

PSYCHOLOGY PRACTITIONERS

COVID-19 RESOURCE PACK... *WE ARE
STRONGER TOGETHER!*

**MARCH
2020**

COVID 19

It is our responsibility to understand the risks and ramifications of COVID-19, and to be the ones the community can depend on for information, help and support. We don't have to have all the answers, but we must be willing to find out and we don't have to do everything, but we must be ready to find help. The information presented here is intended as a resource for all Psychology Practitioners to help them to help others during the crisis and will be updated as needed.

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HOW DO YOU WANT TO HELP TODAY?

It is our responsibility to **understand the risks and ramifications of COVID-19**, and to be the ones the community can depend on for **information, help and support**. We don't have to have all the answers, but we must be willing to find out and we don't have to do everything, but we must be ready to find help.

The information presented here is intended as a resource for all Psychology Practitioners to help them to help others during the crisis and will be updated as needed. To suggest changes or additions, please get in touch with the PsySSA Executive Director (fatima@psyssa.com). **We are stronger together!**

Ctrl+Click a block below to skip to the relevant section or scroll through all the information below

Help to manage
EMOTIONS related to the
COVID-19 crisis



Support efforts to **FLATTEN THE CURVE** a.k.a. prevent transmission & infection



Mitigate the effects of the **NATIONAL DISASTER RESPONSE**



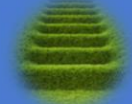
Support **FRONTLINE HEALTHCARE WORKERS** dealing with COVID-19



Promote the psychological well-being of COVID-19 **PATIENTS**



Prepare for the psychological **AFTERMATH** of the COVID-19 crisis



STAY INFORMED

The current corona virus that is causing COVID-19 is new to the world. Researchers did not have a chance to study this specific virus, the impact of the virus on people, the infection processes and the impact of infection before the outbreak started. They are learning from the pandemic as it unfolds. That means that health professionals around the globe must **stay up to date in terms of:**

- research findings as they become available, and
- what the important but unanswered questions at this stage are.

Here are some **important information sources** for data about the pandemic around the globe and in South Africa, what the disaster response status in South Africa is, and credible information, advice and materials to support you when helping members of the public, frontline healthcare workers, and COVID-19 patients.

- Trackers** <https://bing.com/covid?form=COVD07> and <https://www.covidvisualizer.com/>
- National Institute for Communicable Diseases (NICD)** <http://www.nicd.ac.za/>
- World Health Organisation (WHO)** <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Department of Health (South Africa)** <https://sacoronavirus.co.za> and <http://www.health.gov.za/>
Twitter: @HealthZA
Emergency Hotline: 0800 029 000 and Coronavirus Hotline: 0800 029 999
WhatsApp Support Line: 0600 123456 (text Hi to activate)
- American Psychological Association (APA)** free COVID-19-related Journal Articles <https://www.apa.org/pubs/highlights/covid-19-articles>
- Health Professions Council of South Africa (HPCSA)** <https://www.hpcsa.co.za/>

COMBAT FAKE NEWS, RUMOURS AND MYTHS!

**Check the source • Determine the source's agenda • Confirm the accuracy of the information
Make your news consumption intentional • Restrict your media time and sources**

MANAGING EMOTIONS

What Do We Know?

Quick Facts



Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease **COVID-19**. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

- People can pass the virus on to others **before** they get symptoms themselves
- The virus **genome** has been sequenced
- Scientists have started creating **vaccines**, but there isn't one yet
- Severe actions like **social distancing** are necessary to save lives

What We Don't Know... as at 20 March 2020

- Whether reinfection is possible
- If COVID-19 will be seasonal
- Population infection rates
- Prevalence, globally and locally
- Infection fatality rates (in addition to case fatality rates)
- Exactly how the virus spreads
- When it will end and how



Reference

<https://ourworldindata.org/covid-mortality-risk>

Common Rumours and Myths

Don't spread them!

- The virus only attacks old people and spares young people and children
- The virus can be transmitted through pets and people should abandon their pets
- The use of mouthwash, antibiotics, cigarettes, and liquor with high alcohol can kill COVID-19
- The disease is premeditated, and COVID-19 is a bioweapon designed to target a specific population
- Food items are contaminated and will spread the virus
- Only members of specific cultural or ethnic groups can spread the virus

Reference

<https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>

Ctrl+Click to Watch Video: Coronavirus Anxiety

Fear, Anxiety and Stress



- Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.
- A threat such as COVID-19 escalates fear and bigotry.
- Social stigma and discrimination can be associated with COVID-19, including towards persons who have been infected, their family members and health care and other frontline workers.
- Disproportionate or maladjusted emotional responses combined with limited knowledge stoke fear.
- Fear makes a person more susceptible to embracing fake claims and potentially problematic, hostile or fearful attitudes toward others.
- Anxiety and fear are a survival mechanism to prepare and protect.
- Fear can go from helpful to harmful and can lead to carelessness or complacency.
- The risk does not impact everyone equally, and there is wide range in people's abilities to operate outside their comfort zones.
- A lack of control fuels stress and anxiety.
- Perceived social connectedness (i.e. knowing that you have someone you can count on if needed) mitigates stress response (incl. cardiovascular response) to a stressful task, event or circumstances.
- Managing stress as soon as possible can prevent long-term troubles and Post Traumatic stress response.

Signs of stress can include:

- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

References and Reading

<https://www.apa.org/news/apa/2020/03/covid-19-research-findings>
<https://www.apa.org/news/apa/2020/02/coronavirus-threat>
https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fcoping.html
<https://www.who.int/bulletin/volumes/94/3/15-158543/en/>

Common Societal Responses in an Epidemic



Societal norms If the norm in South Africa is defiance (i.e. do-it-your-own-way approach) it will hamper compliance, and a shift in societal patterns is required.

Habit change Don't just tell people to stop – habit change is difficult, so this approach doesn't work. Teach them to 'outsmart their habit' or form a different one, by changing something in the environment to serve as a cue, or to interrupt an automatic action.

Compliance Some people take their cues from others and so they are more compliant. Some people feel they are always asked to make sacrifices but never get anything out of it, so they are less compliant. Some people believe it's important to help others, so they will be willing to sacrifice.

Survivalist Mindset We must live as much as possible at home and thus must stock up on essentials, and that certainly includes toilet paper. After all, if we run out of [toilet paper], what do we replace it with?

Reference

https://www.psychologicalscience.org/news/psychological-science-and-epidemics-voices-of-experts.html?utm_source=APS+Emails&utm_campaign=cb0d523590-PSU_03202020&utm_medium=email&utm_term=0_d2c7283f04-cb0d523590-62625591

Reactions of People affected (both directly and indirectly) in an epidemic



- Fear of falling ill and dying
- Avoiding approaching health facilities due to fear of becoming infected while in care
- Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work
- Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g. racism against persons who are from, or perceived to be from, affected areas)
- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
- Fear of being separated from loved ones and caregivers due to quarantine regime
- Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine
- Feelings of helplessness, boredom, loneliness and depression due to being isolated
- Fear of reliving the experience of a previous epidemic
- Fear and worry about one's health and the health of loved ones

Stressors



- Risk of being infected and infecting others, especially if the transmission mode of COVID-19 is not 100% clear
- Common symptoms of other health problems (e.g. a fever) can be mistaken for COVID-19 and lead to fear of being infected
- Caregivers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support
- Risk of deterioration of physical and mental health of vulnerable individuals, for example older adults and people with disabilities, if caregivers are placed in quarantine if other care and support is not in place
- Preparing for testing and waiting for test results

Reference

<https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>

What Can be Done?

