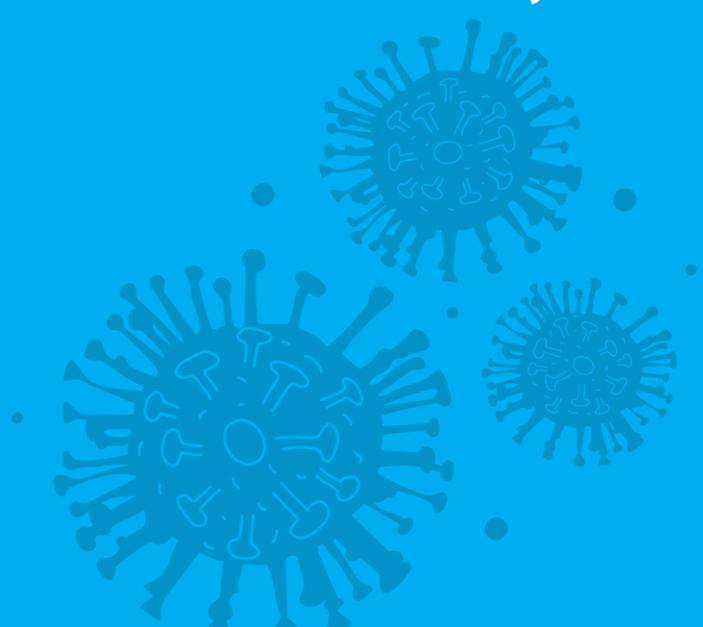


COVID-19

OPERATIONAL GUIDANCE FOR IMPLEMENTATION AND ADAPTATION OF MHPSS ACTIVITIES FOR CHILDREN, ADOLESCENTS, AND FAMILIES



For more information about the content of this guidance, please reach out to:

Zeinab Hijazi, MSc, PsyD

Mental Health & Psychosocial Support Specialist | UNICEF, New York | zhijazi@unicef.org

INTRODUCTION

While its full impact and long-term fallout is still unclear, there is one thing we do know: the mental health and psychosocial impact of COVID-19 on the lives of children and adolescents and their families will be significant. Almost all the world's children – 2.33 billion – now live in countries that have imposed some form of movement restrictions as a result of COVID-19. For most, these restrictions mean no school, no meetups with friends, limited recreation activities and the inability of children in humanitarian settings to access safe spaces for essential support to their wellbeing. [UNESCO](#) estimates that 1.58 billion learners (over 90% of the world's student population) are impacted by national closures of educational institutions due to the COVID-19 epidemic and [research](#) has shown that the interruption of formal education is one of the most significant stressors on children and families. When this is combined with the distress of worrying about getting sick or having loved ones become ill or die, noticing their parents' concerns over potentially losing jobs, and increased tensions within households, it can lead to feelings of helplessness and increased vulnerability to poor mental health. Parents and caregivers will also be affected and need help as they provide the necessary environment and support for children to cope during this crisis; therefore, looking after mental health and psychosocial needs of children across the life course, and the entire family unit, is essential.

Even without a pandemic, worldwide, 10 – 20 per cent of children and adolescents experience mental health conditions with half beginning by the age of 14; and 1 in 4 children live with a parent who has a mental health condition (The Lancet Psychiatry, 2016). As an organization with decades of experience in addressing children's mental health and psychosocial issues due to wars, natural disasters and other adverse events, UNICEF knows that COVID-19 will have a lasting, though dangerously invisible, impact on children and their families' wellbeing. The longer this outbreak and corresponding restrictions last – particularly where there are few to no alternatives to support children's wellbeing and learning – the deeper the impact will be on children's learning, behaviour, and emotional and social development.

PURPOSE & USE OF THIS OPERATIONAL GUIDANCE

This *COVID-19 operational guidance for implementation and adaptation of MHPSS activities for children, adolescents, and families* has been developed as a response to country program requests to better understand not only WHAT aspects of MHPSS need to be included as part of the COVID-19 response (as detailed in various guidance and resources), but also to know HOW we can deliver and adapt MHPSS activities in this evolving and challenging landscape.

The guidance was designed for global use as COVID-19 is impacting all contexts and will be a living document that is updated on a regular basis as new resources and adaptations emerge and contexts change. Specific considerations for humanitarian settings are included throughout the document and the interventions are applicable across all levels of the IASC MHPSS Pyramid of Interventions as outlined in [UNICEF's MHPSS Community Based Operational Guidelines](#).

