MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

Strategy Covid-19
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Americas Regional Office
TECHNICAL COMMITTEE

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FOREWORD

Our region has a robust Health Strategy that develops in very concrete ways in the Americas in three major categories: public health, emergency health, and WASH. Significant efforts have been initiated to develop networks and mechanisms that allow us to diversify the sectors and better understand the needs of SNs in the role of auxiliary partners to the Ministries of Health.

Throughout human history, infectious diseases have killed more people than any other disaster. Epidemics such as Malaria, Tuberculosis, HIV, the Plague, Smallpox, as well as different varieties of influenza viruses, are just one example of diseases that have affected humanity for centuries. In the last 20 years, coronavirus epidemics have increased, from specific geographical areas, and have spread around the world at a great speed, thanks to the extensive connectivity of the modern world.

From China in December 2019 and the first six months of 2020, the SARS CoV-2 virus was responsible for an outbreak of atypical pneumonia and has dispersed to every continent. By the end of August, COVID-19 cases have been reported in more than 231 countries and territories and there is no doubt, that COVID-19 represents the largest global epidemic humanity has faced in this century.

In December 2019, the Council of Delegates of the Red Cross and Red Crescent Movement, held in Geneva, adopted Resolution Number 33: “Policy of the International Red Cross and Red Crescent Movement on Mental Health and Psychosocial Support” and a “Roadmap for Implementation 2020-2023”. This document includes six priority areas of action to ensure that by 2023 all National Societies guarantee: 1- The development of a basic level of psychosocial support; 2- Provide MHPSS access in operational contexts identified by the Movement; and 3- Guarantee the psychosocial well-being of the volunteers and contracted personnel.

The Regional Health Unit of the Americas in conjunction with the National Societies, and the Mental Health and Psychosocial Support team has coordinated and implemented interventions in all countries of the region, beginning during the early detection of the epidemic, to provide psychosocial support to people affected and infected by the pandemic, as well as frontline workers in the development of their functions, by leveraging the great initiatives and capabilities demonstrated by the network of volunteers, local Branches, and National Societies in the last several years.

The strategy for Mental Health and Psychosocial Support in the Americas brings together the most effective guidelines and experiences to reduce the impact of Covid-19 and safeguard the well-being and mental health of communities and first-line care responders.

All people, that have interfaced with the Mental Health and Psychosocial Support team in the last few months, have expressed the need to avail themselves of this support network between professionals and volunteers, and also developed a framework to provide the best response to the mental health and psychosocial needs of the affected and infected population, whether in the emergency phase or recovery.

This guide transforms the spirit of the resolution into a comprehensive tool for the Americas. With the hope that our volunteers receive guidance to provide relief to people in times of emotional disturbance, and allow them to recognize and refer the most serious cases to specialized care. A rapid protection and recovery of mental health in our continent depends on this, in addition to influencing globally by providing concrete solutions to improve the quality of life, health and psychosocial well-being of all people.

Walter Cotte
Regional Director of IFRC

A Strategy of Resilience And Sustainability in Mental Health And Psychosocial Support For America.

PREAMBLE

This strategy is in line with the IFRC Global Strategy 2030, IFRC Americas Regional Health Strategy, and the International Red Cross and Red Crescent Movement’s Policy and Resolution on Mental Health Care and Psychosocial Support adopted in December 2019 during the 33rd International Conference of the Red Cross and Red Crescent and the Roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023.

INTRODUCTION

During disasters, pandemics or any other complex event that puts the life, physical and mental health of individuals and communities at risk, the Red Cross Red Crescent Federation through National Societies will promote a culture of care and well-being. This culture will enable affected people to reduce suffering and achieve the highest level of health and ensure access to psychosocial support systems and specialized mental health services for the most vulnerable and affected. Resolution 33rd mentions three priority areas: (1) guarantees a basic level of psychosocial support and integrate mental health and psychosocial support across sectors; (2) develop a holistic Mental Health and Psychosocial Support (MHPSS) approach between Movement components and in collaboration with other actors; and (3) Protect and promote the mental health and psychosocial well-being of staff and volunteers.

