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POLICY BRIEF

**Mental Health and Psychosocial Support in response to
COVID-19 Outbreak in Afghanistan**

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EXECUTIVE STATEMENT

This policy brief summarizes key mental health and psychosocial support (MHPSS) considerations in relation to the 2019 novel coronavirus (COVID-19) outbreak and urge policy makers, donors and stakeholders who are part of health systems in Afghanistan to invest in mental health and psychosocial support (MHPSS) programming during and after outbreak throughout the country.

CONTEXT

As the coronavirus pandemic rapidly sweeps across the world, it is inducing a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers, COVID-19 positive patients and people with underlying health conditions. Furthermore, misconceptions and misinformation about the disease often spreads rapidly in such epidemics.

In public mental health terms, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced, especially quarantine in which people are limited from their usual activities, it will have negative consequences on their livelihood, properties and services. That is being said, levels of loneliness, depression, harmful drug use, and self-harm or suicidal behavior are also expected to rise. In populations already affected, issues of service access and continuity for people with developing or existing mental health conditions are also now a major concern, along with the mental health and well-being of frontline workers.ⁱ

MHPSS ensures the well-being of the affected population, and counteracts the threats to public health and safety that pose fear, stigmatization and misconception. Access to information, knowledge about the disease and how it spreads, make it easier for the affected to feel supported and calm, and to comply with instructions. Furthermore, psychosocial support to healthcare workers help the operation as work conditions are extremely stressful.ⁱⁱ

In order to maintain health services provision during such hard times as created by the COVID-19 pandemics, mental health and psychosocial wellbeing and resilience of healthcare workers are essential and top priority. Therefore, it is important to monitor mental health of health workers and assess constantly their need for psychosocial support.

CURRENT POLICY ARENA

In any emergency, it is common for individuals (frontline workers, patients, family members) to feel stressed and worried. Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect various strata of the population. Furthermore, frontline workers (including nurses, doctors, ambulance drivers, case identifiers, and others), patients and the families may face additional stressors during the COVID-19 outbreak such as stigmatization towards those working with COVID-19 patients and their remains, higher demands in the work setting, reduced capacity to use social support due to intense work schedules, fear that frontline workers will pass COVID-19 onto their friends and family and so on.

The constant fear, worry and stress among the population during the COVID-19 outbreak can lead to long-term consequences within communities and families. Some of these fears and reactions spring from realistic dangers, but many reactions and behaviors are also borne out of lack of knowledge, presence of widespread rumors and misinformation.ⁱⁱⁱ Timely and adequate mental

health and psychosocial support can prevent distress and suffering from developing into something more severe and helps people affected by crises to recover faster. Social stigma and discrimination can be associated with COVID-19, including towards persons who have been infected, their family members and health care and other frontline workers.^{iv}

On a more positive note, some people may have positive experiences, such as pride about finding ways of coping and resilience. Faced with disaster, community members often show great altruism and cooperation, and people may experience great satisfaction from helping others.^v

MAIN PRINCIPLES FOR AN MHPSS RESPONSE TO COVID-19

- MHPSS should be a core component of any public health response.
- The mental health and wellbeing of frontline workers needs to be addressed and supported. Healthcare workers, case identifiers, workers involved in dead body management, and many other staff need to be provided with ongoing MHPSS both during and after the outbreak
- MHPSS support should be accessible and adapted appropriately for the needs of children, older adults, people with disabilities, and other vulnerable groups (e.g. people with compromised immune systems and minority ethnic groups). Consideration must also be made for the specific needs of women, men, girls and boys.
- Understanding and addressing mental health and psychosocial considerations will be key to reduce the risk of long-term repercussion on the population's wellbeing and strengthen capacity and resilience to cope with adversity. This includes the integration of MHPSS approaches and activities within health strategies, community outreach, case identification and contact tracing, as well as activities at health facilities and quarantine sites. Mental health interventions should be carried out within general health services (including primary health care (PHC)) and could in addition be organized in other pre-existing structures in the community, such as schools, community centers, youth and senior centers.^{vi}
- Ministry of Public Health and other inter-linked governmental sectors, local governmental and non-governmental organizations can and should play a key role in MHPSS response. MHPSS should be considered a cross cutting issue amongst all sectors/ emergency pillars involved in the response.^{vii}
- Providing training and building capacity in appropriate MHPSS approaches in emergencies will encourage existing services to provide MHPSS in the context of COVID-19.
- Precautions should be taken to ensure that people with mental health and substance abuse disorders continue to access medication and support during the outbreak, both in the community as well as in institutions. The right to informed consent must be respected at all times throughout treatment for people with mental health and substance abuse disorders on an equal basis with all other people.
- People who develop symptoms of COVID-19 during a stay in an inpatient mental health facility should receive the same level of good quality treatment and support as all other people.
- Institutions (e.g. inpatient mental health facilities and correctional facilities) need to develop procedures to minimize risk of infection of COVID-19 and protocols for responding to individuals who may have become infected.
- Existing services should be adapted to new conditions and changing service seeking patterns, for example through mobile outreach units, if possible, visiting people in their homes to provide support, including those with pre-existing mental health and substance abuse disorders, distance support via hotline and online web based, promoting individual and group self-care inside families and communities

