# Guidelines for Mental Health and Psychosocial Support Services during Pandemic

Authors:

**Bornali Das, MSW, MPhil, PhD**
**Kalpana Sarathy, MSW, MPhil, PhD**
**Varsha Avadhany, MSW**
**Mythili Hazarika, MA, MPhil, PhD**
**Shyamanta Das, MBBS, MD**

Guidelines for mental health and psychosocial support services during pandemic
Das B, Sarathy K, Avadhany V, Hazarika M, Das S, authors



Published by the Society for Mental Health in LAMIC (SoMHiL), https://globalpsychiatry.org, somhil@hotmail.com

Bornali Das, PhD
dt.bornali@gmail.com

Kalpana Sarathy, MSW, MPhil, PhD
kalpana.sarathy@tiss.edu

Varsha Avadhany, MSW
varsha.avadhany@vibeconsulting.org

Mythili Hazarika, PhD
hazarika.mythili@gmail.com

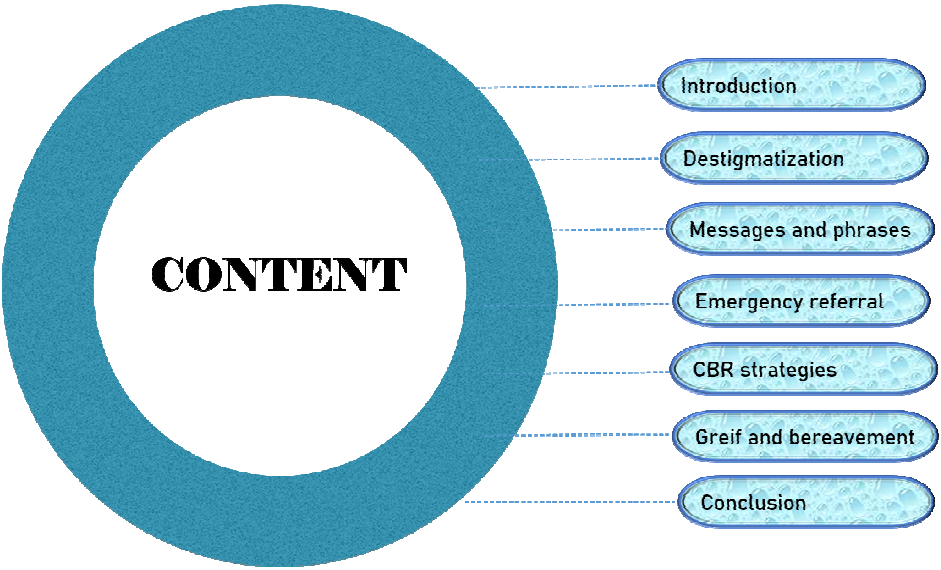
Shyamanta Das, MD
dr.shyamantadas@gmail.com

**ISBN: 978-81-935934-5-5**

Cover:

Simanta Talukdar, MD
Resident Physician,
Department of Psychiatry,
Gauhati Medical College Hospital,
Guwahati
simanta_talukdar@yahoo.com

Varsha Avadhany
Founder & CEO of Vibe Consulting Services
9845514847
http://vibeconsulting.org/
varsha.avadhany@vibeconsulting.org


CONTENT
Introduction
Destigmatization
Messages and phrases
Emergency referral
CBR strategies
Greif and bereavement
Conclusion

# 1. INTRODUCTION

The public health emergency of 2020 caused by the coronavirus is a global concern. The novelty of the virus, biological and physical repercussions of the disease, lack of targeted medications are among the vital realizations amidst these uncertainties and fear. Challenges to mental health and psychosocial support have increased manifold, as substantiated by the many reports by the World Health Organization (WHO).

These guidelines are designed for the use of all social workers, counsellors, practitioners, and others who volunteer in the context of the coronavirus disease 2019 (Covid-19) to address mental health challenges.

There are a number of initiatives by the government and civil society that have begun to focus *inter alia* on people's mental health. These guidelines are expected to particularly help address capacity building of social workers who volunteer and/or are engaged in addressing mental health issues in the population.

The global crisis of Covid-19 occurs against a backdrop of existing inequalities among the vulnerable and marginalized population. While social/physical distancing has become the current norm that is being advocated, it becomes very challenging for people to access services for any health problem and this is even more so for mental health problems. In this context therefore, tele-psychological services are the only viable means

for a large number of people to fight against Covid-19 pandemic by providing services which are supported by technology. Tele-counselling in this context offers a way to address challenges faced by clients particularly when they are in quarantine, containment, and/or in isolation at the hospitals.

The psychological impact of the outbreak has affected the quality of life in men, women, children, elderly, persons with disability (PWDs) and the lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA), and other vulnerable or marginalized populations. Distress, panic, fear, anxiousness, and depression are experienced by all even in normal times. However, those with prior mental illnesses are likely to be more affected due to lockdown and inability to access treatment service in tertiary care centres. Diagnostic psychiatric disorders like generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), somatization disorder are common diagnoses. Caregivers of PWDs, elderly, persons with chronic or with mental illness face immense challenges as normal abilities to cope fail in the context lockdown. Arguably also the measures advocated for the control of spread of pandemic are in itself likely to add to the mental health burden. Psychosocial intervention in this regard with an emphasis on stigma, psycho-education, and on social issues are therefore the need of the hour in this context. These will be taken up in next few sections.