COVID-19 has been identified as a pandemic. In times of a pandemic, it is common for people to feel stressed and worried. Common responses by those affected (both directly and indirectly) may include (1) Fear of becoming infected; (2) Fear of losing their livelihood, not being able to work due to isolation and being fired from work; (3) Fear of being socially excluded/quarantined because of association with the disease; (4) Feeling powerless to protect loved ones and fear of losing them to the virus; (5) Fear of being separated from loved ones and caregivers due to the quarantine regime; and (6) Refusal to care for unaccompanied or separated children, persons with disabilities or the elderly due to fear of infection because parents or caregivers have been institutionalized or quarantined.

Emergencies can be traumatic, but at the time of the COVID-19 pandemic, there have been very specific stressors due to public health and social measures taken by governments. These stressors include:

(1) Caregivers may be increasingly concerned that their children will be home alone (due to school closures) without adequate care and support. (2) Women are carrying out a dual role of care, as caregivers and teachers plus fulfilling their role as workers. Both roles are unpaid and limit their employment and economic opportunities, and (3) a higher level of deterioration in the physical and mental health of vulnerable people. For example, the elderly and persons with disabilities are often left alone because their caregivers are quarantined or because there is no alternative care and support mechanism to address their needs if they are quarantined.

The IFRC and the NSs of the Americas see the need and relevance of implementing an MHPSS strategy to reduce the impact of COVID-19 on people’s physical and mental well-being and to promote hope among vulnerable groups such as indigenous populations, migrant Afro-descendants, and people traditionally underserved by government health services. It is expected that by the conclusion of the recovery phase, the expected response include: (1) All NS in the Region will have a basic level functional psychosocial support program; (2) MHPSS consideration is integrated into other humanitarian services, and: (3) a supportive and caring working environment is achieved and sustained across the region.
BACKGROUND

In the very early stages of the pandemic, there was a lot of focused attention towards the consequences that the COVID-19 could have on the mental health and psychosocial wellbeing of the general population and the health-care workers at the frontline of the response. The historical deficit of investment in mental health care in the Americas region where the average intended allocated by sub-region reported in 2013 was South America 2.05%, Central America 0.9% and, Anglo Caribbean 3.5% (minimum recommended by WHO of 10%) and limited Psychosocial support systems plus the problems and limitations that the essential health care and social services are facing during the COVID-19 pandemic, all of them are factors that can contribute to increasing psychosocial, or mental health impact during COVID-19 situation.

As an immediate response to the Covid-19, the National Societies have established different Psychosocial Support Services through Tele-assistance in more than 12 NS’s of the region, as well as systems to protect the psychosocial and mental well-being of volunteers and staff in the 35 NS’s of the region. Also, they provide support to partners such as ministries of health for psychosocial support for health workers and migrants.

Since the beginning of the pandemic in December 2019 in the Asian continent, by June 2020, according to the statistics issued by the WHO, the Americas is the region with the highest number of confirmed cases (10,447,261) being the United States the country with the highest number of confirmed cases of COVID-19 (4,836,930).

Since mid-March, the Americas region has seen an increase in the number of cases and deaths. Added to this is a problem of deficient epidemiological surveillance that could be causing underreporting of both cases and deaths, making it difficult to anticipate the speed of transmission and the impact on health systems, which have historically had extensive structural deficiencies.


CHRONOLOGICAL EVOLUTION OF THE COVID-19 OUTBREAK

AMERICAS REGION 1

SITUATION ANALYSIS

With the sudden appearance of the new viral agent SARS-CoV2 in December 2019, the world’s scientific community has joined forces to study and understand the behavior of the virus to find ways to contain its spread and/or eradicate it. Today, there is still no specific treatment, cure, or a vaccine available to prevent the contagious.