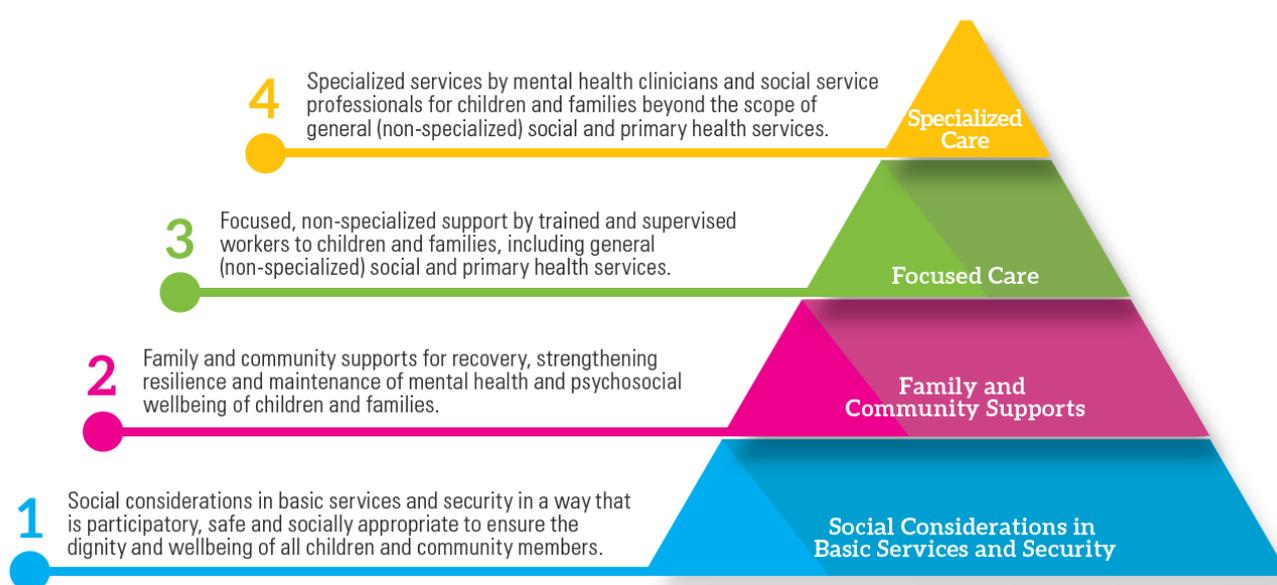


Figure 1. The IASC MHPSS Intervention Pyramid
[source: UNICEF MHPSS Operational Guidelines, 2018]

Using the Socio-Ecological Model and building on current best practice guidelines, including [UNICEF's Community Based MHPSS Operational Guidelines](#), this document will provide a guide for adapting MHPSS programs, activities, interventions and services along with key recommendations and links to resources and documents that can be tailored for each context and community.

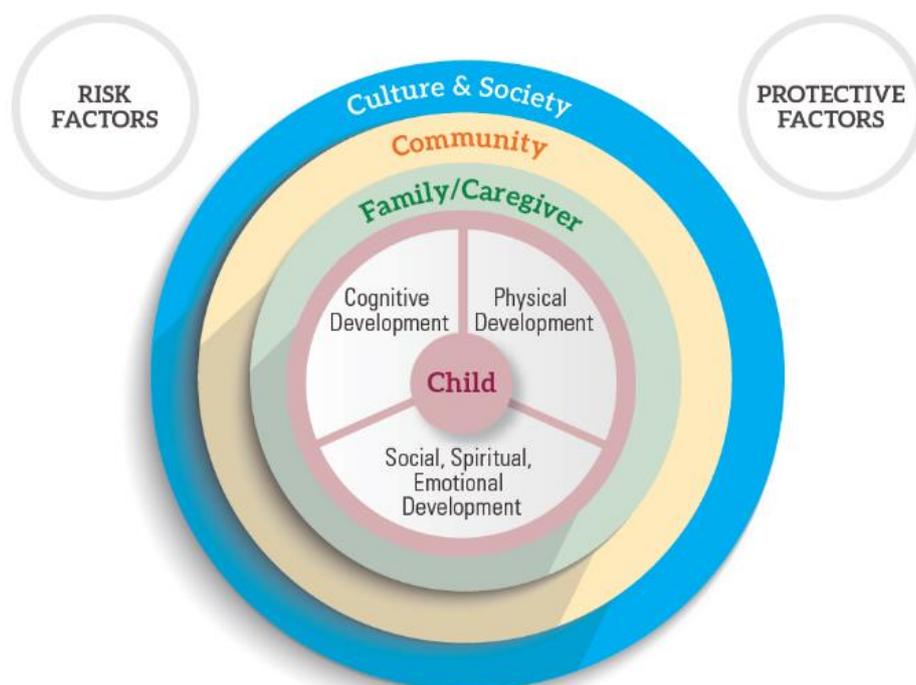


Figure 2. The Social Ecological Model of Children's Development
 [source: UNICEF MHPSS Operational Guidelines, 2018]

The expected outcome of the adapted interventions is that family and community supports and systems are restored, mobilized and strengthened during COVID-19 to promote child and family wellbeing by reducing and preventing harm, strengthening resilience to recover from adversity, and improving the care conditions that enable children and families to survive and thrive.

FIRST STEPS

As outlined in the [IASC Interim Briefing Note addressing Mental health and Psychosocial Aspects of Covid-19 outbreak Version 1.5](#) it is recommended that the following are implemented prior to adapting MHPSS activities:

- Conduct a **rapid assessment, as appropriate or needed**, of any emerging changes and needs in relation to COVID-19. This may include culturally specific MHPSS issues to ensure that MHPSS responses are grounded in the context and local realities, mapping national strategies, community structures, local customs and how these are responding to the situation.
- **Conduct consultations with child, adolescent and adult community stakeholders** to ensure their perspectives and needs are incorporated to help better target responses.
- **Share information** (about safety guidelines, wellbeing and available MHPSS resources) that is timely, factual, contextually appropriate, accurately translated and adapted to all accessibility needs.
- **Strengthen MHPSS Coordination** mechanisms between all sectors to ensure information sharing, consistency, collaboration and integration of MHPSS activities across health, education, protection and other sectoral responses to improve reach and quality.
- Access **funding mechanisms** including COVID-19 emergency response funding to ensure continuity of services.
- **Adapt ongoing programmes** for safety and **innovative** ways to deliver services, including remote delivery.
- **Strengthen Intersectional Referral Pathways** between organisations and service providers. This comprises **mapping** existing MHPSS services, including telephone help lines, internet and radio channels, and emergency referrals - while ensuring links with other Health, Gender Based Violence (GBV), Education and Child Protection services, and other basic supports.
- **Train personnel**, including MHPSS professionals, staff in agencies running [MHPSS hotlines and helplines](#), lay workers, social workers, [health workers](#) and mental health specialists. Training should include [remote Psychological First Aid](#) and an [orientation on Basic Psychosocial Skills](#) – a guide for COVID-19 responders, accompanied by a training [slide deck](#), following the [Operational considerations for multisectoral mental health and psychosocial support](#) programmes, as well as specific information on COVID-19. Training may need to be conducted virtually depending on national containment strategies.

