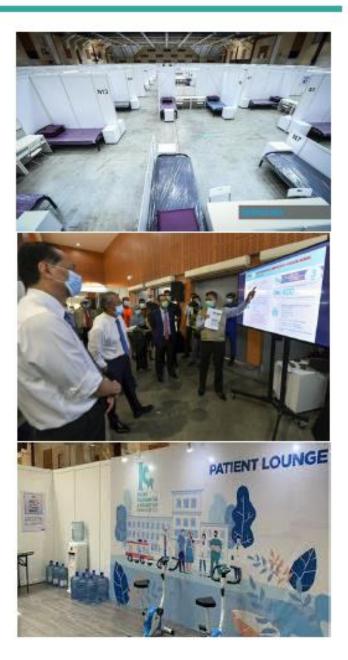


STANDARD OPERATING PROCEDURE (SOP) IN PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) FOR COVID-19 RESPONSE IN QUARANTINE STATIONS



MENTAL HEALTH, SUBSTANCE ABUSE AND VIOLENCE INJURY PREVENTION SECTOR (MeSVIPP) DISEASE CONTROL DIVISION MINISTRY OF HEALTH MALAYSIA APRIL 2020

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### STANDARD OPERATING PROCEDURE (SOP) IN PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) FOR COVID-19 RESPONSE IN QUARANTINE STATIONS

#### Background

This Standard Operating Procedure (SOP) is developed for the MHPSS team in Malaysia in responding to the COVID-19 pandemic that is currently affecting the whole world. The purpose of having this SOP is to develop a standardized guideline for MHPSS Teams in providing psychosocial support services for the quarantined individuals. This SOP will address on various aspects of interventions of MHPSS which include pre-deployment briefing, reporting structure, technology usage in intervention, intervention protocol, referral system, documentation and reporting, intervention supervision, ethical considerations and self-care.

This SOP serves as a guidance to the MHPSS team at the following facilities:

i) Quarantine Stations and Treatment for COVID-19 (Low Risk Patients)
 ii) Quaranting Stations (Patient Under Investigation (PUII) (Person under Investigation (PUII))

ii) Quarantine Stations (Patient Under Investigation (PUI) /Person under Surveillance (PUS)).

# Action Plan of Mental Health & Psychosocial Support at Quarantine Stations

The action plan of MHPSS shall be carried out at the state and district level. At the national level, the Sector of Mental Health, Substance Abuse, Violence and Injury Prevention (MeSVIPP), Non-Communicable Disease (NCD) Section, Disease Control Division shall be responsible as a focal point at the national level in coordinating the MHPSS services

At the State level, the Non-Communicable Disease (NCD) Unit of the State Health Department will coordinate and do the needs assessment of the mental health and psychosocial support needed at the quarantine stations upon which MHPSS teams will then be mobilized

At the district level, the MHPSS teams will be mobilized to the quarantine stations based on the needs assessment. MHPSS team also can be mobilized from the state to the districts depending on the needs and resources.

#### MHPSS Team at Quarantine Stations

At each quarantine stations, generally there will be a MHPSS team that will be responsible to provide service. However, this can vary in different scenarios eg:

- i. One MHPSS team can be placed on site in each quarantine station, or
- ii. One MHPSS team will cover a few quarantine stations depending on the availability of resources.

The MHPSS Team can comprise of the following:

- Public Health Physician
- Family Medicine Specialist
- Psychiatrist
- Medical Officer
- Psychology Officer
- Paramedics (Assistant Medical Officers, Nurses)
- Medical Social Worker
- Occupational Therapist
- Mental Health Experts (Psychiatrists, Clinical Psychologists, Counsellor from other government and private agencies as well as nongovernmental organization (NGOs))
- Volunteers from NGOs

#### Size of MHPSS Team

The size of the MHPSS team will depend on the availability of resources and the need of MHPSS coverage on site. One MHPSS team can consist of between three (3) to six (6) members.

The core team of MHPSS shall consist of at least three (3) members:

- 1. 1 Medical Officer (MO)
- 2. 1 Counsellor
- 3. 1 Paramedic

Other additional team members can be a Psychiatrist/ Public Health Physician/ Family Medicine Specialist, Social Worker, Occupational Therapist and volunteers from Non-governmental organizations. In the event of Psychiatrist is not available, Family Medicine Specialist or Public Health Physician can replace the role.

#### **Basic Requirements as MHPSS Team Members**

- 1. Team members need to undergo at least a day of training on Psychological First Aid (PFA).
- In the event of Mental Health Experts (eg: Psychiatrist, Counsellors, Public Health Physician or Family Medicine Specialist trained in mental health, Clinical Psychologist) having their professional certificate, they can be exempted from psychological first aid training.
- 3. Interested in mental health works or interventions during crisis.
- 4. Physically, emotionally and mentally fit.