The COVID-19 epidemic has spread worldwide and has caused serious disruption to physical health and daily life. The unprecedented implementation of measures to contain the spread of the disease such as quarantine, physical distancing, and self-isolation has affected people’s daily lives, routines, and livelihoods. Also, COVID-19 and the factors that will exacerbate the stressors of the pandemic have triggered a wide range of mental health problems.

All these experiences are new for government leaders, scientists, health systems, companies, schools and, in general, for all communities. Therefore, it is still too early to calculate and recognize the psychosocial consequences and the new adaptation and mental health needs. And it is that the pandemic has hit to a greater or lesser degree, all people, all communities, in all aspects of individual and social life. This is a challenge that the IFRC must recognize and encourage National Societies to contribute to contain all the suffering that is currently being experienced and that is expected in the very near future.

There are significant experiences that this pandemic is having a significant impact on the psychosocial well-being of the population. Loss of income, isolation or separation from loved ones are some of the consequences of the quarantine measures that have affected mental health. The extent to which health services have been disrupted is unknown, as are the levels of social and psychological distress and the mental health needs of the society. Additionally, the impact on people with Psychopathology and preconditions can lead to depression, obsessive-compulsive disorder, and self-medication.

The role of the IFRC will be to support the strengthening, adaptation and capacity building of NSs to implement MHPSS to meet the psychosocial needs of the community in general through the identification and implementation of measures such as prevention, promotion, protection, and coordination within the Movement and with other external partners. Such as Psychological First Aid, basic psychoeducation, and other psychological interventions. All these situations have increased the demand for psychosocial and mental well-being of the population.

RESPONSE

The International Federation and the National Societies of the Americas that are in the front line of meeting people’s needs on the ground report that as a result of all these measures (social isolation, quarantine, job losses, restricted mobility, physical distance), plus previous situations of social, linguistic, cultural and contextual shortcomings in the countries of the Region, the population has had to deal with stress due to:

1. The impossibility of being with loved ones who have fallen ill;
2. Not being able to say goodbye to the deceased;
3. Facing unemployment;
4. Limited or no access to health care;
5. School closures, and
6. Lack of access to new technologies.

The International Federation and the National Societies of the Americas have been conducting crucial MHPSS interventions, especially for people who are isolated, who have lost loved ones, who report loneliness, anxiety or depression, groups with less access to essential services, such as migrants, indigenous communities, women, children, older people, and people with disabilities. All these in society who may lack networks of psychosocial support for their social or economic conditions.

Within the Red Cross, the groups with the greatest needs are the volunteers and staff of the National Societies who are on the front line of response and are subjected to constant stress due to the risk of contagion and social stigma.

The role of the IFRC will be to support the strengthening, adaptation and capacity building of NSs to implement MHPSS interventions by adapting technical guidelines, facilitating learning and knowledge sharing through the use of new technologies such as telecare, PSS for volunteers and staff, health, and community engagement staff or volunteers (non-specialists) generating community MHPSS approach tools, Psychological First Aid, and other psychological interventions need.

The IFRC will encourage all NSs in the region to guarantee the presence of MHPSS programs in their structures and will provide technical support to the NSs of the countries most affected by the pandemic in increasing their capacities in MHPSS to meet the psychosocial needs of the community in general through the identification and implementation of measures such as prevention, promotion, protection, and coordination within the Movement and with other external partners. NSs, through their MHPSS program, will protect and promote the mental health and psychosocial well-being of staff and volunteers.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT STRATEGY

Community Based Psychosocial Support:
Ensure that trained volunteers can implement activities that promote social connectedness, self-care, community engagement and support networks between community members and volunteers. Promote the interaction between volunteers and the community and community leaders to develop inclusive strategies where all members of the community (neighborhood, community, including marginalized people, faith communities, and / or community traditions) improve self-care and psychosocial support. Activities can include safe spaces for different sectors and/or community activities that promote dialogue in the community (mhGAP-C). Communities are encouraged to empower themselves and take ownership of the PSS interventions including, psychosocial support sessions and groups of social containment. All this will be done following a comprehensive approach based on Community Engagement and Accountability (CEA).