Training should also include how to communicate with persons with disabilities, using easy-to-read materials that have been developed for children with intellectual disabilities or utilisation of boards for communication for sensory disabilities (if face-to-face contact is possible).

□ **Ensure physical safety, welfare and duty of care** issues are addressed and well understood for staff and volunteers so that they can adapt their work as needed for their safety, and the safety of beneficiaries. This includes the provision of appropriate personal protective equipment (PPE) and adequate training on its use, as well as addressing potential security concerns. It also includes staff & volunteer welfare, the opportunity to discuss fears & concerns in relation to COVID-19, and knowing who to contact with concerns without worry of losing employment.

□ Ensure that anyone with mental, neurologic and substance use disorders, health conditions or psychosocial disabilities has **continued/uninterrupted access** to care and support during the outbreak. Monitor psychiatric inpatient units to safeguard standards of dignity and human rights, and to prevent neglect or other human rights violations.

□ Develop [advocacy campaigns](#) to reduce [stigma](#) and **provide accurate information widely accessible to populations**. In locations where national governments may be limiting or restricting access to camps and humanitarian populations, advocate for humanitarian access for at-risk individuals.

MHPSS ACTIVITY METHOD OF DELIVERY

Depending on the situation within each context, decisions will need to be made on the best methods of delivery of MHPSS activities. This decision-making tree provides a guide for key considerations when determining how MHPSS activities will be delivered:

