

# **MHPSS in context of COVID-19**

Global level

Country level

OPAG/ IASC  
Secretariat

Co-Chairs  
WHO & IFRC

MHPSS  
members

MHPSS WGs:  
(IDP, refugee &  
migrant settings)

- Health
- Protection
- Education
- CCCM
- Nutrition
- IASC Disability TT

Global working groups

Global thematic groups

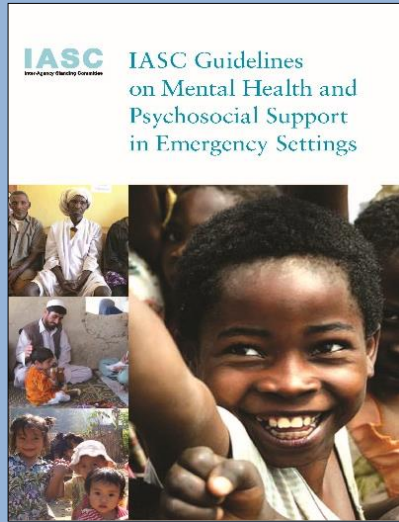
Expanded membership in 2019 (2 new)  
57 full members | 9 Observers | 7 Donor organisations

## Recommendations from IASC Principals (Heads of Agencies) meeting on 5th December

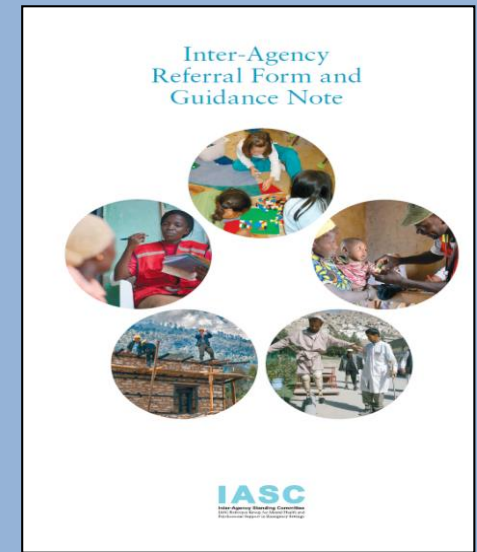
- Treat MHPSS as a cross-cutting issue that has relevance within health, protection, nutrition, education and CCCM sectors/clusters, in all emergencies.
- Reflect MHPSS indicators in relevant planning documents and establish dedicated budget lines, as well as specific MHPSS codes within financial tracking systems. [OCHA]
- Support for the creation of and the work of country-level MHPSS Working Groups in all migration, refugee and humanitarian contexts as crosscutting groups. [IASC members]
- Continued support to the work of the IASC MHPSS Reference Group, in coordination with other relevant bodies and international fora. [IASC Members]

[Meeting minutes link](#)

# Tools & translations

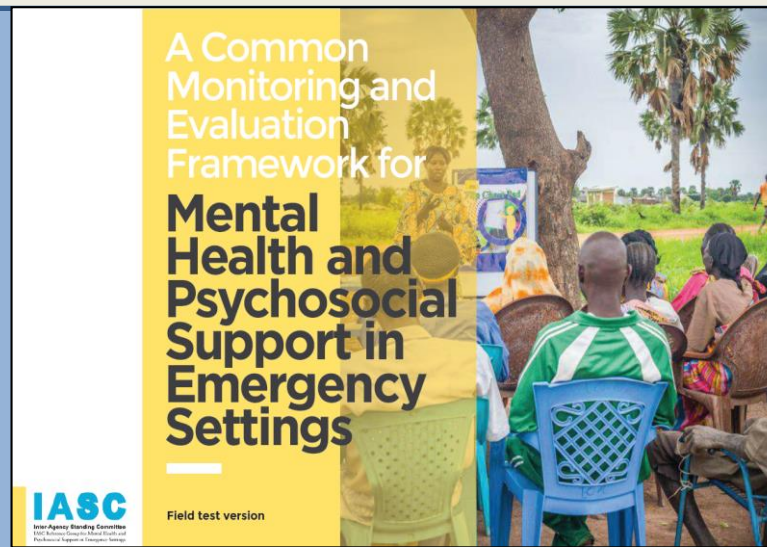


Arabic, Bangla, Burmese, Chinese, English, French, Greek, Japanese, Korean, Nepali, Portuguese, Russian, Spanish, Tajik, Turkish and Ukrainian