Psychological First Aid (PFA):
Psychological first aid is used for people affected and/or infected by COVID-19 to reduce their stress levels or any other life-long consequences such as exposure to physical, psychological, and/or sexual violence, loss of a loved one, witnessing death among family members, or any other need related to loss, grief, and emotional recovery. PFA is not a clinical intervention, but a basic, humane, and supportive response to people who have been affected by what they have seen and/or suffered.

The steps of PFA include (1) listening carefully; (2) assessing; (3) ensuring basic needs; (4) promoting psychosocial support;
and (5) protecting against further harm. It is not an intrusive technique or action and is not about pressuring people to talk about their discomfort. After a brief orientation, volunteers can administer PFA to the affected community. This can be done through telecare or in person whenever possible.

To ensure accessibility in services of persons with diverse needs, the referral pathways should be established, allowing internal referrals within the National Society, but also external referrals to other governmental or non-governmental actors. When people in need of more specialized mental health care are identified, the national society could have in place specialized psychological interventions. In case that this is not available, the psychosocial support staff/volunteers should establish referrals with external specialized mental health services and ensure that a proper referral, with follow-up is conducted. In the same way, care for health workers and first responders such as volunteers is included, to reduce the emotional impact/stress through the implementation of MHPSS interventions and training.

**Specialized Psychological interventions:**
National Societies with specialist volunteers such as psychologists, psychiatrists, psychiatric nurses, and others, could offer specialized MHPSS interventions for people in need. These interventions will aim to detect the most complex mental health problems such as depression, anxiety, and traumatic stress disorders to guarantee their referral to government services for their timely follow-up, treatment, and rehabilitation.

**Develop MHPSS in selected National Societies:**
IFRC will assess the needs in the most affected countries by COVID-19 to support and provide technical assistance. IFRC will support the organizational development and sustainability of the NSs by including the development of their capacity to provide an increase of psychosocial activities in selected operational contexts.

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### LOGICAL FRAMEWORK

**“Reduce the impact of COVID-19 on people’s mental health and well-being and promote resilience in the Americas”**

<table>
<thead>
<tr>
<th>PRIORITIES</th>
<th>RESOURCES</th>
<th>RESULT/PRODUCTS</th>
<th>IMMEDIATE RESPONSE (IR), EARLY RECOVERY (ER), LONG RANGE RECOVERY (LR)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Help and Support in Communities</strong></td>
<td>PSS Community Promoters and The Community</td>
<td>R: Strengthened MHPSS knowledge and skills.</td>
<td>IR: Community MHPSS needs are identified</td>
</tr>
<tr>
<td></td>
<td>P: Established MHPSS training curriculum for NS volunteers and staff</td>
<td>ER: The MHPSS needs of the communities are addressed.</td>
<td>ER: Communities implement PSS programs within the national plan for each NS.</td>
</tr>
<tr>
<td></td>
<td>P: Developed and compiled culturally and linguistically appropriate community awareness materials.</td>
<td>LR: Permanent MHPSS programs within the national plan for each NS.</td>
<td></td>
</tr>
<tr>
<td><strong>Psychological First Aid</strong></td>
<td>NS volunteers and staff</td>
<td>R: Communities trained to assess psychosocial needs, identify partners, develop interventions, and involve social, cultural and economic capital.</td>
<td>IR: Communities are trained in PSS.</td>
</tr>
<tr>
<td></td>
<td>P: PFA training conducted by NS volunteers and staff to the communities</td>
<td>ER: PFA is provided and the Community is provided with psychoeducation on Selfcare.</td>
<td>ER: Communities implement PSS programs.</td>
</tr>
<tr>
<td></td>
<td>P: Installed phone lines and other means to provide PFA remotely.</td>
<td>LR: The PSS (PFA and Psychoeducation) is a mandatory training for all volunteers and personnel of the NS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P: The teams that will provide PFA in person have been trained.</td>
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<td></td>
</tr>
<tr>
<td><strong>Specialized Mental Health Interventions</strong></td>
<td>Non-specialist NS volunteers and staff (teachers, social workers)</td>
<td>R: People at risk for psychological and mental health consequences are identified.</td>
<td>IR: The MHPSS needs of the most vulnerable population are identified.</td>
</tr>
<tr>
<td></td>
<td>P: Defined training schedule for MHPSS specialized teams.</td>
<td>ER: Specialized assistance is provided, and referral pathway is established to the mental health services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P: Responsibilities and modalities of care of the specialist teams defined.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P: The procedures for the service mode (remote or in-site) have been defined.</td>
<td></td>
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</tr>
<tr>
<td><strong>Mental Health and Psychosocial Services available and accessible to the entire population of the Americas.</strong></td>
<td>Specialists NS volunteers and staff (psychologists, psychiatrists, psychiatric nurses).</td>
<td>P: Tele-psychotherapy and counseling services established.</td>
<td>LR: Establishment of permanent MHPSS teams in the NS to respond to an emergency.</td>
</tr>
<tr>
<td></td>
<td>P: Face-to-face response teams organized.</td>
<td>P: Organized training events for volunteers, population, and others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P: Identification of the MHPSS resources and Referral Pathways are established for the complex cases.</td>
<td>P: Tele-psychotherapy and counseling services established.</td>
<td></td>
</tr>
</tbody>
</table>

