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).

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### 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).

- **L4: Specialized care**  
  Specialized services by professionals beyond the scope of general social and primary health services.

- **L3: Focused care**  
  Focused, non-specialized support by trained and supervised workers, including general social and primary health services.

- **L2: Family and community supports**  
  For recovery, strengthening resilience and maintenance of mental health and psychosocial wellbeing.

- **L1: Basic services and security**  
  Social considerations in a way that is participatory, safe and socially appropriate to ensure dignity and wellbeing.

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### 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:

- Feeling safe
- Feeling connected
- Feeling worthy
- Feeling respected
- Feeling hopeful

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
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.

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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.
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

### 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
- Sharing practices through networks
- Trainings organized internally to institutions/or organizations or at interagency level
- Online libraries: Child Hub / Better care / WHO / 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://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf](https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf)

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**Info sheet COVID 19**