Ctrl+Click to Read WHO MHPSS Briefing Note

Promote Community Activities



- Some people may have **positive experiences**, such as pride about finding ways of coping and resilience. Faced with disaster, community members often show great altruism and cooperation, and people may experience great satisfaction from helping others.
- Community activities during a COVID-19 outbreak might include:
 - **Maintaining social contact** with people who might be isolated using phone calls or text messages
 - **Sharing key factual messages** within the community, especially with individuals who don't use social media
 - **Providing care and support** to people who have been separated from their families and caregivers

Reference

<https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>

Inform Yourself and Others



- Know the **symptoms** of COVID-19. Currently know symptoms include mild to severe **respiratory illness** with **cough, sore throat, shortness of breath or fever** [$\geq 38^{\circ}\text{C}$ (measured) or history of fever (subjective)]. The complete clinical picture with regard to COVID-19 is still not fully clear. Reported illnesses have ranged from infected people with little to no symptoms to people being severely ill and dying.
- **Keep things in perspective.** Most people who contract COVID-19 experience mild symptoms, and work is being done to help people who may be more vulnerable to the coronavirus.
- **Get the facts.** It is helpful to adopt a more analytical approach as you follow news reports about the coronavirus. You will also want to verify information that you receive from family, friends or social media.

- When you **share accurate information** about COVID-19 you can help make people feel less stressed and it allows you to connect with them.
- Offer yourself as **a resource for local media** on managing coronavirus anxiety.

References and Reading

<https://www.apa.org/helpcenter/pandemics>
https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html
<http://www.nicd.ac.za/diseases-a-z-index/covid-19/frequently-asked-questions/>

Support Others

Build Hopefulness

- Make it clear that there is a path to a better future
- Let people know how they can contribute
- Provide or refer people to reasonable, appropriate channels for questions and suggestions, so that they feel involved and heard
- Offer specific steps people can take to be safe, and lead by example
- Coping with stress will make people, the people they care about, and their communities stronger
- Helping others cope with their stress can make a community stronger

Identify unhelpful thoughts and behaviours and change them

- Active problem-solving or adaptive coping is helpful
- Increase activities that bring relaxation and happiness
- Use the time usually spent commuting to read, exercise, or do some other pleasant activity
- Address stigma and discrimination at all phases of the COVID-19 emergency response
- Promote the integration of people who have been affected by COVID-19 without over-targeting

Accept that this is a time fraught with anxiety and fear

- Be kind to yourself and others who may be feeling anxious.
- A little support goes a long way. Seek it. Provide it.
- Take the necessary precautions to keep family and loved ones healthy.

References and Reading

<https://www.apa.org/helpcenter/pandemics>
<https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>
https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html

Psychological Crisis Intervention

In an infectious disease crisis like COVID-19, people present with panic, fear to go out, excessive disinfection, disappointment, fear, irritability, aggressive behaviour, extreme optimism or pessimism, etc. What is needed to help the situation is health education, positive reinforcement, eliminate fear, and prevention based on scientific evidence.

- Provide reliable information as well as information about further disease control methods and health services.
- Ensure communication and provide guidance on how to adapt to change.
- Do not discriminate against diagnosed or suspected patients
- Advocate against unhealthy coping methods (such as drinking, smoking, etc.)
- Health education so the general public can identify symptoms themselves

Reference

https://wwwnc.cdc.gov/eid/article/26/7/20-0407_article

Coping

- Everyone reacts differently to stressful situations like the COVID-19 crisis, depending on their background, the things that make them different from other people, and the community they live in.
- People with pre-existing mental health conditions should continue with their treatment and be aware of new or worsening symptoms.
- Taking care of oneself, your friends, and your family can help you cope with stress.

Coping Tips

- Take breaks from watching, reading, or listening to news stories, including social media
- Eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs
- Take care of your body, take deep breaths, stretch, or meditate
- Make time to unwind, and do activities you enjoy
- Connect with others, talk with people you trust about your concerns and how you are feeling
- Call a healthcare provider if stress gets in the way of your daily activities for several days in a row
- Sharing the facts about COVID-19 and understanding the actual risk to yourself and people you care about can make the crisis less stressful

Reference

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html

Manage your own anxiety

- **Keep connected** as maintaining social networks can foster a sense of normality and provide valuable outlets for sharing feelings and relieving stress. To avoid increasing



your risk of getting the virus talk on the phone, text or chat with people on social media platforms. Share useful, verified information with your friends and family. It will help them deal with their own anxiety.

- **Take a time-out** to practice yoga, listen to music, meditate, get a massage (from a family member, during lockdown), or learn relaxation techniques.
- **Eat well** focusing on balanced meals, not skipping any meals, and healthy, energy-boosting snacks.
- **Limit alcohol and caffeine**, which can aggravate anxiety.
- **Get enough sleep** as our bodies need more sleep and rest when we are stressed.
- **Exercise daily** to help you feel good and maintain your health; with a bit of creativity, you can exercise in and around your home (or bed) during lockdown.
- **Take deep breaths.** Inhale and exhale slowly. Count to 10 slowly. Repeat, and count to 20 if necessary.
- Accept that **you cannot control everything.**
- **Laugh** and make others laugh.
- **Stay positive** and replace negative thoughts with positive ones.
- **Get involved** by volunteering or finding another way to be active in your community.
- **Seek help** if you yourself feel an overwhelming nervousness, a lingering sadness, or other prolonged reactions that adversely affect your job performance or interpersonal relationships. Talk to a therapist for professional help.

References and Reading

<https://news.virginia.edu/content/expert-offers-practical-advice-manage-your-coronavirus-anxiety>
<https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>
<https://adaa.org/tips>

FLATTENING THE CURVE

What is the Curve, and Why Must We Flatten it?

The curve refers to a graphic representation (i.e. a chart) that plots the number of people infected with COVID-19 over time. The new coronavirus spreads fast and COVID-19 can cause serious pulmonary health issues, so many who contract the virus will need to be hospitalised and some will have to be treated in Intensive Care Units (ICUs). The health system has a finite amount of resources, such as the number of available general hospital beds, the amount of available ICU space, and the number of practicing health professionals. **If the number of patients/clients needing care exceeds the resources required to care for patients/clients the system collapses**, as is happening in Italy.

Ctrl+Click to Read and Watch Article: Exponential Spread and Flattening the Curve

Psychology Practitioners as Leaders

Manage your own stress, be calm and deliberate in your decisions and actions, and take breaks to reset and refocus.

Share information with empathy and optimism, recognise the uncertainty and anxiety people are experiencing, and give them hope and a sense of control.

Be credible, a combination of expertise to understand the risks and ramifications of a situation, and dependability, to build trust. Admit when you don't know the answer to a question and defer to other experts such as scientists or policymakers.

Be honest and transparent to increase trust and connection. Be clear and straightforward, avoiding giving a false perception that everything is OK. Don't hide bad news. Share all the facts to avoid more panic and overreaction.

Provide regular communications that people can look to with reliability. When communication stops, people are prone to imagine the worst.

Facilitate interactive communication so that people can ask questions and offer suggestions.