#### Role of MHPSS Coordinator/Team Leader

- 1. To obtain line listing of PUI or COVID-19 patients at quarantine stations.
- 2. To obtain line listing of HCW involved with COVID-19 at quarantine stations.
- 3. To obtain line listing of other related workers from other agencies working at quarantine stations.
- 4. Attend briefing / coordination meeting with stakeholders
- 5. Provide briefing to the MHPSS team members on the disease/outbreak/crisis situation and work flow.
- 6. Create and review duty schedule
- 7. Document and compile reports according to the standard reporting format

### Term of Reference (TOR) for MHPSS Team

- 1. To perform mental health assessment using appropriate tools and technology in the delivery of MHPSS services.
- To provide mental health intervention and consultation using MHPSS intervention protocol for COVID-19 patients, PUI, health care workers (HCW) and related workers from other agencies at the quarantine stations.
- 3. To establish networking and good rapport with other agencies while providing MHPSS services.
- 4. To make referral to psychiatric services when necessary.
- 5. To provide reports and documentations.

## **Target Group for MHPSS Team**

- 1. COVID-19 (Low Risk) Patients
- 2. PUI
- 3. PUS
- 4. HCW
- 5. Other Responders from other agencies

# CONCEPTUAL FRAMEWORK OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

#### I. Pre-deployment Briefing

Every MHPSS Team Members should receive a briefing from their respective MHPSS Team Leader. This is to ensure their understanding on the situation and familiarize them with the work flow. The MHPSS Coordinator/Team Leader will liaise with the Quarantine Station Coordinator to ensure that MHPSS services are integrated into the existing structure MHPSS Team Leader should conduct briefing on mental health self-care among the health care workers and other responders prior to deployment.

#### **II. Reporting Structure**

Each MHPSS Team Member should report all the activities conducted to the MHPSS Team Leader on a daily basis, following which the report sends to MHPSS Coordinator at District/State/National Crisis Preparedness and Response Centre (CPRC). The MHPSS Team Leader should update the Quarantine Station Coordinator on a summary of the activities. This reporting should address the significant updates and any challenges experienced during the MHPSS interventions.

The deployment and the involvement of MHPSS Team should not exceed two (2) weeks duration. During this deployment period, internal debriefing sessions should be done with team members in order to provide mental and emotional support as well as to discuss and analyse challenges and suggestions for improvement. External debriefing sessions shall be conducted with CPRC and other agencies of which it should mainly focus on the services provided as well as issues identified. Upon completion of their deployment, the team should hand over their responsibility to the subsequent teams

#### III. Technology Usage in Intervention

In view of the transmission of COVID-19, the preferred mode of MHPSS service delivery should be through a broad range of technologies utilising the telecommunications and internet resources. The interventions or applications used will be in accordance to the preference of the MHPSS Team and the available resources provided at the stations. Video conferencing applications such as WhatsApp videos, Skype, WebEx and Zoom Meeting have been found to be more user friendly.

#### **IV. Intervention Protocol**

The Intervention Protocol (IP) can be used during the delivery of the MHPSS for the COVID-19 response when addressing the target groups. The expected target groups are COVID-19 positive patients and PUI, PUS, HCW as well as other responders at the station.

The MHPSS issues may be different between these groups and each issue must be approached accordingly. The following documents can be used as references:

- Briefing Note and Guideline on Addressing Mental and Psychosocial Aspects of COVID-19, CPRC, Ministry of Health, March 2020
- ii) COVID-19 Mental Health Kit in Hospital Setting and Quarantine Stations, Medical Programme, MOH, April 2020
- iii) Manual on Mental Health and Psychosocial Response to Disaster in Community, Disease Control Division, MOH 2013
- iv) Psychological First Aid: Pocket Guide, Disease Control Division, MOH 2017

Every MHPSS Team members **MUST** be trained in Psychological First Aid regardless of their background. This is to ensure the understanding of all MHPSS Team Members is standardized, and the mechanism used is the best to be implemented in various situations.

For evaluation purposes, the target groups should provide feedback to the MHPSS Team upon the completion of the MHPSS services provided. This feedback should then be channelled to MHPSS Coordinator at District/State/National level.

6

#### V. Referral System

During the quarantine period, cases that need further interventions will be referred to the Family Medicine Specialists or Psychiatrists. Other matters which is non health related and need referrals should be informed to the Quarantine Station Coordinator for further action.

## VI. Documentation and Reporting

Every MHPSS Team Member is required to send daily reports to the MHPSS Team Leader. Reports will be shared with the Quarantine Station Coordinator. Documentation of all activities such as psychological intervention, Psychological First Aid (PFA), incidents and emergencies, any therapies and referrals should be included.

The reports should be submitted to MHPSS Coordinators at District, State and National level.

#### VII. Intervention Supervision

The MHPSS Team Leader should supervise the activities that are implemented by the MHPSS Team on a regular basis or as required. This is to ensure all the team members are performing the Intervention Protocols with fidelity. The supervision also aims to identify and address early any significant issues.

#### VIII. Ethical Considerations

The MHPSS Teams are required to adhere to the highest level of ethical standards, according to the ethics that govern the practice of counselling and psychology. The privacy and confidentiality of the clients is mandated to be respected and should not be breached. However, any issue related to confidentiality need to be communicated to the MHPSS Team Leader, who will in turn communicate with the MHPPS Coordinator and the National MHPSS.