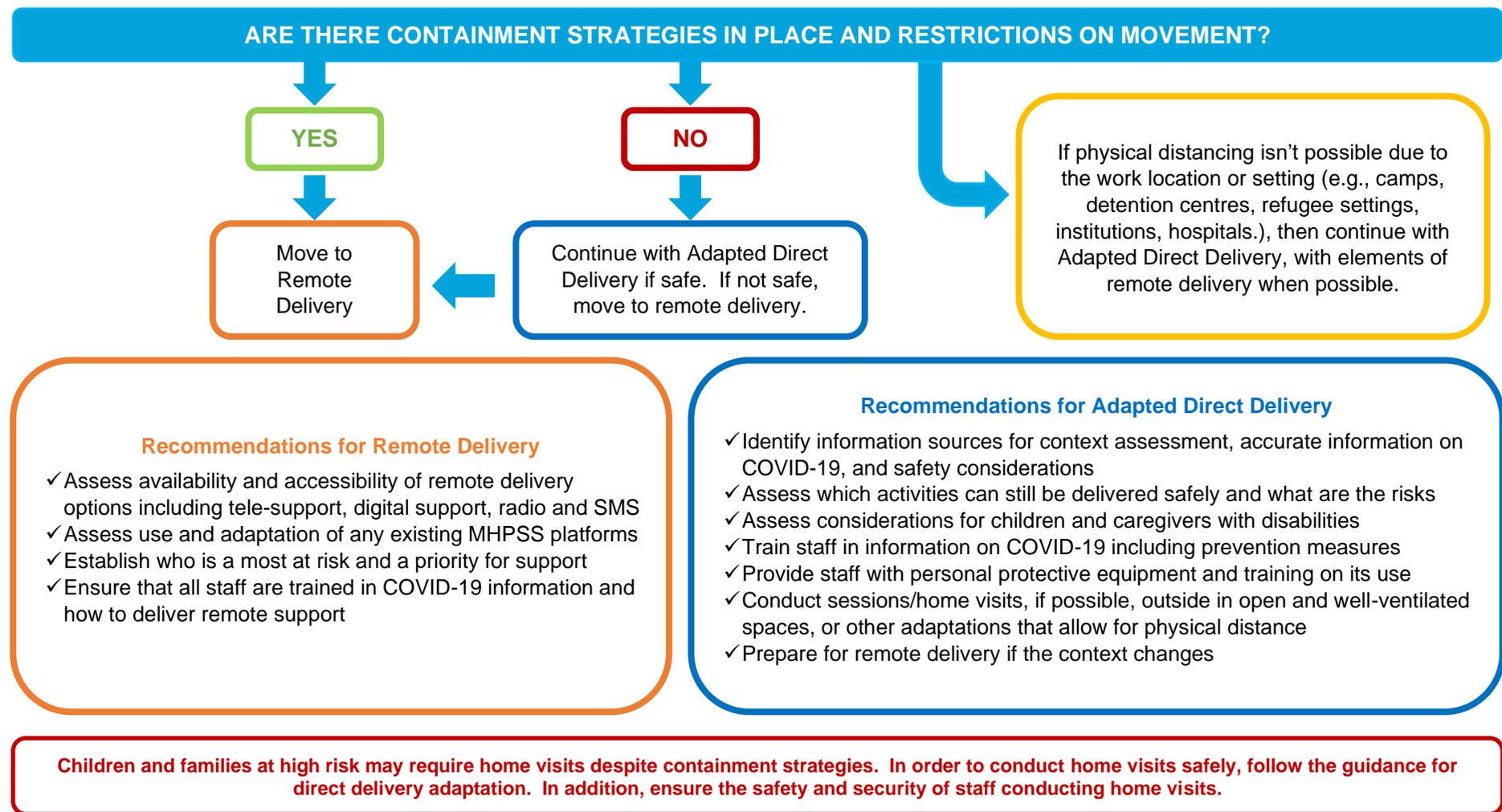


Figure 3. Decision Making Tree: MHPSS Activity Method of Delivery

ADAPTATIONS GUIDED BY THE SOCIO-ECOLOGICAL MODEL

Using the Socio-Ecological Model, this section will outline MHPSS adaptations for children, adolescents, families/caregivers, communities, and society at large. Each section will cover:

- ✓ Unique Needs of Each group
- ✓ Key Questions to Consider for Adapted MHPSS Delivery
- ✓ Recommended MHPSS Adaptations Across Modes of Delivery



CHILDREN

Unique needs of Children

Physical distancing, isolation from friends and other loved ones (e.g., grandparents); loss of school structure, disruptions to education, missing education, or needing to adjust to education at home; and concerns about the virus and its various impacts on their families may create feelings of worry, anger, frustration, sadness, uncertainty and loss for children. It is especially important to monitor the mental health and psychosocial wellbeing of children (and caregivers) who have pre-existing mental health conditions, [children with disabilities](#), as well as those living in vulnerable or high-risk circumstances. Children may also be confronted with the death of family members, family friends or even caregivers.

Key Questions and Considerations for adapted MHPSS delivery

1. What are the priority MHPSS needs according to socio-economic context, age, gender, and living conditions (e.g. humanitarian settings)?
2. For those with specific vulnerabilities (e.g., at risk of abuse or neglect, with physical or psychosocial disabilities, or very distressed), what support can be provided remotely and what support may need to be provided directly? How will those most at-risk be identified (e.g., contact information for children and families with pre-existing psychosocial disabilities)? What potential referral sources are available for those with higher level mental health or psychosocial needs, and how can referrals be made in the current context?
3. What are the key [mental health and psychosocial support considerations](#) related to COVID-19 in the context?
4. Are there any considerations related to medication? (e.g. do children with epilepsy or other diagnoses have access to their medication?)
5. Does the caregiver have any pre-existing mental health conditions that may impact their ability to care and support their children? If yes, what support can be provided? What safe and appropriate alternative care options are available, if needed?
6. What associations, networks, and social platforms existed previously and are still active for children or could be reactivated with adaptations?

7. What are the remote delivery options? (Phone, WhatsApp, Internet)
8. Have the options been validated from a safeguarding perspective and will they be supervised?
9. Are children or their primary caregiver able to access the remote options?
10. What referral mechanisms are in place, including in-person and tele-support?
11. If MHPSS supports will be delivered remotely, is contact information available for children and families who may need additional support from MHPSS professionals? Do children and families have contact information for MHPSS professionals if needed?
12. What additional assistance is required by caregivers who are faced with added caregiving responsibilities due to the changing circumstances and what are the available supports?

Recommended MHPSS Adaptations

MHPSS activities will need to be adapted based on the type of delivery that is available depending on national containment strategies.

Direct Delivery	Remote Delivery
<p>Where safe spaces continue to operate, adapt MHPSS activities in safe spaces to ensure physical distancing and appropriate activities (avoid sports/activities which might promote contact). Include age-appropriate psychoeducation materials on COVID-19 (transmission and prevention measures) and coping with stress.</p> <p>Direct delivery can also be paired with safe online resources for learning, fitness and movement activities, games, and social interaction/peer support, taking into consideration protection needs, gender, language, and accessibility for those with disabilities. It is essential that any</p>	<p>With creativity, MHPSS can be delivered remotely to children, including, for example, radio programmes and social media messaging remote PFA, and MHPSS service delivery via phone counselling and helplines.</p> <p>Adaptations can include:</p> <ol style="list-style-type: none"> 1. Ensure that all materials are child-friendly; translated into local languages; adapted to intellectual, hearing and visual impairments; and relevant to the context and culture. Use Guidance on Adapting Digital Tools for accessibility. 2. Distribute child-friendly stories and interactive resources on COVID-19 (what it is, how it is transmitted, prevention strategies etc). It is essential for children to have access to adequate information which can support re-establishing a sense of safety. 3. Ensure materials and activities (e.g., toys, games) are engaging and developmentally appropriate to help young children understand and develop coping mechanisms.