## 1.1 **Purpose**

1.1.1. The primary purpose of the guidelines is to enable responses to protect and improve people's mental health and psychosocial wellbeing in the midst of the pandemic.

1.1.2. The guidelines will aim at helping each individual facing crisis and on promoting human rights to rebuild resilience and enable persons to participate in rehabilitation services.

1.1.3. The guidelines aims at helping counsellors and social work volunteers reach out to people with mental illness to help them cope with the lockdown and attendant challenges.

Traditionally, psychosocial and mental health consequences of such a pandemic may affect persons with psychiatric disorders like GAD, OCD, and PTSD even more and there may be a relapse of mental illness if there were prior illnesses. There is a need to address psychosocial and mental health conditions because of deterioration in relationships in home scenarios. Unfortunately, during lockdown, there are reports of maltreatment in children, burnout in parents from parenting roles and inability to share responsibilities, experience of domestic violence, lack of mobility and space, inability of real time socialization, loss of job as well as insecurities about the future.

1.1.4. These guidelines also address the needs of PWDs. There is an urgent need to address the needs and challenges of the differently abled population. The anxiety, fear, uncertainties, and insecurities created by Covid-19 have added to the woes of the PWDs as well as their caregivers.

1.1.5. The aim is also to help social workers understand and respond to the needs of migrant populations. Migrants and stranded populations working in unorganized sectors, who intended to return to home state are experiencing the highest

levels of distress in relation to food, livelihood, shelter, safety, and basis survival. This has led to traumatic experiences rise in mental health challenges due to lack of food, livelihood, issues that are related to alcohol withdrawal. Compounding all these are the issues related to fear of contacting Covid-19 and periods spent in quarantine/quarantine facility.

There had also been a rise in fear, stigma, and discrimination towards migrants and stranded persons coming back to the state. Villages and urban area occupants stigmatize the recipient family, ostracize them so that accessing basic survival material, health, and other services due to lack of knowledge and proper information, adds to the complexity of their existence.

1.1.6. Patients who recover from Covid-19 face discrimination once sent back home from hospitals as neighbours, locals, relatives fear and worry that s/he/they may continue to be carriers. The stigma of labeling, stereotyping, and discrimination is directed at those who have recovered from Covid-19 but are now sent home.

The psychosocial impact of the aftermath of pandemics will extend beyond the pandemic itself, hence it will be vital that we understand individual and collective behavior, emotions and reactions to crisis and coping behaviours. Mental health professionals will be able to mitigate ongoing crisis and equip themselves for the days to come.

# 2. DESTIGMATIZATION

**1.1. Stigma**: Covid-19 has created a great deal of stigma which occurs mainly through lack of understanding and awareness on the part of people. People lack awareness on how the disease spreads and attacks the human body and often this leads to the creation of myths and misconceptions. There are a lot of challenges faced by health workers in regards to stigma attached to Covid-19. Three types of stigma are seen amongst people; those are self-stigma, perceived stigma, and social stigma.

**2.2. Self-stigma**: Self-stigma occurs when a person internalizes public attitudes and suffer humiliation from negative consequences.

There is high likelihood of occupational hazards seen in health workers, doctors, nurses, laboratory technicians, cleaner staff, ambulance drivers, biomedical waste management staff, etc. for giving services in the context of the pandemic.

Example: A health worker (laboratory technician) while going back home was not allowed to enter his village. People referred to him as "Corona" and in a short span of time, his neighbourhood provision store stopped selling essential items to him. This impacted him tremendously and due to the negative attitude and dwindling support despite his commitment to work, his morale became low.

Along with the risk migrants returning to their native village face, the challenges of travelling back, then seeking quarantine centre, and thereafter gaining entry to his/her native village become even greater challenges. Through this whole process their distress escalates and many experience both mental and emotional breakdown.

**2.3. Perceived stigma**: Persons infected with Covid-19 are socially ostracized. As victims they internalize perceived prejudices and develop negative feelings about themselves. This is an intrapersonal aspect of stigma. Let us see a description of how this might occur.

Example: This was seen in a young lady infected with Covid-19 who had recovered and returned home. After recovery, she stated that she faced a new challenge of non-acceptance in/by her own family. She was asked to shift to a small room and utensils were maintained separately despite recovery, and no one talked to her. She began feeling guilty about having been a patient, and was unable to take any part in any pleasurable activities that she used to do earlier. She was referred to as "Corona", "Wuhan virus", etc. Life has changed completely for her because of Covid-19 pandemic.