Be a role model so that people who aren't sure how they should behave, can look to you as a role model. Behave consistently with what you are asking others to do. Be the first to embrace new policies such as cutting back on travel and practicing social distancing.

Reference <https://www.apa.org/news/apa/2020/03/covid-19-leadership>

Do not change your behaviour just to avoid being infected...

ASSUME YOU ARE INFECTED AND CHANGE YOUR BEHAVIOUR TO AVOID TRANSMITTING TO OTHERS

Alert! People at Risk

High risk individuals may respond strongly to the stress of a crisis



References and Reading

People with chronic illnesses such as high blood pressure, cardiovascular disease, diabetes, cancer and immune compromising illnesses, and respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD) are at risk because of the effects of the virus on respiratory and pulmonary health.

Age group 60+ years old are at risk due to geriatric health challenges, and the impact of loneliness on health.

People with underlying psychological health issues such as social anxiety and depression are at risk because of increased isolation, fear, stress, and anxiety are at risk.

Substance abusers are at risk, especially smoking tobacco or marijuana, vaping, Opioid use disorder (OUD) and Methamphetamine use disorder, due to effects on psychological well-being and respiratory and pulmonary health.

The homeless or incarcerated, due to additional transmission challenges and risks.

Children and teenagers are at risk because of more social interactions, and emotional and cognitive (im)maturity.

People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders, are all at higher risk of exposure and transmission.

<https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

<https://www.apa.org/news/apa/2020/03/covid-19-research-findings>

<http://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/>

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html

Changing How We Do Things

Preventing Infection

Currently, there is no vaccine for COVID-19. The following can provide protection against infection with coronaviruses:

- **Wash your hands** often and thoroughly, especially after direct contact with ill people or their environment, with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitiser / hand rub. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- **Avoid close contact** with people suffering from acute respiratory infections and keep distance from others at home if you are sick. Maintain at least 1 to 2 metres distance between yourself and anyone who is coughing or sneezing. When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.
- **Stay at home** when you are sick, and during lockdown. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority. National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections. Keep up to date on the latest COVID-19 hotspots (cities or local areas where COVID-19 is spreading widely). If possible, avoid traveling to places – especially if you are an older person or have diabetes, heart or lung disease.
- Make sure you, and the people around you, follow **good respiratory hygiene and cough etiquette**. Maintain distance, cover your mouth and nose for coughs and sneezes with disposable tissues or with a bent elbow, then throw the tissue in the bin immediately. Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- **Clean and disinfect** frequently touched objects and surfaces.
- Avoid visiting markets where **live animals** are sold and avoid contact with farm or wild animals (alive or dead), and products that come from animals (such as uncooked meat).

Returning Travellers

Do all of the above. Then:

- **Self-isolate** by staying at home if you begin to feel unwell, even with mild symptoms such as headache, low grade fever (37.3 C or above) and slight runny nose, until you recover. If it is essential for you to have someone bring you supplies or to go out, for example, to buy food, then wear a mask to avoid infecting other people. Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.
- **If you develop fever, cough and difficulty breathing**, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call in advance and tell your provider of any recent travel or contact with travellers. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also help to prevent possible spread of COVID-19 and other viruses.
- **Stay at home for 14 days** from the time you left an area with widespread ongoing community transmission and practice social distancing. It is advised that you stay at home during the monitoring period. To protect those around you, take all measures to prevent transmission (see above), improve airflow in living spaces at home by opening windows and doors as much as possible, and take your temperature with a thermometer two times a day and monitor for fever. Also, watch for coughing or trouble breathing. Stay at home and avoid contact with others. Do not go to work or school for a the 14-day period. Discuss your work situation with your employer before returning to work.
- **Do not use public transportation**, such as taxis or trains during the time you are practising social distancing.
- **Avoid crowded places** (such as shopping centres and movie theatres) and limit your activities in public.

References and Reading

<http://www.nicd.ac.za/diseases-a-z-index/covid-19/frequently-asked-questions/>
<http://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-prevention/>
<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>
<http://www.nicd.ac.za/advice-for-returning-travellers/>

Protecting your patients/clients and your practice

Prepare your practice by considering how an outbreak in your community might affect your practice. Review your finances and policies and determine how you can be more flexible. Arrange for enough in reserves to cover expenses due service decline or if you become ill yourself. Plan for someone to handle communications and pay your bills if you become ill.

Explore telepsychology options and equip yourself to offer psychology services via phone or secure videoconferencing from your office or home. Confirm whether the



medical aids will reimburse for services provided in this manner. Talk with patients/clients about using telehealth platforms.

Review your malpractice insurance policy and clauses on confidentiality and work-from-home considerations specific to telepsychology services. Check into the feasibility and risks of having health records available at a home office when you suspend services at your practice office.

Develop a patient/client communication plan to stay in touch with patients/clients and their families. Write a notice outlining how your office will function. Review the notice with every patient/client. Post it to your website, in your waiting room and share by email. Include information on policies and procedures office closure and cancellations.

Promote hygiene in your practice to create a safe office environment for patients/clients and employees. Post signs encouraging handwashing and put hand sanitizers in waiting rooms, offices and restrooms. Regularly check the NIDC website for updates and guidance on preventing the spread of coronavirus.

Help manage patient/client and community anxiety by providing credible information to patients, community leaders and local media. Share APA's tips on managing anxiety and putting news reports in perspective and the Speaking of Psychology Podcast episode on coronavirus anxiety.

Make self-care a priority to take care of your own health and that of your family. It can be tempting to prioritise patient/client needs, but remember that if you become ill, you cannot provide effective care.

References and Reading

https://www.apaservices.org/practice/ce/self-care/health-providers-covid-19?_ga=2.70483856.1637484184.1585070735-251394926.1585070735
https://www.apaservices.org/practice/news/covid19-psychology-services-protection?_ga=2.132724238.1637484184.1585070735-251394926.1585070735
<https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>

Ctrl+Click to Read Post: PsySSA Update on Professional Indemnity Cover

Ctrl+Click to Listen to Podcast: APA Self-care for Psychologists

Telepsychology

If you are not offering essential services (e.g. within a hospital), meaning the patient's life depends on your rendering your service, you should continue with your practice **remotely** during lockdown. Offering your services remotely can be done online (e.g. WhatsApp, Skype, Microsoft Teams, Zoom etc.), or telephonically (landline or mobile calls). Here are some resources to help you:

Ctrl+Click to Visit the Page: Telepsychology Materials

Usually available to paid APA members only, but made available for free during the COVID-19 crisis

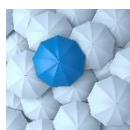
Ctrl+Click to Register for a Course: Telepsychology Best Practice 101 Series

Usually paid for, but made available for free for a limited time during the COVID-19 crisis

Ctrl+Click to Visit the Page: HPCSA Telemedicine Guidelines

Ctrl+Click to Visit the Page: HPCSA Telemedicine Guidelines Update

What to Do When Someone Gets Sick



If someone gets sick with fever, is coughing, experiencing a sore throat or have trouble breathing:

- Seek medical care. Call ahead before you go to a doctor's office or emergency room.
- Tell your doctor about your recent travel history (if any) and your symptoms.
- Avoid contact with others.
- If you seek medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel history (if any) and your symptoms.