<p>online resources are assessed from a safeguarding and child protection perspective.</p> <p>Direct Delivery also includes case management. More information on case management and adaptations can be found in the <i>Community</i> section of this guidance.</p>	<ol style="list-style-type: none"> 4. Develop messaging and share through channels that can be accessed with and without internet (e.g. radio; social media channels; SMS messaging, etc). 5. Provide access to MHPSS services (including remote PFA) via phone counselling and helplines. 6. Provide capacity building to all MHPSS responders in safety measures, adapting MHPSS interventions (e.g., remote supervision), and in self and team care. 7. Develop a list of safe, child-friendly and appropriate, web-based supports for interactive activities, peer interaction, and positive expression of feelings. 8. Explore with children how they can keep physical distance while staying socially connected, using developmentally appropriate activities and play materials. This can include putting up signs of encouragement and support in windows, singing songs over walls or through windows. 9. Work remotely (e.g. through phone or video calls) with children and an accompanying adult to share activities that families can do together that support the MHPSS needs of the child and the family.
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<p>Recommended General Resources for Children</p> <ol style="list-style-type: none"> 1. My Hero is You. Child friendly stories such as this can be used in direct MHPSS activities, remotely and with caregivers. There are digital formats available in multiple languages, and caregiver guidance is forthcoming through the IASC MHPSS resource page. 2. The Flying Scientist storybook on COVID-19 3. What is the COVID Virus storybook 4. COVID-19 time capsule 5. COVIBOOK-Mindheart – available in multiple languages 6. TeamUp at home video-based sessions of movement-based activities for children and caregivers at home. 7. TeamUp mini gamebook of movement-based activities for children and caregivers at home – available in multiple languages. 8. 90 minute e-learning Psychological First Aid for Children hosted by KayaConnect.org



ADOLESCENTS

Unique needs of Adolescents

Adolescents will also have unique needs during COVID-19 due to missing out on events, schools being closed, loss of autonomy and missing direct interaction with their peer groups. This may increase feelings of anxiety, frustration, anger, grief, loss, difficulty concentrating on home schooling, depression, isolation, self-harm and potentially suicidality. Youth may also be at increased risk of GBV and exploitation, particularly with the loss of livelihoods of themselves or their caregivers. The public health crisis may also increase existing vulnerabilities and inequalities for adolescents, particularly for girls and young women. Adolescents already living in settings such as conflicts, natural disasters and other humanitarian emergencies, those living alone without any parental care, or adolescents with disabilities or living with parents with disabilities, will shoulder immense “double” burdens with the onset of COVID-19. Some specific impacts may include:

- ✓ Adolescents, young people and their families may be afraid or uncertain about going to a health facility for fear of exposure to the virus that causes COVID-19, thus significantly affecting health-seeking behaviours. The reduction in access to life-saving health and nutrition services, as well as interruptions to existing care and treatment services, will severely impact adolescents and young people.
- ✓ As media and social conversations are entirely dominated by the outbreak, adolescents and young people may be inundated by distressing information and exposed to high levels of stress and anxiety in the adults around them. Simultaneously, they are experiencing substantial changes to their daily routine and social infrastructure, which ordinarily foster resilience to challenging events.
- ✓ School closures - even when temporary - carry high social and economic costs for communities. Their impact is particularly severe for disadvantaged boys and girls and their families and include interrupted learning, compromised nutrition, upended caregiving and gaps in childcare, negative impact on productivity and wage loss and secondary strain on health care systems. In addition, disadvantaged boys and girls may not have access to digital learning portals and/or their caregivers may be unable to support their remote education. This can lead to lags in learning and contribute to a future rise in dropout rates, along with children and adolescents who are unable to return to school once open because of the need to work/contribute to livelihoods.
- ✓ While the COVID-19 response will need to address priorities and needs of adolescents and youth, they should not only be considered as affected populations but also as highly effective partners in the COVID-19 efforts. They can meaningfully engage as educators and change agents among their peers and in their communities

Key Considerations and Actions for adapted MHPSS delivery

It is important to use alternative ways to engage with adolescents via channels such as phone, social media and SMS. Following the guidance from [UNICEF's Practical Tips on Engaging Adolescents and Youth in the Coronavirus Disease \(COVID-19\)](#) as well as [UNICEF's Toolkit to Spread Awareness and Take Action on COVID-19](#), tips include:

1. Engage with adolescents and youth, with special attention to engage girls, to understand what their needs are and how they can take action.
2. Mobilize a network of adolescents and youth who can inform, co-design and support the COVID-19 response.
3. Enhance sharing, social connection and support through peer support models
4. Ensure adolescents and youth are [well informed](#), resourced and educated about COVID-19, its prevention measures, and how to combat stigma. This includes addressing rumours and general conceptions that youth may be 'less at risk' from COVID-19.
5. Partner with youth to take action in safe ways.
6. Ensure the participation and particular needs of marginalized adolescents and youth, including those with disabilities, refugees and migrants and minority groups.
7. Ensure at-risk youth have access to remote MHPSS and CP support if needed.

In order to support youth-focused coping, it is essential to ensure that protocols are in place to support adolescents in severe distress. Distress can result from vulnerabilities the youth are facing, engagement in risk-taking behaviours such as substance abuse and breaking protocols, as well as the context and family situations that have changed as a result of COVID-19.

Recommended MHPSS Adaptations

MHPSS activities will need to be adapted based on the type of delivery that is available depending on national containment strategies.

Direct Delivery & Engagement	Remote Delivery & Engagement
Any forms of direct delivery must utilise physical distancing while working with adolescents and youth on how to maintain social connection through safe social media and online resources.	<p>Consider the following tips to adapt MHPSS services for remote delivery for adolescents:</p> <ol style="list-style-type: none"> 1. Ensure that all materials are adolescent-friendly, translated, accessible for marginalized adolescents, including those with disabilities, refugees, migrant and other minority groups, and appropriate and relevant to the context.

While ensuring physical distancing, it is also critical to:

1. Assess and address any protection-related, help-seeking barriers, including access to information and services for adolescents (particularly girls).
2. Ensure frontline workers delivering services, or engaging with adolescents, receive training on the [GBV Pocket Guide](#), to handle disclosures of gender-based violence and facilitate safe referrals.