**2.4. Social stigma**: Social or public stigma refers to negative attitudes held by members of the public about people with devalued characteristics. This leads to blaming, shaming, attacking, isolating in the community on the basis of religion,

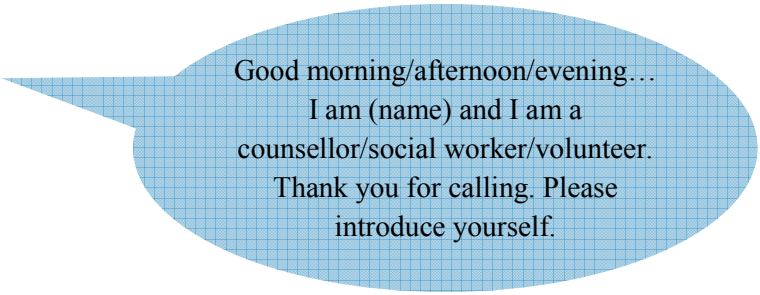
ethnicity, gender, and mostly in the context of this pandemic. These happen due to fear about the pandemic and lack of knowledge, openness to learn, low education, rumours and misinformation. Stigma at its worst leads to discrimination. Frontline workers and persons involved in care are not spared either. The Ministry of Health and Family Welfare (MoHFW) highlights these issues related to social stigma and advice that we need to understand that it is no one's fault if they get infected and that all frontline workers need appreciation and support as they are working tirelessly to stop the spread and transmission of the virus. The other people who face stigma and discrimination are persons who are most marginalized. One such group of persons are those with mental illness and substance abusers. During the context of lockdown, people with such problems are unable to access services as they are already stigmatized. The case below was reported by the psychiatric social worker at Morigaon district and illustrates the points above.

Example: A lady who used to drink country made liquor regularly was unable to procure drinks in the context of lockdown. She developed withdrawal symptoms, for which she came to Civil Hospital Morigaon. She was treated for her withdrawal and prescribed medication. After few days of hospitalization, she was allowed to go back home and continue medication. However, on her return, beaten up by neighbours and community boys on the alleged suspicion that she was treated with "medications for corona". They accused her of slyly taking medications for Covid-19. This example reveals the trust deficit that is there in the community and the problems faced by persons with mental illness/alcohol use issues, while seeking treatment based on devalued characteristics such as being a woman, and belonging to a minority community.

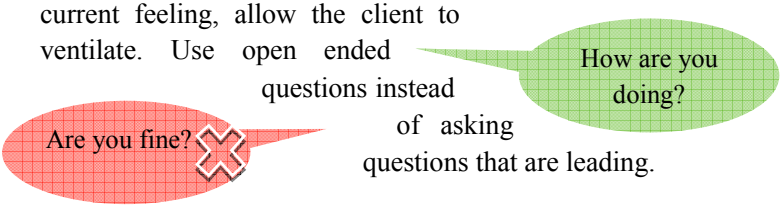
Stigma and discrimination related to the pandemic is tremendous and the scars caused by stigma create a long-term damage physically, psychologically, and morally. Collaborative effort of psychiatrist, psychologist, social workers, community or psychiatric nurse, Anganwadi workers, voluntary organizations, non-governmental organizations (NGOs), police and district administration is required to control the disease and ameliorate the stigma and discrimination. In order to stop stigma and discrimination, there is a lot we can do as a community. We need to appreciate all frontline workers and people on essential duties and spread positive stories that build images of strength. Most importantly, we need to share only authentic information and stop the spread of rumors and misinformation's.

# 3. KEY MESSAGES AND PHRASES

- Start with introduction of self, in a soft-spoken voice, speak slowly, clearly and calmly.




- Be an active listener, while listening and gathering information, acknowledge the distress.
- Allow the caller to know that you have listened carefully and patiently to what s/he/they have said.
- Be empathetic as empathy leads to trust and trust leads to compliance. Conveying empathy through tele-counselling may be challenging. Make sure callers feel heard and listened to respond.
- Clients/callers may be overwhelmed with what they are going through as their normal coping mechanisms fail. Normalize the current feeling, allow the client to ventilate. Use open ended questions instead of asking questions that are leading.



- As options for direct, face-to-face services are inaccessible to many, callers who make a call may be in deep and severe distress. In distress calls, be sensitive.

I understand your concerns and let me clarify the doubts

- Take feedback in-between.

When you say… Do you mean this?

- Build on strengths of *client*.

How did you deal with such situations in the past?

- Give feedback.

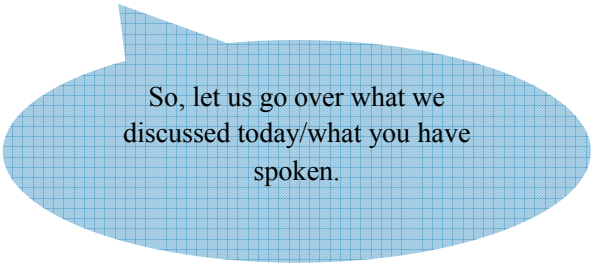
At this time of distress, we can offer you…

I am concerned about you and I would like to suggest referring to someone who can help you…

- Paraphrasing and rephrasing, when done with empathy, persons seeking help gain a better insight and better understanding of the situation.

Let me see if I have understood you…
OR
What I hear you say is that …

- Summarize: Sometimes situations can be tricky, lot of assumptions are construed, as face to face communication is not there and non-verbal communication is nil.