#### IX. Self-Care

In order to provide a good MHPSS service, every MHPSS Team Member should take care of themselves. Safety and self-care should be the priority of the MHPSS Team before implementing the intervention activities. The MHPSS Team must be supported through coaching, regular ventilation, relaxation and sharing sessions to ensure they are not exhausted or suffering from burnout.

This SOP will be updated as needed to suit the dynamic prevailing circumstances.

#### TERM OF REFERENCE (TOR) FOR NATIONAL MHPSS COORDINATOR

- Sector of Mental Health, Substance Abuse, Violence and Injury Prevention (MeSVIPP), Non-Communicable Disease (NCD) Section, Disease Control Division shall be responsible as a focal point at the national level for coordinating the MHPSS services
- 2. To assess and plan MHPSS needs such as funding, logistics, facilities, equipment and resources for Quarantine Stations
- 3. Activate and coordinate the mobilization of MHPSS Teams
- 4. To develop and maintain MHPSS directories and databases of resources
- To establish networking and collaborate with other agencies in order to ensure smooth implementation of MHPSS services at Quarantine Stations
- 6. To compile and analyse data on MHPSS activities at the national level
- Provide reports to higher management level of Ministry of Health -Director General of Health, Deputy Director General (Public Health), Director of Disease Control Division

# TERM OF REFERENCE (TOR) FOR MHPSS STATE /DISTRICT COORDINATOR

- Non-Communicable Disease Unit at State Health Department/ District Health Office will coordinate MHPSS services at Quarantine Stations
- 2. To plan and evaluate MHPSS needs such as funding, logistics and facilities at Quarantine Stations
- 3. To determine the capacity of MHPSS Team to manage the Quarantine Stations
- 4. To conduct Refresher Course / MHPSS training for MHPSS team members
- 5. To recommend appropriate MHPSS support resources including infographics, equipment, tools related to technology, logistics and additional manpower

- 6. To evaluate the effectiveness of MHPSS services provided in view to suggest further improvements
- 7. To provide technical input to State Health Director on matters/issues related to MHPSS services at Quarantine Stations
- 8. Coordinate and collaborate with other agencies in providing MHPSS services at Quarantine Stations
- 9. Compile and analyse data and provide reports on a daily basis
- 10. Liaison with National MHPSS for daily reporting and returns
- 11. To maintain directory of MHPSS team members trained in providing MHPSS services

## TERM OF REFERENCE (TOR) FOR MHPSS TEAM LEADER

- 1. To conduct pre-deployment briefing session with MHPSS team members
- 2. Liaison with Quarantine Facility Head for coordination of MHPSS services
- 3. Liaison with District/State MHPSS Coordinator for daily reporting
- 4. To obtain the line-listing of all Health Care Workers (HCW) and other response workers in the Quarantine Stations
- 5. To obtain the line-listing of all COVID-19 patients and PUI at Quarantine Stations
- To delegate the activities to be conducted on daily basis among the MHPSS team members
- 7. To supervise the implementation of MHPSS services among the team members
- 8. To communicate with Quarantine Facility Head in order to discuss and provide solutions for the issues encountered on a daily basis.
- 9. To compile daily activities and provide reports for MHPSS District/State Coordinator

#### TERM OF REFERENCE (TOR) FOR MHPSS TEAM MEMBERS

- 1. To identify mental health problems and mental illnesses that need treatment and follow up among the groups.
- 2. To identify the psychological needs of high-risk groups such as the elderly, parents with young children, people who lost their loved ones, children without parents/guardians and people with disabilities.
- 3. To be culturally sensitive in providing psychosocial support and be aware of the cross- cultural issues among the groups.
- 4. To make a continuous risk assessment during the quarantine period.
- 5. To make referrals to Family Medicine Specialist or Psychiatrist if necessary.
- 6. To establish a good rapport with other agencies in the Quarantine Stations while providing the psychosocial response services.
- 7. To attend debriefing session before leaving.
- 8. Roles and responsibilities of MHPSS team members according to their respective roles:

## A) State NCD Officer/Public Health Physician

- Liaison with State Counsellor and Psychiatrist for coordination of MHPSS services at Quarantine Stations
- To do needs assessment at Quarantine Stations and to determine selection criteria of MHPSS team members
- To coordinate pre and post deployment off MHPSS Team
- Mapping out services at Quarantine Stations
- Liaison with National MHPSS coordinator
- To compile MHPSS returns from all Quarantine Stations
- To provide daily returns and reports to National MHPSS

#### B) Psychiatrist/Family Medicine Specialist

- To provide specialized services to the referrals received
- Provide clinical intervention if necessary
- To document and report each referral to MHPSS Team Leader

## C) Medical Officer/Medical Practitioner

- To implement intervention protocol (clinical intervention) in Quarantine Stations
- To provide Mental Health and Psychosocial Support Services (MHPSS)
- To do the clinical assessment and assess the medical needs
- Referrals to FMS/Psychiatrist
- Daily reporting to MHPSS Team Leader