Reference

<http://www.nicd.ac.za>

PROMOTING MENTAL HEALTH DURING COVID-19



THE NATIONAL DISASTER RESPONSE

South Africa's response to the COVID-19 Pandemic

The **National Disaster Management Centre** run by the **Department of Cooperative Governance and Traditional Affairs** is responsible for South Africa's national disaster response, focusing on **prevention and mitigation**. The state of national disaster is in response to COVID-19 and aims to minimise loss of life and mitigate social and economic impact, and to contain the number of infections at a point below what the health system has resources to cope with.

Elements of South Africa's state of national disaster



- Fever screening at international airports
- Suspected case isolation and management
- Rapid specimen collection and transport
- Suspected cases managed at designated hospitals with isolation facilities
- Follow up of case contacts
- Health practitioners provide travellers with information
- Travellers self-report if they feel ill
- Social distancing
- Social isolation
- Quarantine
- National lockdown

Social Distancing

Social distancing, or physical distancing, is a set of infection control actions intended to cut down non-essential contact to stop or slow down the spread of a contagious disease. If you have to go outside - to buy food for example - you must stay more than 1 metre (preferably 2 metres) apart from others.

References and Reading

<https://www.nytimes.com/2020/03/13/opinion/coronavirus-social-distancing.html>
<https://www.apa.org/practice/programs/dmhi/research-information/social-distancing>

National Lockdown



During national lockdown in South Africa from midnight on 26 March 2020 until midnight on 16 April 2020, **non-essential movement of people, animals and goods is not allowed**, and so the following activities are **prohibited**:

- leaving home, unless for essential purposes, such as buying groceries, seeking medical attention, collecting grants, buying medication, or emergencies, or staff rendering essential services going to work
- gatherings, except for funerals, which can be attended by 50 people or less
- movement between provinces, metros and district areas
- cross-border trips with the exception of essential goods and cargo
- buses, minibus taxis, metered taxis and e-hailing services, except for transporting essential services workers and essential trips
- minibus taxis, metered taxis and e-hailing services, except from 05:00 to 09:00 and 16:00 to 20:00
- more than one person per vehicle licensed to carry up to four people
- more than three passengers per vehicle licensed to carry up to eight passengers
- courier services, except for essential goods
- sale and purchase of liquor and all non-essential goods, such as clothing, at all shops

Exempt from this lockdown are the health workers in the public and private sectors, emergency personnel, those in security services (such as the police, traffic officers, military medical personnel, soldiers) and other persons necessary to respond to COVID-19, as well as the production, distribution and supply of food and basic goods, essential banking and financial payment services, the maintenance of power, water and telecommunications services, laboratory services, and those involved in the provision of medical and hygiene products.

Furthermore:

- Any place that does not sell essential goods and services is closed.
- Public and private facilities are closed. Places, such as parks, beaches, public swimming pools, nightclubs, casinos, game reserves, resorts, hotels, lodges, guest houses (except when they are required for remaining tourists), restaurants, shebeens, taverns, theatres, cinemas and shopping malls will be closed.
- No driver's licence renewals will be processed.
- Vehicle testing centres and drivers' licence testing centres are closed.
- Parents who share custody will be allowed to drop off their children.

Support Mechanisms

- A hotline has been set up for the gender-based violence command centre. Victims can call 0800 428 428 for assistance.
- Shelters will remain functional, including old age homes, child and youth care centres and rehabilitation centres.
- The police's Family Violence, Child Protection and Sexual Offences unit was beefed up. Victims can call 0800 150 150 for an urgent response.
- People are still able to report crimes because the 10111 emergency line will still be operational during the lockdown.

- Although the police and the South African National Defence Force (SANDF) will be on foot patrols, people can also report contraventions of lockdown regulations.
- Only replacement IDs, birth certificates and death certificates would be issued during the lockdown.
- No visas, marriage certificates or any other document will be issued until after the lockdown.
- South Africans will still be able to access their grant payments.
- Older and disabled citizens will be able to access their grants on 30 and 31 March, while all other grants will be available from 1 April.
- Restrictions exclude essential services staff, such as healthcare workers, emergency services officials, service delivery personnel and police.
- Anyone who contravenes the regulations of the lockdown faces a fine, or jail time for six months or less.

References and Reading

<https://www.news24.com/SouthAfrica/News/coronavirus-the-rules-you-need-to-know-ahead-of-nationwide-lockdown-20200326>
<https://www.sanews.gov.za/>
<https://www.iol.co.za/news/politics/coronavirus-lockdown-in-sa-these-are-the-businesses-that-can-operate-45431834>
<https://www.gov.za/welcome-official-south-african-government-online-site>

Globally Recommended Activities

1. Conduct a rapid assessment of the context and of culturally specific Mental Health & Psychosocial Support Network (MHPSS) issues, needs and available resources, including training needs and capacity gaps across the spectrum of care
2. Strengthen MHPSS coordination by facilitating collaboration between MHPSS agencies, government and other partners. Coordinating MHPSS should be a cross-sectoral initiative, including health, protection and other relevant actors. If sector meetings are being held, an MHPSS Technical Working Group should be created to support actors in all sectors.
3. Use information from assessments, including identified needs, gaps and existing resources, to set up/contribute to a system for the identification and provision of care to people with common and severe mental health conditions and substance abuse disorders. As part of ongoing health system strengthening, every health facility should have at least one person trained and a system in place to identify and provide care for people with common and severe mental health conditions (using the mhGAP Humanitarian Intervention Guide and other tools). This requires the allocation of longer-term resources and the development of an MHPSS advocacy strategy to influence funding, quality coordination and sustainable, long-term initiatives.
4. Establish a MHPSS strategy for COVID-19 cases, survivors, contacts (particularly those in isolation), family members, frontline workers and the broader community, with special attention to the needs of vulnerable groups (e.g. children, older adults and people with disabilities). Ensure that the strategy addresses: fear, stigma, negative coping strategies (e.g. substance abuse) and the other needs identified through assessment and is building on positive, community-proposed coping strategies and promotes close collaboration between communities and health, education and social welfare services.
5. Integrate mental health and psychosocial considerations into all response activities.
6. Ensure that accurate information about COVID-19 is readily available and accessible to frontline workers, patients/clients infected with COVID-19, as well as community members. Information should include evidence-based practice for preventing transmission, how to seek out healthcare support, as well as messages to promote psychosocial wellbeing.
7. Train all frontline workers (including nurses, ambulance drivers, volunteers, case identifiers, teachers and other community leaders), including non-health workers in quarantine sites, on essential psychosocial care principles, psychological first aid and how to make referrals when needed.¹⁴ COVID-19 treatment and isolation/quarantine sites should include trained MHPSS staff. Online trainings might be used if it is not possible to bring staff together due to infection risks.
8. Ensure that a functioning referral pathway for persons with mental health conditions is activated between all sectors involved, (including health, protection and gender-based violence), and that all actors operating in the response are aware and use such a system.
9. Provide all workers responding to the COVID-19 outbreak with access to sources of psychosocial support. This must be of equal priority with ensuring their physical safety through adequate knowledge and equipment. Where possible, ensure regular review of frontline workers' psychosocial status to identify risks, emerging issues and shape the response to their needs.
10. Develop activity toolkits that parents, teachers and families can use with their children in isolation, including messages on preventing the spread of the disease such as hand washing games & rhymes. Children should not be separated from their families unless for treatment and the prevention of infection.¹⁶ If separation must occur, then a safe and reliable alternative should be found and with regular family contact provided while maintaining child protection measures. (Please see: Minimum Standards for Child Protection in Humanitarian Action).
11. Establish opportunities for the bereaved to mourn in a way that does not compromise public health strategies to reduce the spread of COVID-19 but reflects the traditions and rituals of the community.
12. Establish measures to reduce the negative impact of social isolation in quarantine sites. Communication with family and friends outside of the site, as well as measures



that promote autonomy (e.g. choice in daily activities) should be facilitated and promoted

13. In the early recovery phase, support health authorities to establish sustainable and community-based mental health and psychosocial services.
14. Establish monitoring, evaluation, accountability and learning mechanisms to measure effective MHPSS activities.