How are you doing?
"I understand your concerns and let me clarify the doubts"
"Would you say that you are feeling ….?
"Given the circumstances, it is alright to feel this way…
"Your reaction is natural"
I am concerned about you and I would like to suggest referring to someone who can help you….
Do go on/ continue please
Tell me about what you are going through"

# 4. EMERGENCY REFERRAL: RED FLAG SIGN FOR COUNSELLORS

Warning signs elicited during conversation, should be reported to concerned authorities.

**4.1.1. Agitation/irritability**: Irritability/agitation is a risk either to self or others. It is usually observed in sessions or elicited from caregivers and may indicate serious underlying conditions.

**4.1.2. Confusion/disorientation**: Due to lockdown and a stay at home scenario, persons in distress may show confusion or disorientation to time, place, or person; agitation, hallucination, fearfulness, etc. This scenario needs immediate referral and clinical management.

**4.1.3. Substance use**: Substance use in existing mental health adversities has raised the problems manifold. With lockdown, closure of options/shops as well as for alcohol/substance, problems such as withdrawals are common. Unfortunately, domestic violence, family abuse, and children maltreatment are also common. In the substance use history being elicited, counsellors are to refer for proper evaluation in tertiary care hospital.

**4.1.4. Hallucinations and delusions**: In early onset of psychosis or worsening of pre-existing psychiatric conditions, hallucinations and delusions may be present. There would be further complications related to symptoms and management at home. In

such case, referrals are to be made to tertiary care hospital for medication, treatment, and management.

**4.1.5. Suicidal and homicidal risk**: Person in distress seeking help and wanting to end life either directly or indirectly are at highest risk. These callers need immediate referral for risk assessment and further management. If the person sounds extremely anxious, unable to spontaneously express, or has a distressed family member or caregiver who made the call, they need to be made aware of the suicidal risk and the precautions to be followed.

**4.2. Psychosocial interventions**: Aftermath of COVID-19 pandemic, post-lockdown and quarantine will invariably result in new challenges of delivering mental health services. Few techniques to help people to tide over crisis. How we communicate will be important.

**4.3. Guidelines on psychoeducation**

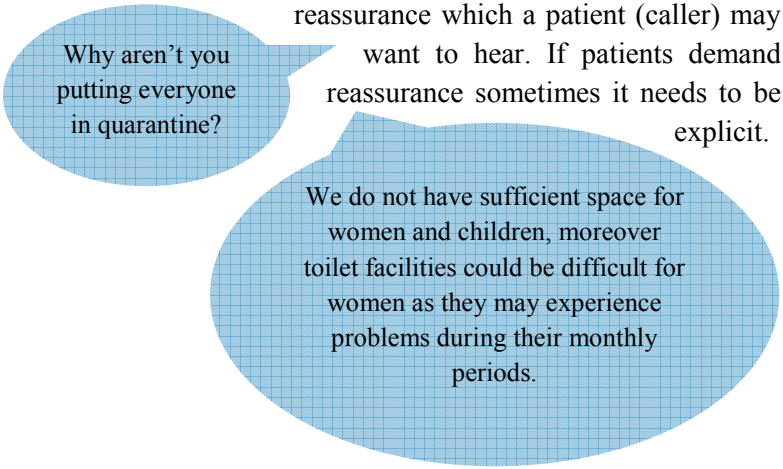
- Firstly, communicate what you know – do not provide mixed information or give false reassurances.
- Disclaimers may be used such as, “this is regarding current situation”, “we are still learning about the virus and the research is still developing”. Whatever is the situation, provide information accordingly.
- Where possible, explain the source of information and reliability of the statistics.
- Messages need to be simple in local language, sensitive to the cultural background, lucid, and accurate. From time to time, paraphrase and take feedback to understand.
- It is useful to give information in groups of affected people so that universalization uniformity and consistency is present.

- Let communication always prevail between counsellor and client/caller, so that they may be informed on new developments.
- Counsellor to be prepared, to receive negative criticism, frustration and anger of clients. In these kinds of situation, counsellor needs to be calm and understand the emotions of the client/caller.
- Try to keep informed on the latest updates on the outbreak.
- Information, education, and communication (IEC) materials play an important role. Posters, leaflets in local language, or pictorial sketches can be used for persons with low literacy to complement information at ease.

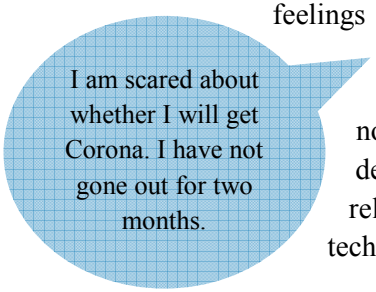
**4.4. Psychosocial stress and social support**

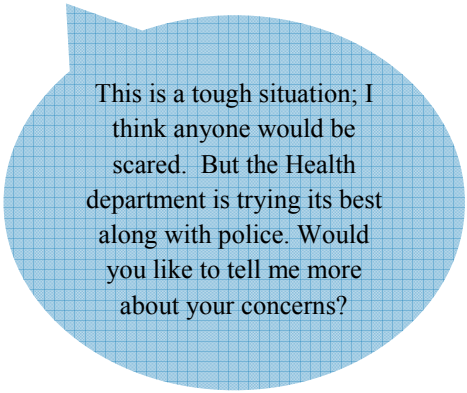
There are few psychosocial techniques which can be addressed through techniques like reassurance, normalizing grief/anxiety, normalizing feelings of anger, advice on calming techniques.