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[Infographic: MHPSS Strategy COVID-19]

*“Mental Health and Psychosocial Services Available and Accessible to the Entire Population of the Americas.”*
RESOURCES


• IFRC Global Strategy 2030

• WHO mhGAP Community Toolkit. [https://www.who.int/publications/i/item/the-mhgap-community-toolkit-field-test-version](https://www.who.int/publications/i/item/the-mhgap-community-toolkit-field-test-version)

• Sphere Standards for Coronavirus Response February 26, 2020


• IASC Guidelines on Mental Health and Psychosocial Support in Emergencies

• IASC Addressing mental health and psychosocial aspects of COVID-March 19, 2020

• IFRC (2020) PS Reference Center Guide: Mental Health and Psychosocial Support for Staff, Volunteers and Communities in the New Coronavirus Outbreak

• WHO: Mental health considerations during the outbreak of COVID-19

Chilean Red Cross MHPSS Intervention for the Passenger of company Jet Smart

The Baramas Red Cross volunteer provides PSS Kits, water and Breakfast Items to the collective shelter Bahamas Academy, in Nassau. This collective shelter is housing families who lost their homes after Hurricane Dorian.
THE FUNDAMENTAL PRINCIPLES
OF THE INTERNATIONAL RED CROSS
AND RED CRESCENT MOVEMENT

Humanity
The International Red Cross and Red Crescent Move-
ment, born of a desire to bring assistance without
discrimination to the wounded on the battlefield,
endeavours, in its international and national capacity, to
prevent and alleviate human suffering wherever it may
be found. Its purpose is to protect life and health and to
ensure respect for the human being. It promotes mutu-
al understanding, friendship, cooperation and lasting
peace amongst all peoples.

Impartiality
It makes no discrimination as to nationality, race, reli-
gious beliefs, class or political opinions. It endeavours to
relieve the suffering of individuals, being guided solely
by their needs, and to give priority to the most urgent
cases of distress.

Neutralities
In order to enjoy the confidence of all, the Movement
may not take sides in hostilities or engage at any time in
controversies of a political, racial, religious or ideological
nature.

Independence
The Movement is independent. The National Societies,
while auxiliaries in the humanitarian services of their
governments and subject to the laws of their respective
countries, must always maintain their autonomy so that
they may be able at all times to act in accordance with
the principles of the Movement.

Voluntary service
It is a voluntary relief movement not prompted in any man-
er by desire for gain.

Unity
There can be only one Red Cross or Red Crescent Soci-
ety in any one country. It must be open to all. It must
carry on its humanitarian work throughout its territory.

Universality
The International Red Cross and Red Crescent Move-
ment, in which all societies have equal status and share
equal responsibilities and duties in helping each other,
is worldwide.
The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.