2. Distribute resources specific to the needs of adolescents, taking into account the needs of very young adolescents (10-14) may be different than those for older adolescents (such as strategies for self-care); and that needs of adolescent girls may be different from those of adolescent boys.
3. Develop messaging with and for adolescents, and provide information on coping strategies through social media, TV, radio and other channels that adolescents can access in their context.
4. Note the strong influence that peer-to-peer messaging and support has on adolescents and explore entry points and opportunities to support positive messaging and peer support, including fostering/creating intentional space for youth and adolescents to be heard as well as listen to each other. This can include peer-to-peer communications at a distance, social media, radio and [U-Report](#), which includes tips and strategies for youth on outreach, as well as how to inform, educate, engage and take action.
5. Find ways to share information about referrals and services that adolescents may need, such as where to seek care and services for GBV, psychosocial support, etc.
6. Provide access to MHPSS services/remote PFA via phone counselling and helplines.
7. Provide capacity building to all MHPSS responders.
8. Develop a relevant list of safe, web-based supports for adolescent-relevant coping mechanisms, peer interaction, and promotion of positive expression of feelings.
9. Explore with adolescents how they can keep physical distance while staying socially close.

Recommended General Resources for Adolescents

1. [Adolescent and parent/caregiver targeted infographics and messaging \(draft\)](#) focused on promotive and preventative mental health and wellbeing. The final version will be available on the [IASC website](#).
2. [Adolescent Kit for Expression and Innovation – Adapted Resource Package for COVID-19](#)
3. [Practical Tips](#) on Engaging Adolescents and Youth in the COVID-19 Response
4. [DOC's Toolkit to Spread Awareness and Take Action on COVID-19](#) which includes actions and messaging on MHPSS.
5. Resources for supporting adolescents also include [strategies for self-care](#).
6. [COVID Chatbot](#)
7. [#CopingwithCOVID Livechat Series](#)
8. [International Federation of Medical Students Association Resource Centre](#)
9. [Belize Department of Youth Services Facebook Page](#)
10. UNICEF China and Youth League Collaboration ([video](#), [poster](#), [Q&A/messages](#) - in Chinese)
11. [Voices of youth platform](#)
12. TeamUp at home [video-based sessions](#) of movement-based activities for children and caregivers at home.
13. [TeamUp mini gamebook](#) of movement-based activities for children and caregivers at home – available in multiple languages



FAMILY/CAREGIVERS

Unique needs of Families and Caregivers

Caregivers may be under increased levels of stress due to worries about the virus, lack of access to their relatives and social supports, needing to care for sick or older family members, managing childcare and remote education for children out of school, increased pressure of balancing work and home schooling, illness or death of loved ones, and financial difficulty. The layering of multiple stressors on caregivers can lead to increased tension within families and between parents and children, and may also result in verbal and physical aggression between family members. For families living in locations where they are not able to practice physical distancing such as camps and crowded urban areas, there may be additional worries about coping and survival. It is important to note, that even though children, families and communities may be experiencing increased stress, there are also opportunities to strengthen family dynamics through programs that help to restore protective relationships.

Key Questions and Considerations for adapted MHPSS delivery

1. What stressors are families and caregivers under?
2. Are there pre-existing mental health conditions, and are mental health services and medication still accessible?
3. What risks and barriers have the community identified for MHPSS delivery?
4. Has income and livelihoods been lost as a result of COVID-19?
5. Are caregivers being asked to deliver schooling at home? How is this impacted by literacy levels and access to educational materials?
6. What strengths are there in the family and community to build on when adapting MHPSS activities?
7. Have families considered alternative care for the children in case of caregivers falling ill?
8. What plans are in place for children with disabilities if their caregivers fall ill and can no longer look after them? It is important to put strategies in place that avoid children with disabilities being sent into an institution where they may face neglect and possibly abuse.
9. Consider the role of gender in how the situation may be impacting caregivers, especially single, female heads of households.
10. Consider the increased risk of domestic violence and substance abuse. Evidence is demonstrating that rates of domestic violence and child abuse have increased with COVID-19. How can messaging and supports be adapted?
11. Consider, when possible, to schedule MHPSS activities targeting both children and parents at the same time to support participation.

Recommended MHPSS Adaptations	
Direct Delivery	Remote Delivery
<p>In some locations, it may be possible to continue to deliver MHPSS activities with adaptations for safety measures and physical distancing</p> <p>Protection from gender-based violence (GBV) is critical for adult women including women service providers who may be at risk as they perform work tasks. It is therefore important to ensure that protection-related barriers are assessed and addressed, and frontline workers are trained in delivering direct services for survivors of GBV, how to handle disclosures of violence and how to facilitate appropriate and safe referrals (GBV Pocket Guide)</p> <p>It will also be necessary to adapt MHPSS delivery to family/caregivers in community and safe spaces to include information on the impacts of COVID-19 and what parents should know and share with children about the virus. More details on the adaptation of safe spaces can be found under the <i>Community</i> section of this guidance.</p>	<p>The adaptations for remote MHPSS delivery for caregivers include:</p> <ul style="list-style-type: none"> • Provide materials and advocacy to reduce stigma and social exclusion that may result from COVID-19. • Deliver information and support to decrease the level of stress on caregivers. This may include self-help guides. • Engage with other people who may be able to provide support. This can include other family members; community members or faith leaders who can support caregivers. • Consider the role of faith and how families, for whom this is important, are continuing to engage in faith practices. • Provide remote family and peer support via phone/on-line/WhatsApp, as available and accessible. • Identify referral sources for non-MHPSS supports such as to livelihoods opportunities, unemployment benefits, cash transfer opportunities etc. • Provide Tools for parents to support their children and assist in their learning. • Help caregivers to identify and build on family strengths and resilience. • Identify and refer of caregivers and families in need of additional support for general health issues, GBV, COVID-19 illness or exposure, case management, etc. • Give information on common reactions for caregivers under stress and positive coping strategies. This may include information on the impacts of losing livelihoods, social isolation,

relationship challenges, domestic violence and managing challenging behaviours in children.