Bangla, English, French, Portuguese, Russian and Spanish

Arabic, Bangla, French, English, Portuguese, Russian and Spanish



# Identified as a priority by DG

## DG Memo to RDs for WHO COs on 30th April

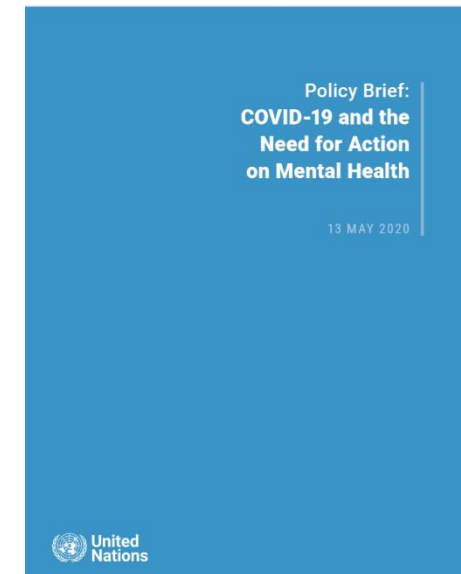
*Inclusion of mental health and psychosocial support as integral and cross-cutting component in public health emergency responses.*



### Priority in GHRP

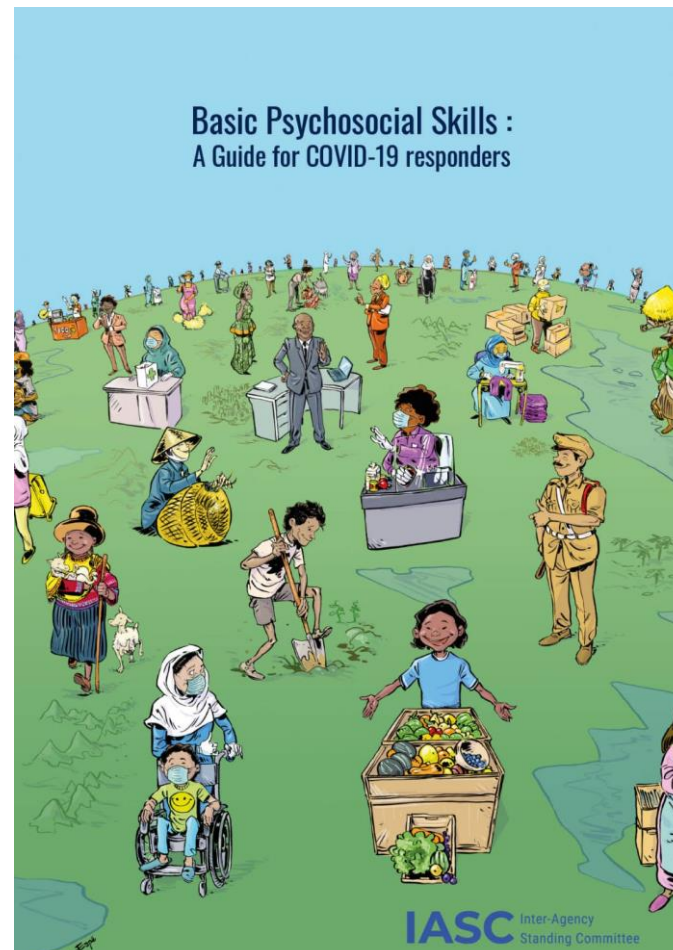
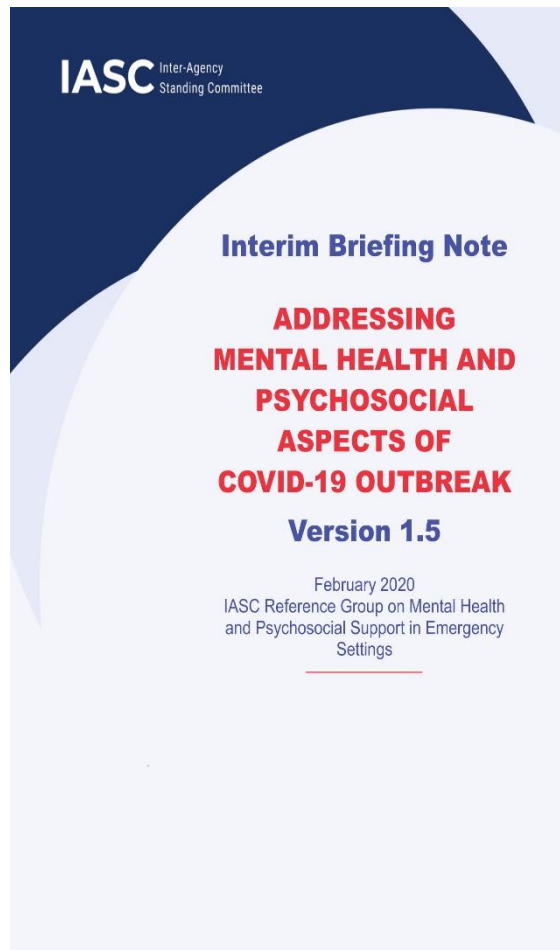