## D) Psychology Officer

- To initiate psychological assessment
- To provide psycho-education and psycho-social support
- To implement intervention protocol (psychological intervention) in Quarantine Stations
- To provide Psychological First Aid
- To refer to FMS/Psychiatrist
- Daily reporting to MHPSS Team Leader

## E) <u>Paramedics</u>

- To provide Psychological First Aid
- To ensure adequate equipment for MHPSS services at Quarantine Stations
- To assist MHPSS Team Leader for line-listing and returns
- To do record keeping

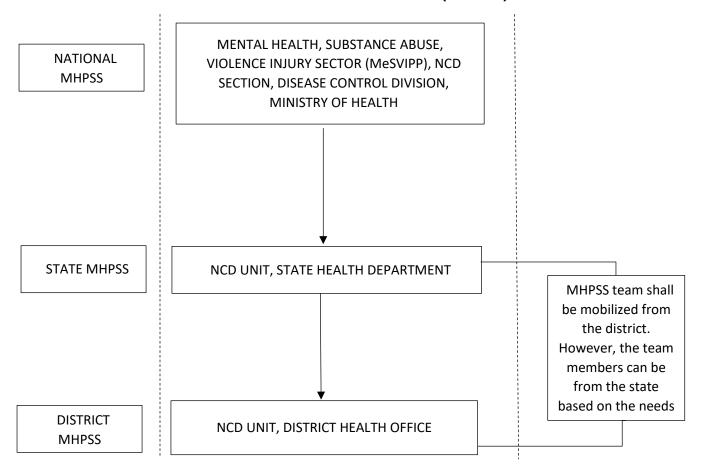
#### F) Medical Social Worker/ Occupational Therapist

- To provide Psychological First Aid
- To provide psycho-education and psycho-social support
- To refer to FMS or Psychiatrist when necessary
- Daily reporting to MHPSS Team Leader

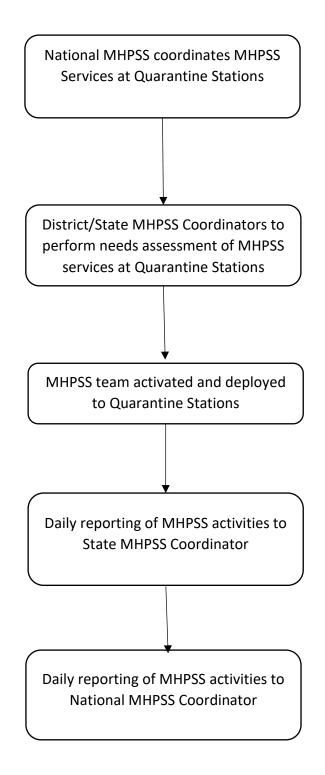
#### G) Volunteers from NGO

- To provide Psychological First Aid
- To refer to FMS or Psychiatrist when necessary
- Daily reporting to MHPSS Team Leader

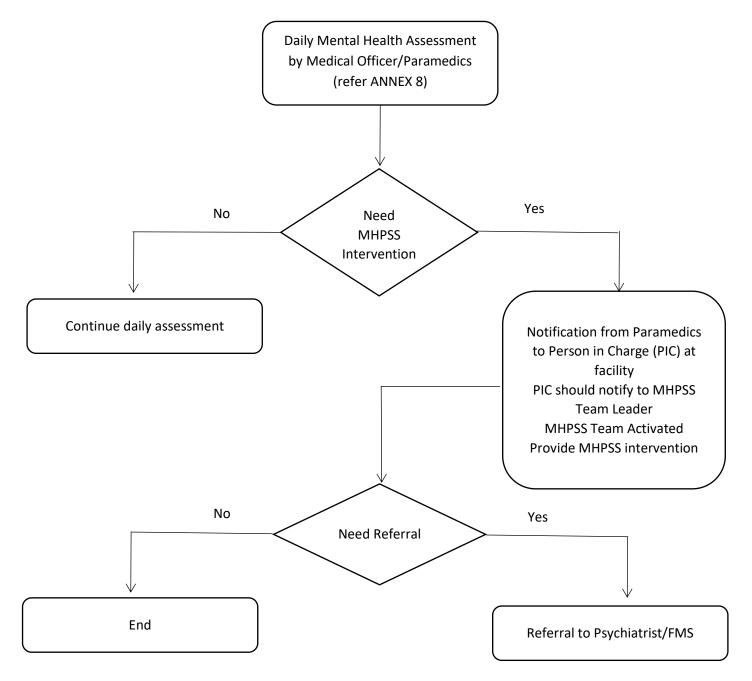
# ORGANIZATIONAL STRUCTURE OF MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES (MHPSS)