Reference

<https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak>

Psychological Effects of the National State of Disaster

Quarantine and Social Isolation

- Quarantine, isolation, lack of connection and loneliness are all associated with health problems and may increase the odds of negative health outcomes.
- Quarantine is when a person who tested positive for the virus, or a person who was exposed but tested negative is isolated in a specialised medical facility.
- For COVID-19, the general quarantine period is **14 days**, based on what authorities have learnt regarding the incubation period of the virus, from infection until symptoms appear.
- The realities of medical isolation are that someone in quarantine spends this time away from their friends and family, cut off from work and daily activities, and confined to a single room, with the only visitors being health-care workers wearing head-to-toe protective gear.
- Social isolation is a state of complete or near-complete lack of contact between an individual and society.
- Patients treated in specialised hospital infection control units are subject to the usual **stressors of hospitalisation** on any medical-surgical floor, including incomplete understanding of the illness and treatment, anxiety about the outcome, painful conditions or procedures, and being away from home. In addition, patients treated in dedicated isolation rooms also face **unique challenges**, including confinement in a small space, reduced opportunities for interaction with others, and potential stigmatisation.
- While isolation is essential for minimising transmission risk, infection control precautions involving isolation may have **negative psychological consequences** for patients such as:
 - increased risk for symptoms of depression and anxiety
 - significant emotional distress due to the traumatic nature of the symptoms themselves, the prospect of dying, and having witnessed or cared for others who died from the disease.
 - loneliness
 - boredom
 - fear
 - feeling neglected and abandoned
 - feeling like outcasts and prisoners
 - regression to lower levels of functioning, for example, requesting help with tasks they can perform themselves, seeking attention, or behaving in an abusive manner toward staff
 - feelings of stigmatisation
 - fear and guilt regarding the prospect of spreading the infection to others
 - anxiety or depression
- **Positive experiences** include that some patients report liking the privacy and quiet.
- Negative consequences are due to:
 - the **loss of control** associated with confinement in a small space for an indeterminate length of time, not having a say regarding who enters the room, when they can be alone, what food is available, and which clothes they can wear
 - **curtailment in meaningful activities**, such as socialisation with friends, family, and other patients
 - **diminished sensory stimuli**, including a limited view, reduced visual contact with others, including that with masks, face-to-face interactions also provide less sensory input, and minimal tactile connection with others.
 - the **rapid implementation** of infection control precautions, often with inadequate explanation
- Isolation reportedly **hampers recovery** and physical rehabilitation
- The **physical and mental health risks** of social isolation over an extended time include:
 - Premature mortality
 - Depression
 - Poor sleep quality
 - Impaired executive function
 - Accelerated cognitive decline
 - Poor cardiovascular function
 - Impaired immunity and increased inflammation
 - Stroke or the development of coronary heart disease
 - Dementia
- The risk of loneliness can be mitigated by staying in touch, continuing to provide psychological services remotely, encouraging older patients/clients to keep in touch with family and friends, encouraging intergenerational connection, helping families keep older relatives safely at home.
- **Mitigation** of the negative effects of isolation includes:
 - Consistent, clear communication



- Giving patients (some) control
- Improving the physical environment
- Supportive staff interactions
- Family contact
- Psychological assistance takes the form of **one-on-one sessions** for those who request help or are flagged by a health-care worker. In addition, a new **virtual “town hall” model** has been developed that leverages the community aspect of the current crisis to enhance social support.

Ctrl+Click to Read Article: Behavioral Health Support for Patients, Families, and Healthcare Workers

Coming out of Quarantine

Those coming out of quarantine also experience emotions that may be unexpected, and in some instances stressful. Some will have:

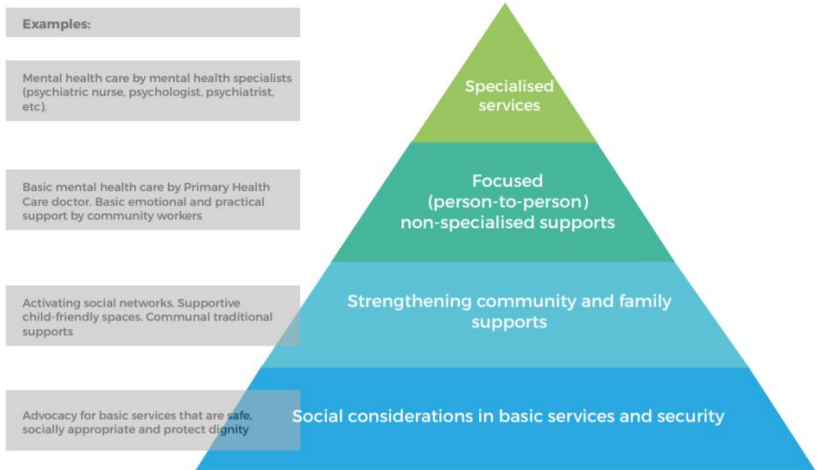
- Mixed emotions, including relief
- Continued fear and worry about their own health and the health of their loved ones
- Residual stress from the experience of monitoring themselves or being monitored by others for signs and symptoms of COVID-19
- Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with the previously quarantined person,
- Residual guilt about not being able to perform normal work or parenting duties during quarantine
- Other emotional or mental health changes stemming from the period in quarantine
- Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine.

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<https://www.apa.org/helpcenter/pandemics>
https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html

Mental Health and Psychosocial Support

WHO Intervention pyramid



Helpful Resources and Materials for the Public

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.who.int/westernpacific/news/multimedia/infographics/covid-19>
- <https://openwho.org/channels/covid-19-national-languages>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- <https://www.gov.za/Coronavirus/resources>
- <http://www.nicd.ac.za/media/videos/>
- <http://www.nicd.ac.za/diseases-a-z-index/covid-19/infographics/>
- <https://www.visualcapitalist.com/7-best-covid-19-resources/>
- <http://www.health.gov.za/index.php/outbreaks/145-corona-virus-outbreak/465-corona-virus-outbreak>
- <https://www.mandela.ac.za/News-and-Events/Coronavirus-Information/Information-posters-for-distribution>
- <https://www.news.uct.ac.za/campus/communications/updates/covid-19/-article/2020-03-20-infographic-coronavirus-disease-2019-covid-19>

Working from Home

Tips

- Minimise distractions
- Set goals and boundaries
- Make a proactive communication plan about performance expectations and difficulties
- Seek social connection
- Err on the side of over-communicating
- Invest in reliable technology
- Lean on your community
- Set up and optimise your workspace
- Figure out your working style
- Take time for self-care
- Know when to stop working
- Embrace the perks of working remotely

Ctrl+Click to Read South African Case Study: Working from Home

Ctrl+Click to Take LinkedIn Course: Working Remotely

References and Reading

<https://remoteyear.com/blog/top-8-remote-work-tips>
<https://www.apa.org/news/apa/2020/03/newly-remote-workers>
https://www.apaservices.org/practice/news/covid19-psychology-services-protection?_ga=2.132724238.1637484184.1585070735-251394926.1585070735
<https://www.apa.org/news/press/releases/2020/03/mental-health-care-covid-19>

Visit the PsySSA website and the WHO website to find more information related to children and COVID-19

FRONTLINE HEALTHCARE WORKERS

Frontline healthcare workers are those healthcare professionals directly involved in the diagnosis, treatment, and care of people with COVID-19 and providing health services where they are most needed during the COVID-19 pandemic. They can be community health workers, nurses, doctors, psychologists, medical specialists, epidemiologists, pharmacists, traditional healers, etc. These healthcare workers can be in voluntary, assigned / employed or deployed positions.