### Priority for UNSG



# Guidance to agencies and responders

## IASC Interim Guidance



# Continuation of clinical care; documentation of good practice and guiding clinicians

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

MHIN and the World Health Organization Department of Mental Health and Substance Use are collaborating to highlight the incredible efforts of individuals and organisations providing mental health and psychosocial support during the COVID-19 pandemic.

The stories below share innovation and best practice through personal narratives from health care workers around the world.

[Mental Health and COVID-19](#)

[Resources by Population Group](#)

[Cross-cutting Resources](#)

[Webinar Series](#)



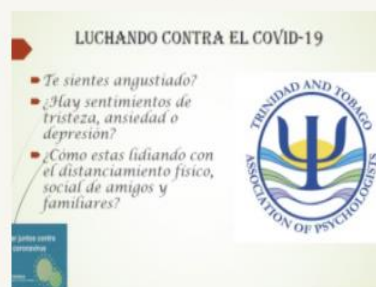
### Staff support during COVID-19: MHPSS initiatives from Miri General Hospital, Malaysia



Dr Raja Lope Adam, psychiatrist and MHPSS Team Leader at Miri General Hospital in Malaysia.

[Access here >](#)

### Luchando contra el COVID-19: Mental health support for migrants in Trinidad and Tobago



Dr Margaret Nakhid-Chatoor, Immediate Past President of the Trinidad and Tobago Association of Psychologists.

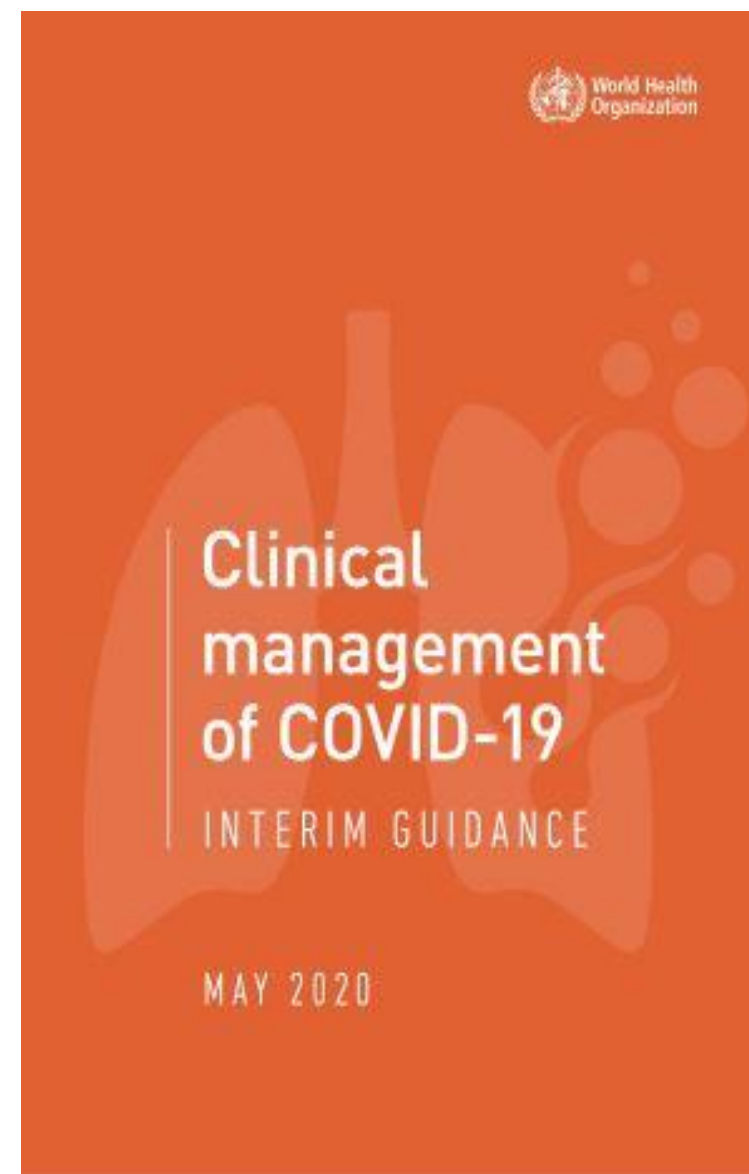
[Access here >](#)

### Technology as an ally and barrier: Supporting older adults in Ecuador and Spain during COVID-19




Andrea Alvarado, Clinical Psychologist from Ecuador specialising in working with the elderly.