- Provide information and support for caregivers who have lost loved ones or are experiencing bereavement, particularly in isolation. The CP AoR developed a guidance on [grief and loss, including information for parents on communicating with children about death and helping children cope with grief](#).

Special considerations for remote delivery include:

1. Ensuring all staff, including non-CP, are trained in MHPSS for frontline workers, (including PFA adapted for COVID-19 & GBV Pocket Guide) and how to recognise and respond to [child protection concerns](#) during COVID-19 as well as other protection concerns such as intimate partner violence.
2. Ensuring mapping of local services and both direct and tele-support.
3. Agreeing with caregivers how they would like to be contacted and when, in order to ensure confidentiality. For example, will they be contacted by phone, WhatsApp or another platform? In rural areas, or areas with limited connectivity, how can caregivers be reached?

Home Learning Support During COVID-19

Many caregivers may be feeling stress, worry and uncertainty over how to support both their children's wellbeing and the continuation of learning during COVID-19 school closures. The guidance "[Supporting children's wellbeing and learning during school closures](#)" published by the [MHPSS Collaborative](#), includes key suggestions for parents and caregivers including:

1. Normalize caregivers' feelings of worry, uncertainty and stress during this time as they take on additional responsibilities and tasks.
2. Provide practical tips to support children's wellbeing and learning and help parents and caregivers take care of their own wellbeing.
3. Support children to continue learning to help them feel positive about the future and ready to return to school as soon as they reopen.
4. Explore the local educational resources that are available. For example, additional online learning support offered by local schools or educational radio programmes.
5. Invite children to participate in household activities that can promote learning such as cooking, sewing, building projects etc.
6. Set realistic expectations. This may be a stressful time for all family members, and children may find learning challenging. Focusing on [emotional support](#) as the primary objective, as well as setting realistic timeframes, routines and goals, are essential for home education.
7. Provide information and tips to help children understand why they cannot go to school, with strategies and activities for learning at home, and with activities and messaging to promote wellbeing.
8. Where possible and appropriate, engage older siblings in education support for younger siblings.

Recommended General Resources for Caregivers

1. [Tips for parents and caregivers during COVID-19 School Closures](#): supporting children's wellbeing and learning.
2. [COVID-19 Parenting Tips](#)
3. [Weekly Learning Activities by age group](#)
4. [My Hero is You](#): Child friendly stories
5. [We are Not Alone](#) Extraordinary program to take care of children and adolescents during the coronavirus emergency
6. [REPSSI](#) Resources for parents including how to make a HERO book
7. [Care for Child Development](#) Package
8. [Early Childhood Focused COVID-19 Resources](#)
9. IASC [GBV Pocket Guide](#)



COMMUNITY

Unique Community Needs

Each community will have unique needs and it's essential that MHPSS providers engage with community leaders from inception, conduct a mapping exercise to assess any barriers to accessing services and support, who is most at risk and in need of support, and what services can be offered. It is also important that there is a focus on community led advocacy and understanding cultural responses to COVID-19 including reactions to restrictions and stigma.

Key Questions and Considerations for adapted MHPSS delivery

1. Has the community been consulted and are community members in leadership roles for any advocacy work? (Prioritize consultation with women and girls in communities)
2. Are community volunteers in place to ensure community engagement?
3. Has community mapping been completed, including with women and youth groups, and where MHPSS services are most needed?
4. What services are still available in the community?
5. Have community members with pre-existing mental health conditions been prioritised?
6. Will MHPSS activities need to be delivered directly or remotely?
7. Have MHPSS materials been adapted that are accessible and relevant to their target group? How will these be handed out to the most vulnerable in communities?
8. Are there facilities that offer life-saving programs alongside MHPSS support, such as [Infant and Young Children feeding](#) spaces, or others that are at risk of being shut down in humanitarian settings?

Key Adaptions at Community Level

In addition to MHPSS adaptations for children and their families, the adaptation at community level include focus on [adaptations in relation to health systems](#), information, managing protection concerns, case management, safe spaces and educational systems as well as incorporating MHPSS messaging and best practices into these other sectors. Adaptations will also need to occur for early childhood developmental groups such as mother-baby and breastfeeding groups. As outlined in the [COVID-19 and Persons with Psychosocial Disabilities](#) guidance, it's also important to step up efforts to develop a wide range of community-based services that respond to the needs of

persons with psychosocial disabilities respecting people's autonomy, choices, dignity and privacy, including peer support and other alternatives to conventional mental health services.