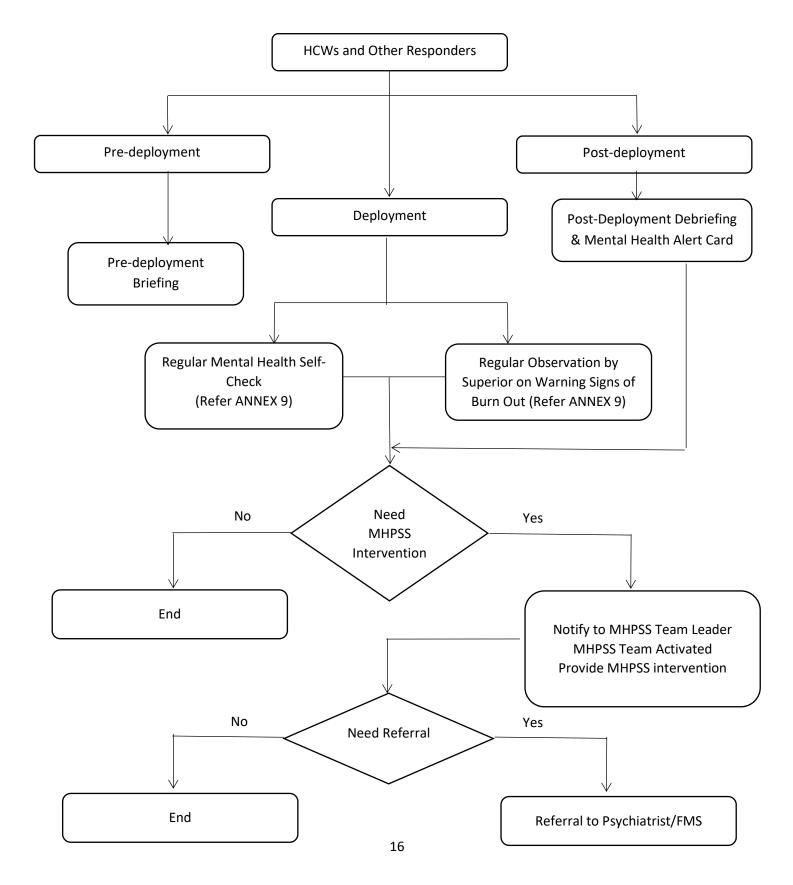
# MHPSS WORK FLOW FOR COVID-19 RESPONSE AT QUARANTINE STATIONS



#### ALGORITHM OF IMPLEMENTATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) IN QUARANTINE STATIONS FOR PATIENT/PUI/PUS



#### ALGORITHM OF IMPLEMENTATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) IN QUARANTINE STATIONS FOR HEALTH CARE WORKERS (HCW) AND OTHER RESPONDERS



#### MHPSS SERVICES REPORTING FORMAT FOR COVID-19 RESPONSE AT QUARANTINE STATIONS

#### LAPORAN PERKHIDMATAN KESIHATAN MENTAL & SOKONGAN PSIKOSOSIAL (MHPSS) KKM BAGI WABAK COVID-19 DI PUSAT KUARANTIN

Tarikh:				
Masa:				
Nama Pusat Kuarantin				
Tarikh Pusat Kuarantin Dibuka				
Bilangan individu terlibat	Pesakit COVID-19 po	sitif:	_individu	
	(PUI) "patient under investigation":			
	Jumlah semasa: individu			
	(PUS) "person under	surveillance":		
	Jumlah semasa:	individu	l	
	Jumlah Kumulatif (Semenjak Dibuka):			
	Agensi terlibat:			
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
Jumlah kes COVID-19/PUI/PUS		lah kes		
mengikut umur dan jantina	Kumpulan Umur	Lelaki	l Cases)	
	Age Group	( <i>Male</i> )	Perempuan ( <i>Female</i> )	
	0-2			
	3-5			
	6-15			
	16-40			
	41 - 59			
	60>			
	Jumlah			
	(Data mohon rujuk pa	da NADMA/	Quarantine Station	s
	Coordinator')			

Borang saringan kemasukan ke Stesyen Kuarantin Jumlah sesi PFA	1. Bilangan yang mempunyai sejarah penyakit mental:         2. Bilangan yang merokok (rokok/ <i>e-cigarette/</i> vape/ lain-lain:         3. Bilangan yang menggunakan substans:         4. Bilangan yang mempunyai simptoms masalah kesihatan mental:         KATEGORI       COVID-       PUI       PUS       Frontliners				/ <i>e-cigarette/</i>
	Individu Kumpulan/ G <i>roup</i>	19			
Jumlah yang menjalani " <i>Mental</i> <i>Health Assessment</i> "	JANTINA Lelaki (Male) Perempuan (Female)	COVID- 19	PUI	PUS	Frontliners
Jumlah perokok 1- Rokok conventional 2- E-cig/ vape 3- Others	JANTINA CO -1 1 Lelaki (Male) Perempuan (Female)	9		PUS 1 2 3	Frontliners           3         1         2         3           4         1         2         3
Aktiviti MHPSS yang dilaksanakan	Relaksasi Ekspresi Seni/Terapi Ser Psikopendidika *Lain-Lain Bagi *Lain-lain ak 1. 2. 3. 4. 5.	ni n	d	ijalank	

