

# Africa Centres for Disease Control and Prevention **Guidance for Mental Health and Psychosocial Support for COVID-19**



## Scope

This document provides guidance to African Union Member States on key mental health and psychosocial support (MHPSS) considerations in relation to the coronavirus disease 2019 (COVID-19) pandemic. It contains useful guidance on MHPSS for the community, healthcare workers, caregivers of vulnerable populations and people in quarantine, isolation or treatment centers(1) (2). This guidance aims to provide practical steps to reduce stress, anxiety, stigma and psychological disorders associated with COVID-19 and improve overall mental health and wellbeing. This guidance can be used for planning purposes by policy makers and Ministries of health and institutions coordinating emergency response to COVID-19 response by Member States. It can also be disseminated to stakeholders.



## Background

Novel, fast-spreading outbreaks that result in high morbidity and/or mortality can lead to widespread fear and panic, stigmatization and social exclusion of people who are being treated for or recovering from the disease (3). Specifically for COVID-19, the community fears the risk of being infected and infecting others. Moreover, in Africa a significant proportion of the population will suffer from other infectious diseases with symptoms (e.g. fever) similar to COVID-19. This can lead to confusion and fear of whether one has contracted the disease or not. Caregivers may feel increasingly worried for their children being at home alone due to school closures or being placed in quarantine without appropriate care and support. In Africa, many people live on less than \$1.90 a day and can only provide food and other vital supplies daily. They will, therefore, experience immense apprehension and anxiety from mitigating activities like national or subnational lockdown. The above are well documented risk factors for psychological stress and mental disorders (4). Factors that confer positive resilience protective against psychological disorders in African communities (e.g. strong family and community ties) should be harnessed in mitigating the consequences of the psychological effects of COVID-19.





## Messages for healthcare workers

1. **Feeling under pressure is normal** and a likely experience for you and many of your colleagues. Acknowledge your feelings and know that it is quite normal to feel this way in the current situation. It does not mean you cannot do your job or that you are weak.
2. **Focus on the actions that are within your control.** Worrying about lack of resources, no effective vaccine, and feeling guilt about the number of people dying around you is normal but will be out of your control. Instead, for example, you can focus on protecting yourself – and others – by putting on your PPE and following IPC protocol.
3. **Take care of your physical and mental health** at this time. Try to get sufficient rest and breaks during work or between shifts, eat regular balanced meals, engage in physical activity at the level and intensity recommended for your age, sleep well, and stay in contact with family and friends. Avoid using tobacco, alcohol, or other drugs to cope with the situation. In the long term, these can worsen your mental and physical well-being (5). You can use strategies that have worked for you in the past to manage stress. You are the person most likely to know how you can reduce stress; remember the COVID-19 response will last for a long time.
4. **Maintain a source of social support.** Some of you may unfortunately experience avoidance by friends, family or even the community owing to stigma or fear. Some may also stay away from family and friends due to fear of infecting them. If possible, stay connected with your loved ones through phone or internet. This will provide an important source of emotional support. In the meantime, you can turn to colleagues, your manager, or other trusted persons for social support – do not forget your colleagues may be having similar experiences to you.

5. **Know how to provide support to people who are affected** by COVID-19 and know how to link them with available resources. This is especially important for those who require mental health and psychosocial support. The stigma associated with mental health problems may cause reluctance to seek support for both COVID-19 and mental health conditions. The mhGAP Humanitarian Intervention Guide (6) includes clinical guidance for addressing priority mental health conditions and is designed for use by general healthcare workers. Managers could contact hospitals with mental health professionals to provide training and supervision remotely.
6. **Be aware of where and how to access MHPSS services.** If not readily available in your facility discuss the need with your supervisor. It is important that MHPSS are in place for both workers and supervisors.
7. **Develop a plan of action** for patients in designated COVID-19 treatment centers to address urgent mental health and neurological complaints (e.g. delirium, psychosis, severe anxiety, or depression). Have a list of appropriately trained mental healthcare workers designated to be deployed to these locations in the time of need. The capacity of case managers in the treatment centers to provide mental health and psychosocial support should be increased (see the mhGAP Humanitarian Intervention Guide).