**4.4.1. Reassurance**: The person seeking help must be given honest reassurance by counsellor. Reassurance should be realistic and pragmatic information. It is never acceptable to offer reassurance which a patient (caller) may want to hear. If patients demand reassurance sometimes it needs to be explicit.

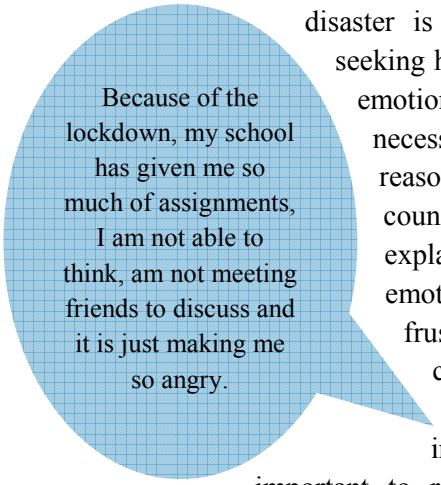


**4.1.2. Normalizing grief/anxiety**: When situation is as abnormal as this, it is quite normal and very understandable that people would be anxious and stressed. Normalizing allows us to reassure the callers seeking help that their experience, thoughts, and feelings are not unusual or pathological under the current circumstances. Reassurance and normalizing must not include however when people develop pathological fears of relationships. Counsellor may use this technique from a position of authority.

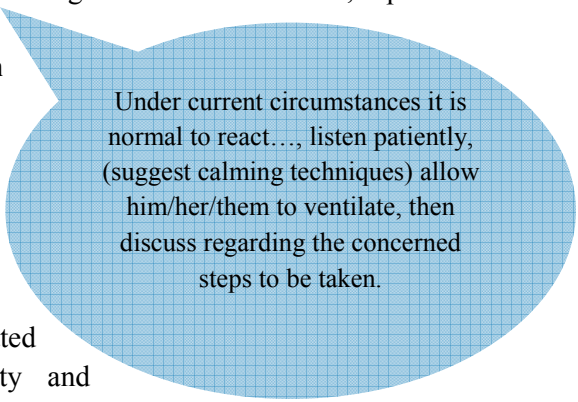


**4.1.3. Normalizing feelings of anger and frustration**: Getting frustrated and angry in the time of quarantine, lockdown, and disaster is common. When a person seeking help complains about his/her emotions of anger, frustration, it is necessary to normalize if it seems reasonably generic. In counselling, it is important to explain "the awareness of emotions and sensations, anger, frustration is justified but to check on how to respond is in the hands of individual". So, it is important to respond effectively. Advice could be "practice the opposite"; when experiencing anger, relax the body and redirect the attention away from building an issue against the emotion anger. If realized on time, a person learns to de-stress faster.




**4.1.4. Advice on calming technique**: When a person explains about lockdown worries, quarantine related outbursts, anxiety and worry, ask them first what relaxes them, and give suggestions if they do not come up with any suggestions. For example, explore whether music, gaming, dancing, yoga, deep breathing, cooking



or chatting etc., helps them relax. For some people routine chores like mopping, sweeping, dusting, cleaning, cooking, gardening may relax them. People need movement and stimulation; cardiovascular exercise needs to be incorporated in daily routine. A brisk walk around the house or outside in ground, if possible. Inform the caller for "here and now" instead of assuming and presuming regarding the future.

**4.1.5. Working on guilt**: People may experience guilt about getting infected in current circumstances. In such situations, reassurance and advice on physical distancing, hygiene practices may be suggested as effective ways to prevent oneself from being infected. Reiterate again and again to practice the same to control the spread of infection.

**4.1.6. Social connectedness**: While maintaining physical distancing, one needs to remain socially connected. Stay connected with your family and friends using social media, mail, etc. Have a virtual chat using app, read books, watch some films, etc. This can be the time to catch up with lost or forgotten friendship. It can also be a good excuse to mend a broken relationship. In these stressful times, it has been reported that there is increase in number of break-ups, domestic and family violence related issues; so, these need to be addressed.

**4.1.7. Building hope**: In pandemic situations, one needs to believe in something meaningful such as family, friends, faith, values, and country. Remind the caller that before the pandemic, each of us had some purpose of life, like studying, earning in some position in home state or outside home state for health, security etc. So, there could be impact for everyone in different levels. Assure callers that it is a passing phase and to be hopeful to continue in same pursuance and strategize to develop new coping methods.

**4.1.8. Hobbies:** Evenings doing joint activities like playing board games (such as ludo), having the meal together, playing chess, carom or doing stretching exercises, spot jogging can be fun and relaxing. In rural areas, having a kitchen garden, repairing the house, taking care of poultry can be satisfying engagement. These group activities engaging family members which can be intensely satisfying.

**4.1.9. Link for support of basic needs**: Basic needs like provisions, medicines, etc. are essential for everyone and that needs to be given through helpline. Like 104 helplines in Assam for medicines, supportive schemes for migrants. Disaster helplines: 1077, women helpline: 181, child-line number: 1098.