Rujukan (Pakar Psikiatri/FMS/dII)					
Sekiranya dirujuk: Diagnosis					
Cadangan					
Laporan Disediakan oleh: Nama Ketua MHPSS: Tarikh: Masa:					
Senarai Petugas MHPSS:	Bil.	Nama Petugas	Jawatan	Jabatan	No. Telefon Bimbit

# MHPSS ACTIVITIES FOR COVID-19 RESPONSE AT QUARANTINE STATIONS

## 1. Psychological First Aid (PFA) Activities

No.	Activities	Remarks
1.	Psychosocial need assessment to be done through social media applications.	Distributed to all PUI / PUS and Covid- 19 Patients at Quarantine Stations via social media application.
2.	PFA Kits	<ul> <li>i. For reference of MHPPSS Team members</li> <li>ii. To obtain from District/ State MHPSS Coordinator</li> </ul>
3.	Self-therapy kits	i. Self-Therapy Form ii. Self-Coping Form
4.	PFA Calls	<ul> <li>i. Build up rapport (how are you etc.)</li> <li>ii. Let's share an issue (main issue)</li> <li>iii. Share relaxation techniques and ask the patient to practice the same steps</li> <li>iv. End the conversation with motivational words and prayer</li> </ul>
5.	PFA short video	<ul> <li>i. Breathing Techniques Relaxation Video</li> <li>ii. Grounding Therapy Video</li> <li>iii. Motivation video</li> <li>iv. Simple exercises</li> </ul>
6.	Distribute positive greeting cards	Not compulsory (As extra suggestion)

#### **GENERAL MENTAL HEALTH SCREENING DURING ADMISSION**

- 1. Do you have any psychiatric illness? Yes/No
- Do you smoke (conventional cigarette/ e-cigarette / vape /others)? Yes/No
- 3. Do you use any illicit drugs? Yes/No
- 4. During the past month, have you often been bothered by feeling down, depressed or hopeless? Yes/No
- 5. During the past month, have you often been bothered by little interest or pleasure in doing things? Yes/No

Note:

- If Yes for smoking, refer **mQuit Team** for withdrawal symptoms assessment and management (ANNEX 12)
- If Yes for other questions, refer **MHPSS Team** for further assessment

## "QUESTIONS OF THE DAY"

COVID-19 DAILY MENTAL HEALTH ASSESSMENT FOR PATIENT/PUI/PUS

- 1. Do you sleep well?
- 2. Are you able to eat well?
- 3. Are you able to control your emotion?
- 4. Do you need any help?

**General Impression** by Medical Officer/Paramedics (cooperativeness, inappropriate behaviour): **Need Referral/ Not** 

# MENTAL HEALTH SELF CHECK FOR HEALTH CARE WORKERS/FRONTLINERS

Do you have any of the following symptoms?

- 1. Easily anxious/excessively anxious
- 2. Feeling extremely sad/hopeless/helpless
- 3. Feeling guilt
- 4. Easily irritated/angry
- 5. Extremely tired
- 6. Difficulty in sleeping
- 7. Crying without any specific reasons

If you have any **YES** answer for any of the questions, you are advisable to talk to MHPSS Team Members.

#### **BURN OUT SIGNS AMONG HCW AND FRONTLINERS**

- 1. Poor work performance
- 2. Frequent mistakes
- 3. Easily upset/Irritable
- 4. Difficulty in sleeping
- 5. Hopelessness
- 6. Being sceptical to others/organization

# MENTAL HEALTH CONCERNS AMONG PUI/PUS AT QUARANTINE STATIONS

No.	Mental Health Concerns	Suggested Coping Skills
1.	High concern if diagnosed as Covid-19 positive	To understand that feeling worry is normal at this situation. To stay positive that the illness can be cured.
2.	Potential to get physiology problem such as sleep disturbance, appetite problems, loss focus and health problem.	Prepare short note for self -remain to fulfil physiology needs (rest, sleeping and eat)
3.	Psychological effects –stress, depression, unstable emotion, easily irritable, post-traumatic stress symptoms, feelings of confusion, anger and fear, and even substance misuse.	Self-therapy- relaxation technique, grounding technique and breathing exercise
4.	Limitation of social relationship	Practice virtual communication with close individual/somebody that you trust
5.	Over thinking about social stigma	Focus on positive activities such as reading, watching movie, or do some work
6.	Start blaming others	Be positive and focus on your self- care physically and emotionally
7.	Career problem and possibility of job termination	Help yourself focus on things you can control or manage first. Prioritize on your health and to get better.
8.	Financial issues if loss job	Remind yourself to manage your financial wisely and avoid unnecessary expenses
9.	It can cause panic attacks if you think too much about the results	Help yourself to calm down, express emotionally by doing scratches or therapeutic art therapy.
10.	Feeling bored and isolated during quarantine	Communicate and continue doing your daily activities within the quarantine area

