries (LMIC) stressed the importance of establishing reliable sources of food and medications and ensuring the security of their patients. In many cases, these needs were met not directly by the mental health services, but through collaborations with other actors. It has become evident in many humanitarian contexts that responding to basic human needs must be the starting point of every MHPSS intervention[4]. Without meeting these needs, many MHPSS-focused interventions may be disrupted, and their effect undermined.

For example, Partners in Health (PIH) Sierra Leone had to work with community members to provide housing solutions for homeless people living with mental health conditions during COVID-19. Enosh - Israel's National Mental Health Association - delivered food baskets and medication to people with psychosocial disabilities.

Enosh (Israel) – a community worker delivering food and medicine to people with mental health conditions.

New food and income insecurities caused by the pandemic can exacerbate existing mental health conditions. In their blog about supporting Somali refugees in the United States, Dr Brandon Gray and Dr Saidi Abdi pointed out that food insecurity and loss of social support caused by COVID-19 can trigger negative psychological reactions from past experiences in home countries and during migration journeys.

It is likely that the biggest impact on mental wellbeing in the long-term will be linked to the indirect impacts of COVID-19, such as economic recession and job loss. Mental health actors, therefore, have a role in advising on decisions related to long-term policies on COVID-19 response and rebuilding the economy.

Project Burans – Uttarakhand, India

Project Burans is a mental health organisation operating under the umbrella of the Emanuel Hospital Association, a unit of 22 hospitals in northern India. The organisation works in communities where daily wage earners frequently experience high food insecurity. During lockdown, talking about mental health and self-care with community members was difficult when many did not know if and how they would eat their next meal. The organisation collaborated with the police, cross-referencing lists of low-income families to make sure the most marginalised community members received government-provided groceries and hygiene products. Community Health Workers also delivered pre-packaged meals prepared by Sikh temples.

2. People with severe manifestations of mental health conditions and vulnerable groups should be prioritised

COVID-19 has exacerbated existing inequalities and highlighted the importance of social determinants in mental health. People with severe mental health conditions are at high risk of relapse and worsening symptoms during the pandemic with decreased access to services and medications. Marginalised groups, such as under-resourced communities in rural and urban areas, people with chronic illness, homeless populations and victims of domestic violence may be left behind in mainstream efforts to support mental health. Reporting practitioners cited continuing care for in-patient populations and people with severe mental health conditions as a particular challenge while ensuring public health prevention measures were being followed.

St. Patricks Mental Health Services - Ireland

To address this challenge, St. Patricks Mental Health Services in Ireland created a Homecare service, offering all the aspects of an inpatient experience to people in their homes. This was done through supervision and constant contact with patients' family members, while ensuring that beds were available in the hospital in case of an acute episode.

Many practitioners in rural and under-resourced communities did not have the infrastructure to offer tele-health services with electronic medical records and prescriptions. Several organisations in South East Asia described difficulties in getting medications to people because of border closures and travel restrictions. They often relied on community volunteers to hand deliver medications from local pharmacies.

Many stories also mentioned increased reports of gender-based violence during lockdown. To address this problem, THRIVE Gulu in Uganda worked with its previously-trained Gender-Based Violence Monitors. These community volunteers acted as the organisation's eyes and ears on the ground, recording and reporting cases and referring people to appropriate professionals. This allowed for many survivors to receive the protection services they needed.

3. Supporting staff mental health and wellbeing is crucial in the continuation of mental health and medical services during COVID-19

Health care workers on the front-lines of the pandemic are under immense stress and pressure. They work long hours wearing uncomfortable PPE and have to learn new policies and routines to safely interact with patients. Many health care workers have been infected with COVID-19, leaving teams understaffed to manage higher-than-normal caseloads. Sometimes facing stigma from the public, these individuals put themselves at risk and must manage the stress and fear that they may infect their loved ones.

Practitioners shared that taking time out of the day for a counselling session was difficult for many staff members given they were sleep deprived, hungry and separated from their families. Face-to-face sessions were difficult given the need to remove and put back on PPE and adhere to physical distancing guidelines. Many services moved to tele-health, but some staff members were reluctant with the new technology and concerned about confidentiality.