A Challenging Context

Stressors



Frontline healthcare workers were already facing several challenges before the COVID-19 crisis, and these are exacerbated by the current crisis. Specific stressors from a frontline healthcare worker's perspective include:

- **Stigmatisation** and directed negative response from community members towards those working with COVID-19 patients and their remains, and their families
- Higher **demands in the work setting**, including long work hours, limited time to rest, increased patient numbers and keeping up to date with best practices as information about COVID-19 develops
- **Reduced capacity to use social support** due to intense work schedules, long hours, and stigma within the community towards frontline workers
- Strict bio-security measures, resulting in **physical strain** of protective equipment, **physical isolation** making it difficult to provide comfort to someone who is sick or in distress, constant **awareness and vigilance** and **strict procedures** to follow preventing spontaneity and autonomy
- **Isolation** from family, friends and regular unit colleagues, and lack of communication and support from them
- Continued pressure to **justify work commitment**, and lack of appreciation for the work they do
- **Vulnerability** to contract Covid-19 in the course of their work, due to:
 - insufficient personal protective equipment protective equipment and medical supplies for themselves and their patients
 - difficulties with personal protective equipment and infection control protocols
- **Inadequate information and training** in protocols for caring for the sick and vulnerable, especially for home-based geriatric care in formal and informal settlements
- Insufficient information about the **long-term exposure** to individuals infected by COVID-19
- **Lack of access to information and a dearth of materials** to communicate information to communities
- Limited or no access to **running water** especially in informal settlements making frequent handwashing very difficult
- **Crowded living conditions** in informal settlements making social distancing impossible
- **Churches, taverns, shops and schools** not promoting social distancing and other safety measures to protect the community
- Lack of safe reliable bus and train **transport options** necessitate the use of minibus taxis that are overcrowded and contact with infected surfaces inside the vehicles is unavoidable
- **Fake and contradictory news and information overload** about the modes of transmission of Covid-19, and practical measures and guidelines to prevent and reduce transmission, and the panic these messages cause
- **Hard-to-reach communities** such as farmworkers and rural dwellers, the aged and the ill who are isolated at home and where few have access to television or radio networks
- An **overcrowded health system** already struggling to manage workloads, and a lack of resources
- **Lack of respect for alternative means of healing** and comfort such as those applied by traditional healers
- Lack of **prevention of importation of the virus** from Europe and other affected areas
- **Self-quarantine non-compliance** for an appropriate time by people entering South Africa
- **Access to the social determinants of health** is often lacking in peri-urban informal settlements
- Personal and team **pressure** to save patients amid nationwide public scrutiny
- **Lack of organisation and role clarity**
- **Altered standards** of care and **ethical conflicts**
- **Compromised safety and security**
- **Witnessing the death** of patients
- Challenging **team dynamics**, and managing stress and emotions effectively
- Lack of sustained **organisational support**
- Loss of **executive sponsorship**
- **Team engagement** from frontline to ancillary staff

Psychological Impact



Frontline healthcare workers working with infectious diseases can present with:

- Feelings of loss of control
- Excessive fatigue and exhaustion, refusal of reasonable rest, insufficient personal or energy capacity to implement basic self-care
- Tension and psychological distress
- Feeling misunderstood

- Self-doubt
- Post-Traumatic Stress Symptomatology (PTSS)
- Fear of infection for themselves and their families and friends
- Re-entry stress at home and at work (i.e. regular unit of work)
- Severe anxiety
- Insomnia
- Depression, feeling down
- Sadness and grief
- Helplessness
- Frustration or self-blame in the face of patient death
- Fear of being infected
- Concern about family members
- Concern about family members who are worried about themselves
- Excessive excitement
- Alcohol/drug misuse
- Absenteeism

Distress ranges from moderate levels of worry to posttraumatic stress symptoms and mental illness: they are at risk of developing posttraumatic stress symptomatology and a variety of psychiatric morbidities. Symptoms may appear shortly after the outbreak is under control rather than during the crisis. Emotional distress and psychiatric morbidity generally decrease over time, though relapse may occur, especially for those with pre-existing mental health conditions and re-exposure to additional infectious disease outbreaks. For some, chronic posttraumatic stress disorder, depression, and anxiety is clinically diagnosed years after exposure.

Risk Factors

- Being deployed and/or perceive themselves at a heightened risk of infection
- Longer duration of high-risk exposure
- Younger age
- Being single
- Not living with family
- Fewer years of work experience
- Lower education, and
- Lower household income
- Previous history of psychiatric illness
- Availability of emotional support
- Lack of employer-sponsored resilience training



Promoting Psychological Well-Being

Protecting healthcare workers is an important component of public health measures for addressing the COVID-19 epidemic. It is important to determine what will be most challenging for each person, and for the team, and to know when to draw on social support networks and other coping strategies and tools.

Mitigation of Risk

1. **Conduct psychological crisis intervention training** before participating in cases, understand stress response, and learn how to respond to stress and regulate emotions.
2. Conduct **preventive interviews** to help parties prepare psychologically for stress and openly discuss feelings, support and comfort, and mobilise resources.
3. Eliminate **unnecessary tasks and worries** of frontline healthcare workers, for example, arrange special personnel for logistical support.
4. Staff in the quarantine area should **rotate** as much as possible every month.
5. Reasonable **scheduling** including appropriate relaxation and rest and ensure adequate sleep and diet.
6. Try to arrange **accommodation** from frontline healthcare workers near designated hospitals.
7. Try to **maintain contact and communication** with family and the outside world when possible.
8. In case of insomnia, depression, or anxiety promptly **change work position** and, seek **professional psychological crisis intervention support**.

Resilience

- Integrate **psychological and behavioural support, resilience training, and continuing education** into the development of frontline healthcare worker teams
- Engage in **comprehensive preparedness** that addresses psychosocial challenges, as well as **technical biocontainment training** to increase the skills and confidence of frontline healthcare worker, reduce the negative psychological impact, enhance communication and collaboration, and reinforce the organisation's commitment to supporting staff
- Design an **intervention model that targets individual and family resilience**, in addition to organisational leadership, to reduce the risk of psychological distress for frontline healthcare worker caring for patients with infectious diseases
- **Individual resilience** is the ability to reduce the effect of a stressful life event, cope with adversity, or bounce back.
- **Strategies that can promote resilience** amongst frontline healthcare workers on COVID-19 teams:

- Conduct thorough **pre-assessments**, including a resilience measure, during recruitment to determine suitability and preparation for the work and work with a behavioural health consultant to assist in addressing concerns and questions that may emerge.