# MENTAL HEALTH CONCERNS AMONG POSITIVE COVID-19 PATIENTS AT QUARANTINE STATIONS

No.	Mental Health Concerns	Suggested Coping skills
1.	Feeling anxious upon being diagnosed as positive COVID-19	Help yourself to calm down and set your mind to be positive and think about majority of the cases will be cured/recover
2.	May experienced physiological disorders such as sleep disorder, poor appetite, poor focus and impaired health.	Provide a brief note to remind yourself when to eat, rest and sleep
3.	Psychological effects - depression, stress, unstable emotions (sensitive or irritable)	Seek for help. Contact MHPSS Team at Quarantine Stations.
4.	Limited social connections	Regularly connected virtually with family or friends and people you trust via social media applications
5.	Think about social stigma because of the positive COVID-19	Focus on positive things that can help yourself, such as reading, watching movie or others activities and continue daily activity
6.	Start blaming others	Be positive and focus on your self-care physically and emotionally
7.	Career-related issues and possibility of job termination	Help yourself focus on things you can control or manage first. Prioritize on your health and to get better.
8.	Financial issues where there is no employment / long absence of work during COVID-19 positive treatment	Remind yourself to manage your financial wisely and avoid unnecessary expenses
9.	It can cause panic attacks such as palpitation and hyperventilating if you think too much about the illness	Seek help immediately. Contact MHPSS Team at Quarantine Stations.
10.	Feeling guilty / blaming own self due to current condition	Be positive and concentrate on treatment and getting better.

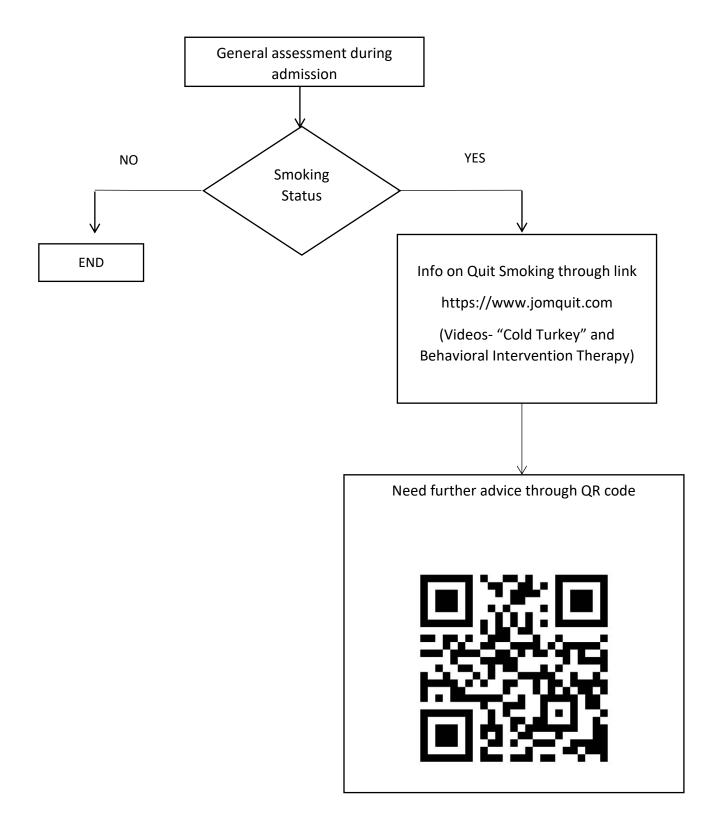
# MENTAL HEALTH ALERT CARD POST DEPLOYMENT FOR HEALTH CARE WORKERS AND VOLUNTEERS

	Kementerian Kesihatan Malaysia MENTAL HEALTH ALERT CARD
	ff / volunteers working at the COVID-19 Operational Room / Center, eck 🗴 if you have any of the following symptoms:
0	Feeling Anxious Easily
0	Sleep difficulty
Ο	Feeling of sadness
0	Feeling helpless / Feeling hopeless
Ο	Feeling guilty
0	Feeling angry easily
0	Have flashback or recurring thoughts/ dreams of bad experiences of the crisis
0	Crying for no reason
	have any of the above symptoms, please seek help from Mental Health and Psychosocial Support (MHPSS) your facility and show this card for further evaluation.
If referr	ed to the hospital, please show this card to the treating doctor
The indi	vidual carrying this card has been deployed in the COVID-19 disaster / crisis / outbreak area at :
If this in	dividual has symptoms related to mental health problems, please evaluate and do the necessary treatment.
Tips for	Mental Health Management After Returning From An Outbreak / Disaster / Crisis Area
	void being alone or isolating yourself alk to someone you trust or share your feelings
✓ T	ry to eat even when you have no appetite
✓ T	ay more attention to enhance your interpersonal relationships with family and friends ry to return to your normal routine
	lanage stress through relaxation techniques, adequate sleep, balanced diet and exercise ractice deep breathing exercises or other relaxation techniques
🗸 E	xpect to have recurring dreams and thoughts and will decrease over time
✓G	ive yourself time and opportunity to recover from the events you have been through
	THANK YOU