To address these challenges, health care workers emphasised the need to create spaces or communities for support rather than formal counselling sessions. Both Miri General Hospital in Malaysia and IRD Pakistan created designated spaces in hospitals where staff could rest, shower, eat, play board games and do arts and crafts. These activities helped to alleviate stress caused by high work demands. A story from Emilia Romagna, Italy highlighted the importance of incorporating mental health considerations across all aspects of work as a way to reduce the need for stand-alone interventions.

Miri General Hospital – Sarawak, Malaysia

In response to the pandemic, the hospital formed a MHPSS team to provide PFA to patients, health care workers and hospital management. To support staff, the team offered daily mental health tips in chat groups to educate and improve team morale. A designated lounge for staff offered food, drinks, a washroom and a place to rest. Support groups and a buddy system for managers and supervisors aimed to prevent burnout. The buddy system allowed a person to rest intermittently while another temporarily shouldered his/her responsibilities.

Assisting staff members with the practical aspects of their jobs also increased feelings of support. A psychiatrist from an NHS London Crisis Team spoke about staff appreciation for flexible working hours, the ability to work from home and financial support for travel and accommodation. The Trust reimbursed travel and arranged transportation for staff working night shifts and offered hotel accommodation for staff with vulnerable or elderly family members at home.

Similarly, Project Burans emphasised to their community mental health workers that the choice to continue community work was theirs and that their safety and health were top priorities. Several health care workers mentioned their appreciation for increased contact with line managers and feeling supported.

4. Inclusive messaging, informal communication channels and collaboration with caregivers can facilitate connection with hard-to-reach groups

The spread of COVID-19 and subsequent lockdowns required services to be flexible and adapt quickly. While adhering to international and national public health guidelines, practitioners developed creative and unconventional ways of reaching their service users. WhatsApp was often cited as the platform of choice for sharing health promotion materials and for delivering support to people with limited access to devices and internet connection.

Lack of resources in appropriate languages was a barrier in reaching marginalised groups and sharing accurate information about COVID-19 and mental health. To address this challenge, the Centre for Mental Health Law and Policy (CMHLP) in Pune, India, created short videos for people with psychosocial disabilities. They adapted key messages from evidence-based resources to an Indian context, focusing on visuals to account for low-literacy levels. The videos were translated into six languages and shared via WhatsApp to 600 community mental health volunteers who then shared the videos within their village networks.

Both Minds At Play in India and Cape Mental Health in South Africa collaborated with caregivers to provide remote support to children via WhatsApp. During lockdown, the programme asked family members of children without personal devices to join WhatsApp groups so they could continue sharing activities for children to complete at home. Cape Mental Health shared instructional videos so that parents of children with severe and profound intellectual disability could continue activities at home during lockdown. Parents were able to respond with videos of themselves implementing activities and receive feedback from occupational therapists and special education teachers.

Facebook intervention for older adults - Ecuador and Spain

Andrea Alvarado is a Clinical Psychologist from Ecuador currently studying Psychogerontology in Spain. She created a four-week intervention for older adults to address the negative psychological effects of lockdown and isolation on the elderly. The programme used a combination of psychological support, psychoeducation, PFA and cognitive stimulation. It covered topics ranging from using technology to relaxation techniques and coping with grief. Collaboration with family members was key in helping service users access the material through technology. Eventually, participants gained the autonomy and self-confidence to follow the intervention alone, overcoming preconceived notions that devices and social media platforms were too complex. Family members gave positive feedback and appreciated seeing the benefits of the intervention for their relatives.

5. Central decision-making mechanisms and cross-sectoral partnerships facilitate coordination and efficient allocation of resources

COVID-19 has raised the profile of mental health on international and national public health agendas. Many organisations are willing and able to provide mental health support. However, a lack of solid coordination mechanisms can lead to a duplication of services, certain needs to be unmet, dysfunctional referral pathways and confusion regarding how to navigate care systems.

Several practitioners spoke about the need for strong coordination and unified messaging at all levels of the health care system. In a country-level response, Lebanon's National Mental health Programme (NMHP), part of the Ministry of Public Health, promptly developed a COVID-19 MHPSS Action Plan in collaboration with the WHO and UNICEF. NMPH Director, Dr Rabih El Chammay, attributed the role of a central governing body creating synergies between stakeholders as a key to success in Lebanon's response.