- Ensure detailed **informed consent** during the initial exploration phase of working in a high-risk environment to verify that the person has a full understanding of what will be involved from clinical, technical, psychosocial, and community perspectives.
- Incorporate a module on **behavioural health considerations** in the orientation, including strategies for strengthening resilience. This reinforces the importance of self and team care while reducing the stigma associated with psychological distress.
- Consider **peer support training**, to enable active monitoring for PTSS, such as the WHO Psychological First Aid programme.
- Provide ongoing education sessions related to symptom recognition, effective coping strategies, and stigma reduction.
- Integrate a **Psychology Practitioner** into the team, to provide on-site support (individual and group) utilising a psychological first aid approach. This facilitates access to a Psychologist and other providers as needed.
- Establish a **mentorship or buddy system** that pairs new staff with more experienced colleagues.
- Provide access to **individual counselling and support groups** to manage psychological distress, including secondary traumatisation.
- Arrange **debriefing sessions** when critical incidents occur, to support processing of complex feelings about the work, especially once patients are discharged or pass away.
- Implement a **stress appraisal and coping framework**
- Teach **mindfulness**, relaxation and cognitive behavioural therapy-based healthy thinking.

Making a Difference



The widespread outbreak of COVID-19 necessitates a broadening of the role of psychologists from focused individual and group care to help people deal with isolation and the distress associated with losing control, to also include broader messaging campaigns. This role might involve **giving media interviews** or **posting online** or **partnering with public officials** to deliver messages about wellness and resilience, and so on. It could also involve **helping frontline healthcare workers** to promote resilience and coping as described above or **becoming a frontline healthcare worker** yourself. In addition, there are two more ways in which Psychology Practitioners can get directly involved in making things better:

- To make sure all health actors working at national and sub-national level, including governmental and non-governmental health service providers, have access to the essential knowledge that they should have about mental health and psychosocial support (MHPSS) in humanitarian emergencies, **each one of us must communicate this vital information in our own sphere of influence**. And to make it easy to get the message out there, you can download the WHO document below.

Ctrl+Click to find out What Humanitarian Health Actors Should Know about Mental Health and Psychosocial Support in Humanitarian Emergencies



- Psychological First Aid** is a means of helping when something like COVID-19 happen in our communities, countries and the world. It allows anyone to reach out a helping hand to those who are affected. WHO developed a guide that covers psychological first aid which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It is written for people in a position to help others who have experienced an extremely distressing event. It gives a framework for supporting people in ways that respect their dignity, culture and abilities. Despite its name, psychological first aid covers both social and psychological support. Take the guide and run with it: use it yourself, give it to frontline caregivers, help them to learn and practice Psychological First Aid – do whatever you can, but do it fast, as we are running out of time.

Ctrl+Click to Learn Psychological First Aid

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COVID-19 PATIENTS

The Role of Psychology in COVID-19

Learning from the outbreak in China, **psychological crisis intervention should be part of the public health response to the COVID-19 outbreak**, organised by a joint prevention and control mechanism at the city, municipal, and provincial levels. The interventions should be differentiated by group, and the intervention workforce should comprise psychological outreach teams led by psychiatrists and mental health professionals and psychological support hotline teams. The groups that require psychological support are:

- confirmed patients,
- persons under investigation for COVID-19,
- healthcare workers,
- persons in immediate contact with patients,
- ill persons who refuse to seek care, and
- susceptible persons, including the general public.

The guiding principles of intervention should be to:

- Integrate psychological crisis intervention into the overall deployment of epidemic prevention and control**, with the premise of reducing potential psychological damage caused by the epidemic and promoting social stability and of adjusting the focus of psychological crisis intervention in a timely manner according to the progress of epidemic prevention and control.
- Implement targeted interventions for different groups**. Strictly protect the personal privacy of patients. Prevent secondary trauma for both providers and patients.

[Ctrl+Click to Read Article – Psychological Crisis Intervention for COVID-19](#)

The Role of the Psychology Practitioner in COVID-19

It is time to step up!

The crisis posed by the outbreak of COVID-19 in South Africa necessitates a change in the role of most Psychology Practitioners from in-person, individual and group care, usually in their own immediate communities to:

Priority 1: Using all available communication channels and campaigns to:



- **Inform members of the public** about the psychological impact of the crisis, including giving media interviews, posting online or partnering with public officials to deliver messages about prevention, wellness and resilience, and facilitate access to formal support services where needed.
- **Promote compliance** with measures undertaken to prevent infection and the spread of COVID-19, including social distancing and lockdown.

Priority 2: Advocate and lobby for the provision of psychological support for frontline healthcare workers and patients.

Priority 3: Provide psychological support for frontline healthcare workers and COVID-19 patients as part of state-approved healthcare services, to promote resilience and coping, and to deal with isolation and the distress associated with losing control. This can include being part of specialised clinical teams at hospitals and quarantine facilities.

Priority 4: Conduct psychological and epidemiological research related to COVID-19 and the impact it is having and will have on South Africans. The research processes must at all times adhere to the national requirements as per the National State of Disaster, and all related legislation and regulations.

You must ONLY work with a suspected or confirmed COVID-19 patient as part of a state-approved and monitored COVID-19 patient support healthcare facility or process (incl. isolation or quarantine). Do not put yourself, and by virtue of doing so, your family and countless other people at risk.

Psychological Needs of COVID-19 Patients

Early Stage of Isolation

During the **early stage of isolation**, confirmed patients typically present with psychological numbness, denial, anger, fear, anxiety, depression, disappointment, complaining, insomnia, aggression, etc.

Aim of Psychological Intervention: Support and comfort patients, treat them with empathy, stabilise patients' emotions, and evaluate risks of suicide, self-injury, and aggressive behaviours early.

How to assist

1. Be prepared in advance and understand the patients' emotional responses and that they are normal responses under stress. Do not be irritated by patients' aggressive or

depressive behaviours and remain professional. Do not argue with the patients or be overly involved.

2. Psychological crisis intervention should be given in addition to medical treatments, such as timely assessment of suicide risk, self-injury risk, risk of aggressive behaviour, and positive psychological support. Avoid direct conflict with the patient. Explain the importance and necessity of isolation and encourage patients to build confidence in recovery.
3. Emphasise that isolation is not only a way to better observe and treat patients, but also a way to protect loved ones and the society. Explain the treatment plans, and the effectiveness of the intervention.
4. Seek the advice of other professionals if necessary.

Treatment Stage of Isolation

In addition to the above-mentioned, there may also be loneliness, or lack of cooperation due to fear of the disease, abandonment of treatment, or excessive optimism and high expectations of treatment during this stage.

Aim of Psychological Intervention: Actively communicate information and consult with other professionals, including psychiatrists, if necessary.

How to assist

1. Depending on the patient's level of acceptance, objectively and truthfully explain the disease and the epidemic situation, so that the patient is informed.
2. Assist the patient with communicating with loved ones and convey information if needed.
3. Actively encourage patients to cooperate with all treatment activities and protocols.
4. Make the environment suitable and as pleasant as possible for the patients undergoing treatments.
5. Seek the advice of other professionals if necessary.



Extreme Cases

Some patients will experience respiratory distress, extreme anxiety, and difficulty expressing themselves. These patients typically report near-death experiences, panic, despair, etc.

Aim of Psychological Intervention: Soothing, sedation, pay attention to emotional communication, and enhance confidence in treatment.