- Local actors, including trusted and respected religious and community leaders who may already be serving as frontline providers offering psychosocial support to their communities, including issues related to death, dying, grief and loss related to the outbreak, should be supported with both knowledge of COVID-19 as well as MHPSS skills (e.g. Psychological First Aid) and how (and where) to refer individuals who may need more specialized support.
- Telephone hotlines, web based online and volunteers' helplines might serve as an effective tool to supporting people in the community who feel worried or distressed. It is important to ensure that hotline staff/volunteers are trained and supervised in MHPSS (e.g. Psychological First Aid) and have current information about the COVID-19 outbreak to avoid undue harm to callers.

POLICY RECOMMENDATIONS

1. Establish a MHPSS response strategy for COVID-19 cases, frontline workers, survivors, contacts (particularly those in isolation), family members and the broader community, with special attention to the needs of vulnerable groups (e.g. children, older adults and people with disabilities). Ensure that the strategy addresses: fear, stigma, negative coping strategies (e.g. substance abuse), and is building on positive, community-proposed coping strategies and self-care and promotes close collaboration between communities and health services. This strategy need to include interventions on;
 - a. Supporting people working in the COVID-19 response
 - b. Helping older adults cope with stress during the COVID-19 outbreak
 - c. Supporting the needs of people with disabilities during COVID-19 outbreak
 - d. Messages and activities for helping children deal with stress during the COVID-19 outbreak
 - e. Mental health and psychosocial considerations for people in isolation/quarantine
 - f. Community MHPSS messages during the COVID-19 outbreak
2. Adapt existing MHPSS guidelines, protocols and IEC materials to response to COVID-19 pandemic in area of psychological first aid, positive coping strategies, comprehensive clinical care in humanitarian settings, remote MHPSS service provision and response to vulnerable groups.
3. Reduce stress level of general population through provision of adequate and accurate information through risk communication (messages for pre-crisis, crisis and post crisis). Emphasizing to people on preventive measures from the disease, it is also important to send information about readiness of health system and many people being recovered from the disease. This will reduce unnecessary worry among people.
4. Strengthen MHPSS coordination by facilitating collaboration between relevant agencies, government and other partners. Coordinating MHPSS should be a cross-sectoral initiative, including health, protection. An MHPSS Technical Working Group should be created to support actors in all sectors.
5. Ensure that accurate information about COVID-19 is readily available and accessible to frontline workers, patients infected with COVID-19, as well as community members. Information should include evidence-based practice for preventing transmission, how to seek out healthcare support, as well as messages to promote psychosocial wellbeing.
6. Training of frontline workers (including doctors, nurses, ambulance drivers, case identifiers, teachers and other community leaders), including non-health workers in quarantine sites, on essential psychosocial care principles, psychological first aid and how to make referrals when needed.^{viii} COVID-19 treatment and isolation/ quarantine sites should include trained MHPSS staff. Online trainings might be used if it is not possible to bring staff together due to infection

risks.

7. Provide all workers responding to the COVID-19 outbreak with access to sources of psychosocial support. This must be of equal priority with ensuring their physical safety through adequate knowledge and equipment. Where possible, ensure regular review of frontline workers' psychosocial status to identify risks, emerging issues and shape the response to their needs.^{ix}

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