Many services collaborated with other sectors to deliver programmes and meet various needs of service users. Field workers emphasized the need to draw on each other's strengths to increase efficiency and avoid duplicating efforts. The Kovler Center Child Trauma Program worked extensively with the public school system of Chicago to equip families with electronic tablets so they could continue services remotely via tele-health. The public health system of Biella, Italy partnered with the Edo Tempia ONLUS Fund and the Piemonte and Aosta Valley Cancer Network to create a designated phone line to provide psychosocial support to cancer patients during the pandemic.

Community collaboration – Nairobi, Kenya

When the first case of COVID-19 was announced in Kenya, misinformation spread panic and fear. The Muslim Psychologists and Counsellors Association, the Council of Imams, the Kenya Association of Muslim Medical Professionals and community leaders quickly formed a partnership and held a series of virtual meetings. Within three days, they identified needs, gaps, concerns and available resources. Local Imams immediately included infection prevention information in their sermons. The community raised money and held drives for food and medications. Procedures were established with training sessions on burial procedures in the case of death from COVID-19 that followed Islamic jurisprudence. A Psychological First Aid (PFA) hotline was created and managed by mental health professionals. The partnerships and communication between these organisations meant roles and responsibilities were defined and action plans considered mental health responses from spiritual, socio-economic, cultural, medical and psychological perspectives.

Conclusion: COVID-19 has demonstrated how mental health can be effectively integrated in responses and building back better

Despite major differences in settings, approaches and target populations, the stories reported in the present document share common themes and lessons learned regarding mental health service provision during the pandemic. They offer examples of effective strategies to be considered in future investments in mental health. However, they do not provide an exhaustive list of best practices, and interventions must be contextualised to fit particular contexts and resource availability.

Like many other crises, the COVID-19 pandemic, through the clear and tangible effects it is having on people's cognitive, emotional and social wellbeing, represents an opportunity for mental health professionals to advocate for increased investment in mental health. However, while urgent investment is needed, appropriate planning for the sustainability of the services reinforced or created must be ensured from the outset[5]. It is crucial that countries take this chance to create long-lasting, community-based services that respect human rights by integrating these within existing systems, avoiding the creation of parallel systems and promoting the implication of local government and civil society actors.

COVID-19 has proved to be an important opportunity to develop and test remote mental health interventions, which have the potential to massively increase the reach and cost-effectiveness of mental health services in community and specialist settings in the years to come. However, while the need to develop novel interventions is a matter of urgency, evidence-based care must be prioritized. Where this is not available, investments should be made to define the most effective ways to provide mental health and psychosocial support to maximize impact. Effective and sustainable mental health care interventions should be available and accessible to the all populations, including women, children, refugees and people with disabilities.

Summary of lessons learned

The stories received differed greatly between geographical regions, resource-settings and populations targeted by the interventions. Despite this diversity, common themes emerged. While not an exhaustive list, the following are some key lessons learned from the stories featured in this project.

1. Access to basic needs should be promoted in any MHPSS response as it is a fundamental part of a population's needs during a crisis and has direct effect on people's mental health and wellbeing
2. People with severe manifestations of mental health conditions, as well as vulnerable groups, should be prioritised in MHPSS responses to the pandemic
3. Supporting staff and caregiver mental health and wellbeing is crucial in the continuation of mental health and medical services during COVID-19
4. Inclusive messaging, informal communication channels and collaboration with caregivers can facilitate connection with hard-to-reach groups
5. Central decision-making mechanisms and cross-sectoral partnerships facilitate coordination and efficient allocation of resources

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Andrea Alvarado – Ecuador/Spain
Cape Mental Health – Western Cape province, South Africa
Carers Worldwide – India, Nepal and Bangladesh
Enosh – Israel
Public Health System – Emilia-Romagna, Italy
The Royal Hospital – Ottawa, Canada
National Mental Health Programme – Lebanon
Minds At Play – Delhi, India
Local Health Authority – Biella, Italy
Project Burans – Uttarakhand, India
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Jaya Mental Health – Eastern Nepal
St. Patrick's Mental Health – Ireland
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Further Information and References

The full set of stories, video interviews and webinar recordings can be found on the MHIN website
Link: bit.ly/MHSTORIES

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