#### MHPSS, MINISTRY OF HEALTH

KAD AMARAN KESIHATAN MENTAL
Kepada petugas/ sukarelawan yang menjalankan tugas di Bilik Gerakan/ Pusat Kuarantin Covid-19,
Sila 🗙 tandakan jika anda mengalami mana-mana gejala seperti berikut:
O Mudah cemas
◯ Sukar tidur
O Perasaan terlampau sedih
🔿 Perasaan tidak berdaya/ tidak mempunyai harapan
O Perasaan bersalah
O Cepat marah
🔿 Mengimbas kembali pengalaman buruk ketika bencana/ krisis
O Menangis tanpa sebab khusus
Jika anda mengalami mana-mana gejala seperti di atas, sila dapatkan bantuan daripada Petugas Kesihatan Mental dan Sokongan Psikososial (MHPSS) di fasiliti anda dan pamerkan kad ini untuk penilaian seterusnya.
Jika dirujuk ke hospital sila tunjukkan kepada doktor yang merawat
Individu yang membawa kad ini telah bertugas di kawasan bencana/ krisis/ wabak COVID-19 di
Jika individu ini mempunyai gejala yang berkaitan dengan masalah kesihatan mental, sila lakukan penilaian dan melaksanakan rawatan yang sewajarnya.
<u>Tips Pengurusan Kesihatan Mental Selepas Pulang Dari Kawasan Wabak/ Bencana/ Krisis</u>
<ul> <li>Tidak berseorangan atau mengasingkan diri</li> </ul>
<ul> <li>Bercakap dengan seseorang yang anda percayai atau kongsikan perasaan tentang peristiwa yang anda alami</li> </ul>
Cuba untuk makan walaupun tidak mempunyai selera
Memberikan perhatian yang lebih untuk meningkatkan hubungan interpersonal anda bersama keluarga dan rakan
Cuba untuk kembali ke rutin normal
Mengurus tekanan melalui teknik relaksasi, tidur yang cukup, diet seimbang dan senaman
<ul> <li>Berlatih senaman pernafasan dalam (deep breathing exercise) atau teknik relaksasi yang lain</li> <li>Manimud alam da dan dan dari dari dari dari dari dari dari dari</li></ul>
<ul> <li>Menjangkakan anda akan mengalami mimpi dan pemikiran yang berulang dan akan berkurang dari semasa ke semasa</li> <li>Berikan anda masa dan peluang untuk pulih dari peristiwa yang anda lalui</li> </ul>
TERIMA KASIH

# mQuit INTERVENTION PROGRAMME FOR QUARANTINE STATIONS



### PSYCHO-EDUCATION MATERIALS FOR HEALTH CARE WORKERS AND OTHER RESPONDERS

Scan this QR Code:



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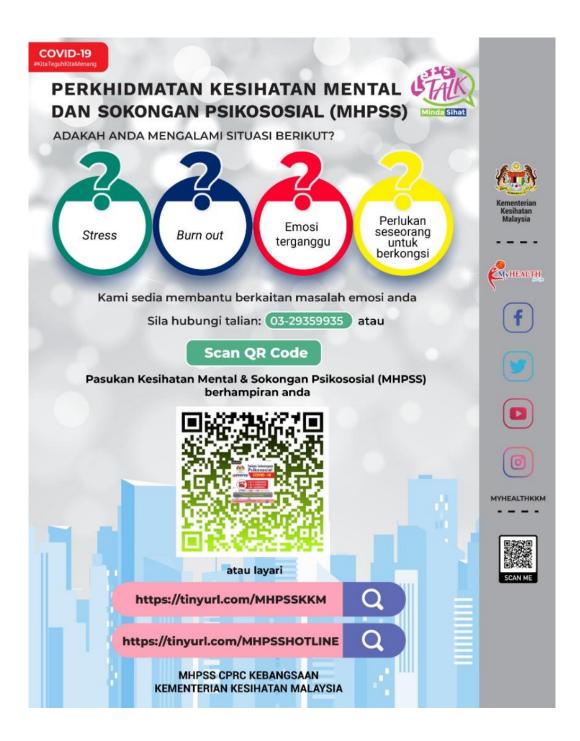
# PSYCHO-EDUCATION MATERIALS FOR COVID-19 PATIENTS/PUI/PUS

Scan this QR Code:



or click the following link: https://tinyurl.com/INFOMHPSS2





#### References:

- Interim Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak - Version 1.0 IASC 2020
- National Guideline and Standard Operating Procedure on Mental Health and Psychosocial Support in Disaster, Mental Health Unit, Disease Control Division. Edition 2, 2019
- Mental Health Considerations during COVID-19 Outbreak World Health Organization
- 4. IASC Guidelines for Mental Health and Psychosocial Support In Emergency Settings WHO
- Sherina Mohd Sidik, Bruce Arroll, Felicity Goodyear-Smith, Azhar M.D. Zain. Screening for Depression with a Brief Questionnaire in a Primary Care Setting: Validation of the Two Questions with Help Question (Malay Version) *Intl. J Psychiatry in Medicine* 2011;41 (2):143-154

#### Abbreviations:

MOH – Ministry of Health

MHPSS - Mental Health and Psychosocial Support

- PFA Psychological First Aid
- PUI -Patient Under Investigation
- PUS-Person Under Surveillance
- HCW Health Care Workers
- CPRC Crisis Preparedness Response Centre

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