## Messages for people in quarantine and isolation centres

1. **Anticipate your needs and make adequate provisions** for yourself, your family and other dependents before going into isolation to reduce anxieties arising from concerns about meeting basic needs while you are away, or in-home isolation.
2. **Stay connected and maintain your social network** while quarantined or in isolation. If health authorities have recommended limiting your physical/social contact to contain the outbreak, you can stay connected via telephone, e-mail, social media, or video conference. If you have unmet basic needs like food or water, then make sure you ask people for this support.
3. During this time of stress, **pay attention to your own needs and feelings**. As much as possible, engage in healthy activities like exercise, regular sleep routines and eat healthy food.
4. **Avoid information overload**. While trying to maintain a link to the outside world is important, continuously listening to news reports about COVID-19 can cause anyone to feel anxious or distressed. Instead, only seek information updates and guidance at specific times during the day from your local health professionals, national institutions coordinating the outbreak, Africa CDC (7) and WHO website (8). Avoid listening to or following rumours that can contribute to increased stress and help correct misinformation when you are able to do so.
5. **Keep encouraging yourself** by the existing positive information from reliable sources. The COVID-19 mortality rate is low, and if you follow the healthcare workers directives, you will soon reconnect with your family and friends.



## Messages for the community (including media)

1. When referring to people with COVID-19, **do not link the disease to any particular ethnicity or nationality.** 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 lives 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 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 such as your local health authorities, national institutions coordinating the outbreak, Africa CDC (7) and WHO website (8) 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, only once or twice. Get the facts, not rumours or misinformation by using the above trusted sources. Accurate information from trusted sources can help to minimize fears.
4. **Protect yourself and be supportive to others.** Assisting others in their time of need can benefit both the person receiving support and the helper. For example, check by telephone on neighbours or people in your community who may need some extra assistance.

5. **Discuss hopeful stories and positive images** of local people who have experienced COVID-19. For example, stories of people who have recovered or who have supported a loved one and are willing to share their experience.
6. **Honour caregivers and healthcare workers** supporting people affected with COVID-19 in your community. Acknowledge the role they play in saving lives and keeping your loved ones safe, and support them and their families.



## Messages for vulnerable populations and their caregivers

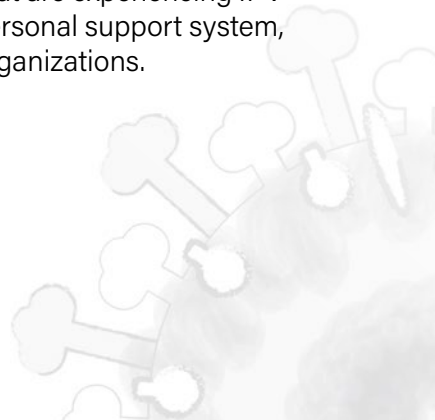
1. **Understand the risks for the elderly.** Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak or while in quarantine. Understanding and anticipating this will help you care more effectively for this population.
2. **Provide practical basic needs support**, such as helping obtain food and supplies, for people with psychosocial disabilities who may be unable to leave their homes due to quarantine or those who experience difficulty leaving their homes during this period of heightened concerns about contamination.
3. **Share simple facts** about what is going on and give clear information about how to reduce risk of infection in words older people with cognitive impairment can understand. Instructions need to be communicated in a clear, concise, respectful and patient way. It may also be helpful for information to be displayed in writing or pictures. Engage family members and other support networks in providing information and helping people to practice prevention measures (e.g. handwashing, etc.).