**4.1.10. Promote daily activities**: Develop a routine for daily activities- plan daily routine, follow regularly, and create a well-being plan for the days and weeks.

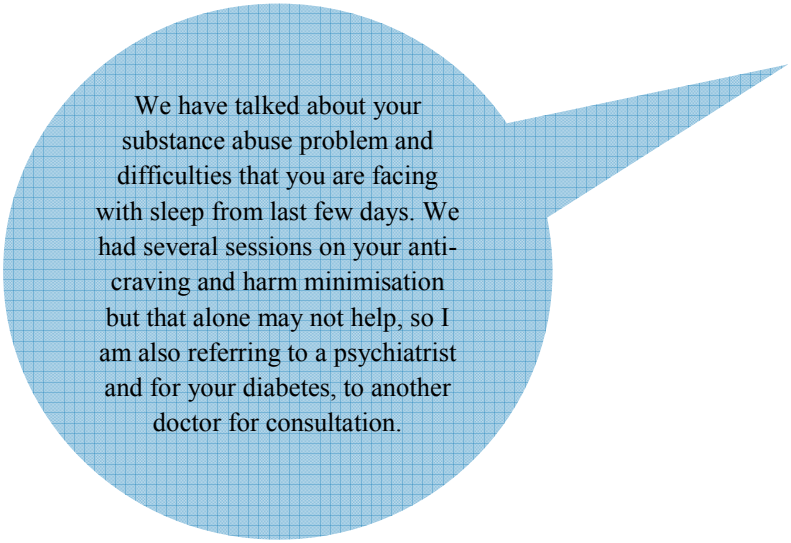
**4.1.11. Active suggestion to oneself**: Callers may be encouraged to initiate active suggestions such as cooking, knitting, reading, learning to adapt solitary activities and enjoying them at the same time. The list is not exhaustive, but they may wish to read and write, listening to music, paint, knit, learn a new language, clean one's own room/house, etc.

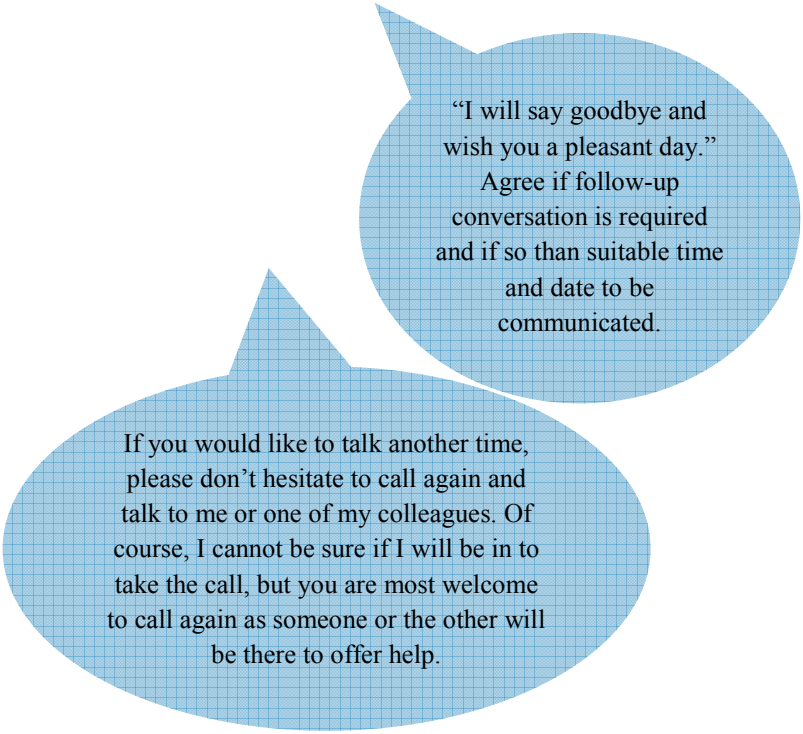
**4.1.12. Sleep hygiene technique**: Sleep is the immediate impact for stressful persons. There are reports of immense sleep disturbance during lockdown and in pandemic. To improve the quality of sleep,

- One should avoid going near bed during daytime
- Avoid taking rest and small naps
- Advice to keep body active by exercise till sweating
- To have a regular sleep-wake routine
- Eliminate caffeine and alcohol near bedtime

- Wear comfortable clothes
- Avoid taking too much of water just before sleep
- Avoid watching television (TV), mobile, or gadgets, 30 minutes before sleep
- Read a book or newspaper with contents of topic which are not of very deep interest you while sitting on a chair
- When feel drowsy, go to bed immediately.

**4.5. Ending the conversation**: In tele-sessions, it is important to summarize the conversation highlighting the key issues and action that can be taken with affirmation from caller. End the call by thanking for the conversation. In the end, also take a minute to relax yourself before you move onto helping others.






**5.6. Psychiatric rehabilitation**: Psychosocial or psychiatric rehabilitation service is to support a client for smooth transition back to the community. In the transition, comprehensive health, social and community services need to be increased to the demand associated with the care needs of state and follow-up services in severe cases of COVID-19. Rehabilitation professionals to provide graded exercise, psychoeducation and behaviour modification, home modification therapies, activities of daily living and psychosocial support.