[Access here >](#)



# Advice to the Public on coping with COVID-19 stressors



**Coping with stress during the 2019-nCoV outbreak**

It is normal to feel sad, stressed, confused, scared or angry during a crisis.

Talking to people you trust can help. Contact your friends and family.

If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.

Don't use smoking, alcohol or other drugs to deal with your emotions.



If you feel overwhelmed, talk to a health worker or

**Health workers**

**Feeling under pressure is a likely experience for you and many of your health worker colleagues.**

**It is quite normal to be feeling this way in the current situation.**

#Coronavirus #COVID19

**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 or distressing steps to any specific time about an individual, authority pl. fears.

**My Hero is You**

how kids can fight COVID-19!



**IASC**  
Inter-Agency Standing Committee

**Looking after our mental health**

More



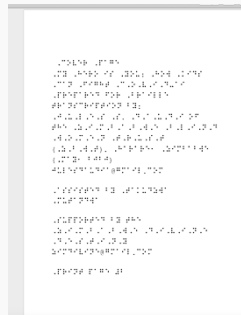
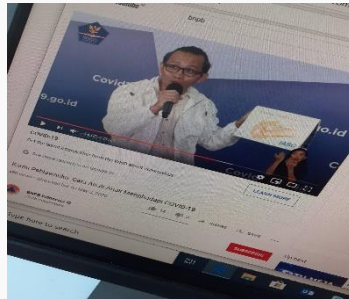
**GROUNDING**  
ACTING ON YOUR VALUES  
ENGAGING

**UNHOOKING**  
MAKING ROOM  
BEING KIND



# COVID-19 MHPSS Country Support

*Surge deployments through Standby Partner Mechanism, advising MHPSS TWGs and agencies in countries and supporting country adaptation of global goods.*



*1. Effective communication about COVID-19 that promotes mental health and psychosocial wellbeing*

1.1 Safe and effective communication is reinforced to increase good practices and promotes positive coping and well-being in the general population and specific target groups.

**WHO Office in Turkey supporting Help line in Idleb providing MHPSS support to local community in North West of Syria and support building capacity of community leaders on self-care and coping skills**



# 1. Effective communication about COVID-19 that promotes mental health and psychosocial wellbeing

1.3 Guidance is offered to (social) media to reduce anxiety by promoting understandable, accurate, non-stigmatizing information.