How to assist

While calming and soothing a patient, strengthen/increase the treatment of the primary illness and reduce symptoms.

Mild Cases Isolated at Home

Mild patients isolated at home, and patients with fever who came to the hospital for treatment, typically present with panic, restlessness, loneliness, helplessness, depression, pessimism, anger, nervousness, stress from being alienated from others, grievance, shame, or disregard for illness.

Aim of Psychological Intervention: Health education, encourage cooperation and adaptation to change.

How to assist

1. Assist patients to understand the situation with reliable information and knowledge, and trust scientific and authoritative medical sources.
2. Encourage active cooperation with treatment and isolation measures, healthy diet, and balancing work and rest.
3. Encourage soothing activities such as reading, listening to music, and communication as well as other daily activities.
4. Accept isolation, mindful of their own reactions, and look for the silver lining in adversity.
5. Seek social support to cope with stress: use modern communication methods to contact relatives, friends, colleagues, etc., and maintain social communication, for support and encouragement.
6. Encourage the use of telephonic psychological assistance or online psychological intervention resources.



Suspected Patients

Suspected patients will present as fluke-minded, avoiding treatment, fear of being discriminated against, or anxiety, seeking excessive treatment, frequent transfers among hospitals, etc.

Aim of Psychological Intervention: Prompt education, adopt correct way of self-protection, obey the overall strategy, and reduce stress.

How to assist

1. policy education, close observation, and early treatment
2. adopt necessary protective measures
3. obey the overall public health strategy and report personal circumstances in accordance with regulations
4. adopt self-stress relieve methods and reduce stress

Those Close to the Patient



Those who are in close contact with the patient such as family members, colleagues, friends, etc. may present with avoidance, restlessness, anxiety during the waiting period, blind bravery, refusal to protect, refusal to self-isolate.

Aim of psychological crisis intervention Give assignments or tasks, comfort and encourage communication through the Internet.

How to assist

- 1. Policy and regulation education
- 2. Encourage facing the reality and cooperating with self-isolation
- 3. Correct information dissemination and communication
- 4. Release tension

Refusal of Treatment



Patients who do not want to seek medical treatment are typically fearful of being misdiagnosed and isolated, and present with a lack of awareness, avoidance, neglect, anxiety, etc.

Aim of psychological crisis intervention Explain and persuade, do not criticise, support patients seeking medical treatments

How to assist

- 1. Education about the epidemic to eliminate fear
- 2. Advocate that seeking medical treatment early will benefit others
- 3. Eliminate public shaming and promote disease prevention based on scientific evidence

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THE COVID-19 AFTERMATH

Estimates are that it will take between a year and two years for the epidemic to end, when either a proven vaccine is developed – this will take another 12 to 18 months – or when the virus have infected enough people in the the world leaving behind enough immune survivors and can no longer find viable hosts. It is not known at this stage if reinfection is possible, and the above estimates apply under the assumption that it is not possible.

Nonetheless, we can still prepare for the consequences that can be foreseen, as many of these consequences will realise before the end of the epidemic. Pandemics spread fear and erratic behaviour that remain entrenched within the psyche long after the epidemics have ended. The larger the scale of an outbreak, the larger the impact and magnitude of its consequences.

Psycho-social Consequences

Once an epidemic is under control, a cyclical pattern of **fear** can occur, with a **loss of trust in health services**. Add to that stigmatisation, and the result is **disruptions in community interactions** and **community fragmentation**. A communal sense of **grief** can also be felt due to significant loss of community members. Communities may have to face **shifting roles** to adapt to the loss of parents, breadwinners, carers, teachers and community leaders. **Structural repercussions** (e.g. disruptions to business and industry, closure of community services, markets and schools, diminished health and support services) could result in longer-term psychosocial effects including **unemployment and continued loss of income**. **Economic investment, business, travel and tourism** all suffer long after the epidemic. **Violence and protests** against authorities and institutions, and **subversive and/or criminal acts** are also described.

Individuals may present with:

- Fear of a new epidemic or flare-ups, and of falling ill or dying
- Grief and/or loss, and pathological grief
- Depression
- Post-traumatic stress
- Alcohol and drug abuse
- Violence or violent outbursts
- Feeling disillusioned

In addition, due to course of COVID-19, fear of dying and seeing other people die, those who themselves survived may experience feelings of **shame or guilt** (e.g. from transmitting infection to others), and **stigmatisation** or blame from their communities, who may see them as tainted and dangerous.

Those close to survivors (e.g. family and friends) and those close to those who died often experience the same **stigmatisation and isolation**. They can also present with increased feelings of **grief, loss or distress**, feelings of **guilt or helplessness** and feelings of **resentment and anger** for being unable to comfort or care for loved ones.

Carers treating the sick (e.g. community or family carers, traditional healers and health workers) can experience anxiety, depression and post-traumatic stress disorder, and can feel burdened by **guilt for being unable to adequately look after or save the patients**, as well as frustration, anger or feelings of helplessness.

Ideas for Interventions

A number of interventions can already start now, to mitigate the long-term psychological consequences of COVID-19:

- Disseminate **accurate, up-to-date information** on COVID-19. This counters misinformation that can lead to excessive fear.
- Care for groups that are **more at risk of stress**, such as people with pre-existing mental health conditions such as depression and anxiety, and children.
- Ensure we are **responsive to the mental health needs of people acting as first-responders and care providers** for those affected by the pandemic.
- Ensure we are ready to support the **longer-term wave of poor mental health** that will probably follow the Covid-19 pandemic, by putting in place clinical systems that are vigilant and deploying stepped care approaches.
- **We are all in this together** and no one should ever have to feel alone, so reach out in whatever safe ways we can.

The following interventions can take place during the recovery period:

- Maintaining a robust mass **communication** strategy to facilitate recovery.
- Continuing in-service **training** of teams working on recovery.
- Implementing individual and group-based **psychological health care for affected persons**, families, and communities, as part of a medium-term psychosocial recovery plan (6 months at least).
- Beginning a slow, progressive **recovery** process.
- **Providing psychological health care to those who helped** (i.e. carers, responders and teams).
- **Rehabilitation** and moving on and restoring hope, so **new life projects** should be fostered and encouraged.
- Consolidating **interinstitutional coordination** and community organisations.
- **Discussing** experiences and lessons learned.

A proactive response for mental health after an infectious disease outbreak should include:

1. **A rapid assessment of outbreak-associated psychological stressors**, for both civilians and health care workers. For example, trauma signature analysis is an evidence-based method that assesses a population's exposure to an extreme event, providing actionable guidance for highly targeted support programmes. It aims to identify unique characteristics of an event, create a hazard profile, enumerate event-specific stressors, and estimate the severity of exposure and related psychological risk factors.
2. **An intervention adapted to the unique features of the specific outbreak**, and consistent with the Inter-Agency Standing Committee (IASC) guidelines on mental health and psychosocial support in emergency settings. This intervention should be rapidly implemented and maintained throughout the recovery process. The IASC guidelines are organised around a 4-tiered intervention pyramid:
 - (1) restoring basic services and security for the affected population
 - (2) strengthening family and community networks
 - (3) providing distressed individuals with psychosocial support
 - (4) providing specialised mental health intervention for severely affected survivors
3. The intervention should specifically **target high-risk subpopulations** such as stigmatised survivors, bereaved family members, ostracised orphans, and health care and burial workers who have witnessed extreme morbidity and mortality.

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