4. If you have an underlying health condition, **make sure you have up to two weeks of all your regular medicines** that you may require. Reach out to health care workers or your local pharmacy if you need help in this.
5. **Reduce stress by keeping to regular routines** and schedules as much as possible or help create new ones in a new environment, including regular exercising (30 minutes a day for adults and 1 hour a day for children), bathing, cleaning, cooking, daily chores, singing/listening to music, crafting, and other activities.
6. **Discuss COVID-19 with your children** in an honest and age-appropriate way. During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents. If your children have concerns, addressing them together may ease their anxiety. Try to model resilience and how you want your children to behave during this time. Children will observe adults' behaviours and emotions for cues on how to manage their own emotions during difficult times.
7. **Help children find positive ways to express feelings** such as fear and sadness. Every child has his or her own way of expressing emotions. Sometimes engaging in a creative activity, such as playing or drawing can facilitate this process. Give children clear and simple information about what is happening as they will feel better if they have information rather than being kept poorly informed. If possible, provide them with resources contextualized for children (9)
8. **Keep children close to their parents and family**, if considered safe, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from his or her primary caregiver, ensure that appropriate alternative care is provided, such as from close family members. Ensure that if they have worries about being mistreated, they should have someone they can speak to about this. If feasible, children known to be in vulnerable situations should be monitored by social services or children's services. Further, ensure that

during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled telephone calls or other age-appropriate communication (e.g. social media).

9. During epidemics, **people with mental health disorders may be more susceptible** to infections (10) for several reasons such as cognitive impairment, poor judgement, little awareness of risk, diminished efforts regarding personal protection, and other barriers in accessing timely health services including discrimination associated with the mentally ill in healthcare settings. In addition, many people with mental health disorders attend regular outpatient visits for evaluations and prescription refills. However, regulations on travel and quarantine will result in these regular visits being unachievable, possibly further harming mental health. Therefore, adequate and necessary attention to people with mental health disorders in the COVID-19 epidemic is important.
10. **Identify and protect vulnerable populations.** People in institutions like children's homes/orphanages, special schools, psychiatric institutions and care homes for old people are very vulnerable during emergencies. During COVID-19 these populations are at greater risk of infection (and may be in fragile health), thus special care needs to be taken to ensure their basic daily requirements are met as well as their mental wellbeing cared for.
11. **Be aware of intimate partner, or domestic, violence.** Intimate partner violence (IPV) and sexual abuse has increased during this pandemic. For individuals that are experiencing IPV or sexual abuse, seek help from your personal support system, your local authorities, or appropriate organizations.



## References

1. WHO. Mental health and psychosocial considerations during the COVID-19 outbreak [Internet]. 2020 [cited 2020 May 3]. Available from: <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>
2. Considerations of increased risk (Pan African Network of Persons with Psychosocial Disabilities) [Internet]. Available from: <https://www.mhinnovation.net/persons-disabilities>
3. Mohammed A, Sheikh TL, Poggensee G, Nguku P, Olayinka A, Ohuabunwo C, et al. Mental health in emergency response: Lessons from Ebola. *The Lancet Psychiatry*. 2015;2(11).
4. Mohammed A, Sheikh TL, Gidado S, Poggensee G, Nguku P, Olayinka A, et al. An evaluation of psychological distress and social support of survivors and contacts of Ebola virus disease infection and their relatives in Lagos, Nigeria: a cross sectional study – 2014. *BMC Public Health* [Internet]. 2015;15(1):824. Available from: <http://www.biomedcentral.com/1471-2458/15/824>
5. Degenhardt L et al. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet Psychiatry* [Internet]. 2018;5(12):987–. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7201394/>
6. World Health Organization, Office of the United Nations High Commissioner for Refugees. *MhGAP humanitarian intervention guide (mhGAP-HIG) : clinical management of mental, neurological and substance use conditions in humanitarian emergencies* [Internet]. 2015 [cited 2016 Oct 18]. p. 61. Available from: [http://apps.who.int/iris/bitstream/10665/162960/1/9789241548922\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/162960/1/9789241548922_eng.pdf?ua=1)
7. Africa CDC. COVID-19 [Internet]. [cited 2020 May 3]. Available from: <https://africacdc.org/covid-19/>
8. WHO. COVID-19 [Internet]. 2020 [cited 2020 May 3]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
9. WHO. *My Hero is You, Storybook for Children on COVID-19* [Internet]. 2020. Available from: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you>
10. Hao Yao et al. Patients with mental health disorders in the COVID-19 epidemic. *VOLUME 7, (Issue 4)*. Available from: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30090-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30090-0/fulltext)



**Africa Centres for Disease Control and Prevention (Africa CDC),  
African Union Commission**

Roosevelt Street W21 K19, Addis Ababa, Ethiopia