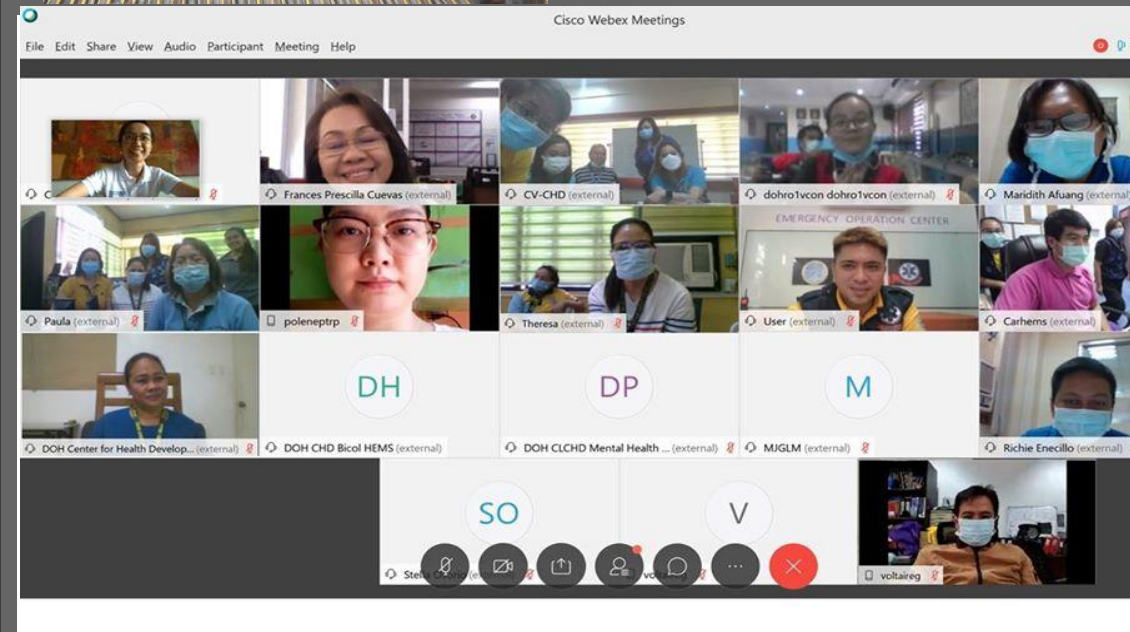
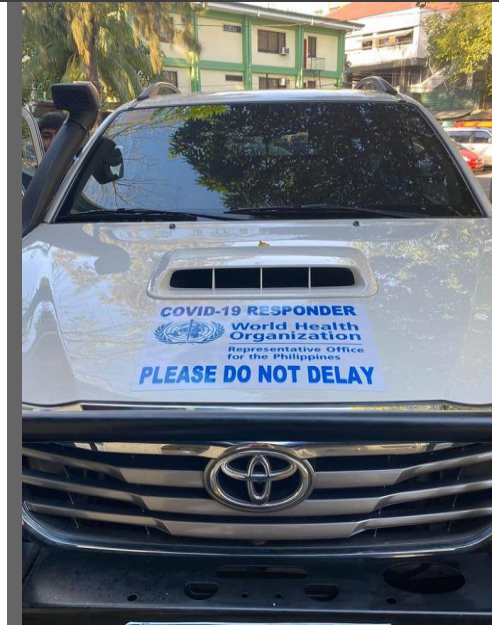
*WHO office in **Yemen** adapted our messages on stress coping in culturally appropriate format and disseminated widely through WhatsApp and social media including to remote inaccessible governorates in Yemen.*



## 2. Integrating MHPSS within health and social services and increase access to care

2.1 Integrated services for MHPSS are established within existing health and social services, including within emergency COVID-19 response services.

**WHO office in Philippines, integrated MHPSS in COVID-19 emergency response through a system of focal points in different cities and facilities supported through online coordination meetings and field visits for capacity building**



2. Integrating MHPSS within health and social services and increase access to care

2.4 Guidance, frameworks and online training is provided to support transition to remote MHPSS.

**WHO office in Ukraine shifted supervision for managers in the East on integrating mental health into PHC, into online mentoring sessions.**

**Workshops on public advice on alcohol and drugs modified to online harm-reduction social media messages. In collaboration with MOH, SH+ (stress management) exercises adapted and disseminated through social media in Ukrainian**

### Алкоголь і COVID-19: що потрібно знати

За жодних обставин не вживайте алкогольну продукцію для профілактики чи лікування коронавірусної інфекції COVID-19. Вживання алкоголю не захищає від COVID-19.

#### Ніколи не поєднуйте алкоголь та ліки.

Це стосується навіть рослинних та безрецептурних препаратів. Алкоголь може знизити ефективність ліків чи посилити їх властивості до токсичного та небезпечного рівня.



гу про себе  
і, інфікованими

пано: 17 березня 2020 року)



Юлія Ячнік



Бюро ВОЗ Укр...

### Дистанціювання від негативних думок чи як «зістрибнути з гачка»



Усвідомте, що ви «на гачку» негативних емоцій, переживань. Помітьте та опишіть «гачок». Перенаправте увагу на поточну діяльність (приготування їжі, прибирання, спілкування) Повністю включіться в цю діяльність, приділіть всю увагу тому, чим зараз займаєтеся.

WHO. Doing What Matters in Times of Stress: An Illustrated Guide. 2015



### 3. Strengthening community-based interventions and social support

3.2 Social connectedness and community-based coping mechanisms for people separated by physical distancing measures are supported (e.g. tele- or social media peer support groups).

**WHO office in Lebanon, together with National Mental Health Programme and partners, established online peer support groups for young people organized twice weekly**



#### 4. Addressing the needs of specific populations

4.4 Needs and barriers for specific populations (e.g., people in humanitarian emergencies) to access MHPSS are addressed.

**WHO office in Syria established multidisciplinary mobile teams providing MHPSS support at homes for most vulnerable people with mental health conditions**