- In older population, PWDs and with co-morbidities experience significant long-term rehabilitation of both health and social care needs after experiencing Covid-19. These

people may face challenges returning to their previous home/ community settings and requiring increased long-term care and support.

- Health, social support and community care services (for example: voluntary organisations, schemes and benefits, for persons in special needs, NGOs and advocacy groups) that support older people and people with existing health conditions should be reached out through teamwork collaborating with social workers, community nurse, Anganwadi workers, and multi-purpose workers, and increase the capacity of care services for those affected with Covid-19 pandemic. Counsellors/health professionals to have data for referral and social service measures through the National Health Mission (NHM) office and the District Social Welfare Services of the state.
- Work with health and social agencies to ensure access to assistive, products, adaptive equipment, and guidance to ensure medication, reaching on time to the clients. Counsellors to do collaborative work if demand increases.
- There is a necessity for competency-based training, capacity building and supervision of rehabilitation services by supervisors. In this pandemic related constraint (social/physical distancing, limited human resources, and limited mobility like transport) and risk of infection. Telephone counselling is the best method to reach out (for example: virtual group education and exercise) and peer to peer support for Covid-19. Decentralized and culturally sensitive suggestions for community are the best way to deliver long-term care. Community-based rehabilitation can be undertaken in the ways outlined in the next chapter.

# 5. COMMUNITY-BASED REHABILITATION STRATEGIES

### 5.1. For older populations

#### 5.1.1. Urban areas

- Inclusion into family daily routines.
- Assigning tasks which give them a sense of worth. For example, it could be story telling sessions for grandchildren, sharing of traditional recipes.
- Inclusion into family mealtimes.
- Joint physical exercise routines like yoga.
- Joint cognitive exercise routines like chess, sudoku, crosswords, or even a book reading session.
- Inclusion into the Resident Welfare Association (RWA) activities, like senior citizens' club.
- Providing rehabilitation amenities at home for senior citizens with disabilities.
- If alone, moving them into senior citizen care homes or employing professional in elderly care.
- Arrange for visits of mental health professionals to homes, especially if they are alone and cannot travel to a centre.

#### 5.1.2. Slums

- Inclusion into neighbourhood activities.
- Providing gainful small income opportunities.

- Forming of senior citizens' self-help groups to share issues and find remedies.
- Forming of vigilance group of youths who would look into neglect and violence of senior citizens.
- Providing rehabilitation amenities at home for senior citizens with disabilities.
- Have a qualified mental health professional in primary health centres (PHCs)/dispensary, neighbourhood clinics to cater to senior citizens' issues.
- Ensure supply of food/ration/medicines to the homes of senior citizens.

### 5.1.3. Rural

- Inclusion into community activities.
- Providing gainful small income opportunities.
- Forming of senior citizens' self-help groups to share issues and find remedies.
- Forming of vigilance group of youths who would look into neglect and violence of senior citizens.
- Providing rehabilitation amenities at home for senior citizens with disabilities.
- Have a qualified mental health professional in PHCs/clinics to cater to senior citizens' issues.
- Ensure supply of food/ration/medicines to the homes of senior citizens.
- Assigning tasks which give them a sense of worth. For example, it could be story telling sessions for grandchildren, sharing of traditional recipes.
- Inclusion into family mealtimes.
- Joint physical exercise routines like yoga.

### 5.2. For children/adolescent – urban/slum/rural

- Inclusion into family routines.
- Assigning tasks in family activities like making their bed, keeping their room clean, some menial tasks in the kitchen.
- Joint physical exercise routines like aerobics, cardio, walks, running.
- Joint cognitive exercise routines like chess, suduko, ludo.
- Forming of children's club in the apartment association.
- Have joint mealtimes.
- If the child is found sullen/depressed, seek help of a tele-counsellor.
- Be vigilant for any kind of violence or cohesion of the child like sexual abuse, physical and emotional violence. Seek help of the police in such situations.
- Access to tele-counselling sessions if children have mental health or behavioural issues.

### 5.3. For women – urban/slum/rural

- Live a life of dignity.
- Delegate household activities to other family members.
- Share care taking children and elderly with spouse.
- Assign a 'me' time at least twice a week for creative activities/ hobbies of your choice.
- If married, couple time at least once a week.
- Have regimented physical exercise routine like yoga, cardio, weights.
- Have regimented spiritual exercise routine like meditation, mindfulness.
- Stand up against violence – physical, mental, or emotional. Seek help of police, if need be.

- If depressed, angry, frustrated, seek the support of a tele-counsellor.
- Form a women's group to share experiences.

### 5.4. Counsellors' burnout and intervention

Burnout syndrome is a result of chronic workplace stress, it is characterized by three dimensions:

- Feelings of lack of energy and exhaustion.
- Along with social distance, in stress there are feelings of negativism and cynicism related to one's job.
- Reduced professional efficacy.

Burnout = emotional exhaustion + disillusionment + withdrawal

- Burnout refers specifically to occupational context and should not be applied to describe experiences in other areas of life.

**Interventions**

- To work in team, establish and involve through belongingness at work.
- Enabling and building emotional and social connectedness.
- Focus on keeping work and life balance.

### 5.5. Self-care practice for professional team

Coping with public health emergency is need of the hour as there are rise of multiplicity of roles for healthcare providers, very often we see distress, guilt, fatigue, confusion, and difficulty in concentrating during pandemic. The primary area signs seen are:

- **Cognitive**: We forget things more often. Confusion, having trouble concentrating, and having difficulty making a

decision.

- **Emotionally**: A health worker may experience fear, worry, and anxiety (anger, guilt, sadness, and irritability). Frequent stomachaches, muscle tightness, headaches, worsening if chronic health problems and changes in energy levels.
- **Behavioural**: Sleepiness and sleeplessness, change in eating habits, malaise, and not willing to meet others. Overuse of alcohol, drugs, tobacco, and inability to manage time and daily routine.

**Suggestions**: Take care of physical health, along with keeping oneself active, eat on time, eat nutritious food, and take adequate rest. Stretching, breathing, exercise, and relaxation. Mental health professionals need to keep friends outside the profession so that they can have command on varied topics. Most importantly, stay connected while sharing and discussing.

- **Mind engagement**: Prayers, meditation, chanting, playing indoor joint activities, cooking has proved beneficial. Health professionals also need to auto suggest oneself that "this is temporary and will pass on soon" in times of feeling low or burnout. Notice and accept the way you feel, try not to judge your feelings.
- **Treat oneself with compassion**: Mental health professionals also need to ventilate with a person you can trust and calm yourself with "self-talk". Staying connected and bonded to the family, friends, and relatives, is self-healing during the time of pandemic and brings utmost joy while dealing with self.
- Try keeping journal of gratitude and learning experiences, this helps in individual and professional growth. Most importantly, keep yourself well informed about the current events on multiple topics and services.

# 6. GRIEF AND BEREAVEMENT

Kübler-Ross and Kessler (2012) discusses the five stages when humans goes through disaster like situations or accidents:

1. Denial
2. Anger
3. Bargain
4. Depression
5. Acceptance

The Covid-19 pandemic has brought about a collective, community-oriented loss experienced not only at the family level but also at social, political, and economic level. Grief and the rituals of mourning are health adaptation in the time of loss. The uncertainties, fear, and anxiety of loss gives anticipatory grief to an individual.

Bereavement is complicated because the traditional societal norm of mourning process. Funerals, burials, and gathering are not allowed by government policy. As it is new to us all, it brings potential for prolonged grieving.

## 6.1. Targeted psychosocial interventions in grief and bereavement

- Normalize the grieving process.

- Lead conversation to allow reliving, recall.
- Allow ventilation and validate experience.
- Talk about loss and “death”.
- Bring in memories of the deceased person.
- Use support systems – faith, family, values, and community.
- Virtual funerals via social media platforms.

# 7. CONCLUSION

The essence of this document in mental health and psychosocial support in pandemic for practitioners will give a new direction mandating "new normal" for mental health practitioners. Guideline for volunteers:

- As practitioners and volunteers, one need to be empathetic, be respectful towards clients/callers.
- To understand how to resolve conflicts, maintain objectivity and consider all points of view by being observant.
- Volunteers, volunteering service also need to be specific to need based services, for old, living with disabilities, or sick.
- Be observant of withdrawal symptoms for people with substance abuse and addiction, and report to the medical team. Multimodal and multi-disciplinary team approach is necessity.
- To take into panel sufficient number of trained volunteers. This will facilitate better rapport and enable group member to seek support.
- It is important to know the team well, for healthy understanding and any differences need to be talked it out and resolved; otherwise, it may come as hurdle in team approach.
- Be a team player, transparent with team members. Neither to argue nor to defend any team member. Accept the mistakes, as human errors do happen. Important to be united as a team.

## References

Corrigan PW, Rao D. On the self-stigma of mental illness: stages, disclosure, and strategies for change. Can J Psychiatry. 2012;57:464-9.

Inter-Agency Standing Committee (IASC). Interim briefing note: addressing mental health and psychosocial aspects of COVID-19 outbreak. Version 1.5 [Internet]. 2020 Feb [cited 2020 Jun 29]. Available from: https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf

Inter-Agency Standing Committee. Basic psychosocial skills: a guide for COVID-19 responders [Internet]. 2020 [cited 2020 Jun 29]. Available from: https://interagencystandingcommittee.org/system/files/2020-05/Basic%20Psychosocial%20Skills-%20A%20Guide%20for%20COVID-19%20Responders.pdf

Kübler-Ross E, Kessler D. On grief and grieving: finding the meaning of grief through the five stages of loss. New York: Scribner; 2012. ISBN: 9781476775555.

MoHFW. Addressing social stigma associated with COVID-19 [Internet]. 2020 [cited 2020 Jun 29]. Available from: https://www.mohfw.gov.in/pdf/AddressingSocialStigmaAssociatedwithCOVID19.pdf

World Health Organization. Mental health & COVID-19 [Internet]. 2020 [cited 2020 Jun 29]. Available from: https://www.who.int/teams/mental-health-and-substance-use/covid-19

Images are gratefully acknowledged as sourced through Google Search.