Special Considerations for Marginalised Community Members

It's essential that MHPSS providers also identify and respond to the unique needs of [marginalised and vulnerable community members](#) in COVID-19 responses and adapted MHPSS services. For example:

- ✓ Children in detention, hospitals, institutions, and camps, or living/working on the street
- ✓ Children and caregivers with physical and psychosocial disabilities
- ✓ Children living/working on the street
- ✓ Children and families who are refugees or migrants, or living in humanitarian emergencies
- ✓ Women and Girls
- ✓ Gender Based Violence Survivors
- ✓ Sexual and gender minorities
- ✓ Elderly
- ✓ Ethnic minorities
- ✓ People living with HIV

Specific actions include engagement and adaptations for safety with marginalised and at-risk community members to ensure active participation in decision making, targeted advocacy materials, active outreach (either in person or by phone), and adaptation of supports to meet the needs of each group. In addition, community members can be engaged to ensure the identification and inclusion of 'invisible' and hard to reach groups.

Managing Protection Concerns

Protection concerns, such as increased child abuse, domestic violence, intimate partner violence, institutional neglect, and sexual exploitation, may increase as a result of COVID-19.

At **child and family/caregiver level**, MHPSS providers will need to focus on both [prevention and response](#). Prevention includes equipping caregivers with strategies to manage their stress levels and utilise positive discipline approaches with children in order to help prevent protection concerns. Response strategies include knowing how to identify a protection concern remotely and where to access services. Some suggested approaches include:

1. Provide caregivers with information on [coping strategies](#) and available supports.
2. Identify high-risk families that may require additional support including MHPSS services.
3. Prioritize mental health case management alongside child protection for children at risk.
4. Link with child protection services and referral pathways.
5. Activate and train community level volunteers to safely deliver messages to families on MHPSS, coping strategies, and how to seek support. See [UNICEF GBViE Core Community Awareness Messages Covid-19 Response](#).

At a **community level**, MHPSS providers will need to ensure that there is up to date [information](#) on [child protection](#), adaptations and referral pathways.

Case Management

Case management will need to be adapted across all socio-ecological circles according to [the case management guidance](#). This includes guidance on reviewing care and treatment plans for individual children, review of risk assessments & safety plans for child protection cases as well as safe storage of client files (both physically and electronically) and data.

It's essential to coordinate with child protection teams and referral pathways to establish how cases will be managed and adapted. This can include:

1. Adapted face-to-face case management.
2. Remote case management, liaison and referral through other service providers.
3. Combination of face-to-face and remote case management.

In addition, it's crucial to ensure that remote case discussions are being held in a way that allows for confidentiality on both sides, (i.e. no-one listening in, in the workers home and in the community members home).

Adapting Safe Spaces

Safe spaces, as well as early childhood development groups such as mother-baby groups and breastfeeding groups may need to be adapted and utilised differently during COVID-19. Please see [the PSS for CFS materials from CP AoR](#) for more information. Building on lessons learned during Ebola, there are some best practices and adaptations that can be put into place. These include:

1. Bring children in as a family unit (e.g. a group of siblings and cousins), to promote a sense of safety and well-being.
2. Practice physical distancing through age-appropriate games.
3. Disinfect recreational materials and toys daily to reduce contagion risks.
4. Conduct activities that don't require physical contact such as singing, dancing, arts, and individual play.
5. If children are unable to attend the safe space, provide information on remote materials.

Please note that the use of safe spaces may not be possible in some locations due to safety concerns.

Educational guidance for school professionals

Many school professionals may now be working differently and would benefit from tools and strategies to adapt educational support during COVID-19. These include:

1. [Age Appropriate Messages through Interactive Radio Instruction \(IRI\)](#)
2. [Key Messages for Schools](#) that provide information and checklists on measures to put into place in order to ensure that schools are as safe as possible.
3. Adapting best practices that were developed during Ebola on [Small Group](#) learning, [Safe and Protective Learning Environments](#) and adapting learning via [radio programmes](#).
4. Key messages to promote the wellbeing and stress management of teachers and other education personnel.
5. Adapting messages for [how to return safely back to school](#) when this happens, and tackling stigma and discrimination against the survivors of the virus.
6. [When schools reopen, MHPSS is essential to ensure a positive, safe transition](#). Children and young people may feel nervous or reluctant to return to school, especially if they have been at home for months.

It's also important to consider the mental health and wellbeing of education professionals. They are experiencing the same stressors as many frontline workers including changes in routine, having children at home, isolation, and having the extra demand of needing to adapt their entire way of working to continue providing education support.

Recommended General Resources for Communities

1. [CP Alliance Guidance on Child Protection Case Management and COVID-19](#)
2. [Guidance for Delivering Psychological Treatment to Children via Phone](#)
3. IASC RG MHPSS Annex: [Continuation of Comprehensive and Clinical MHPSS Care in humanitarian settings during the COVID-19 pandemic.](#)
4. [MHPSS.net COVID-19](#) Toolkit includes up-to-date protection and case management resources.
5. International Rescue Committee (April 2020) [COVID-19 Operational Guidance Note Mental Health and Psychosocial Support \(MHPSS\) within Health Programs](#)
6. UNICEF - [Community Based Infant and Young Child Feeding](#)



CULTURE/SOCIETY

Unique Needs

Important elements that require attention across society/culture during COVID-19 are:

- ✓The challenges of stigma and advocacy
- ✓Cultural adaptations and the deep transformation of cultural practices and values
- ✓Promoting positive coping and self-care

Key Questions and Considerations for adapted MHPSS delivery

1. What are the possible challenges related to stigma in the context and culture? What advocacy messages would be effective to reduce stigma and discrimination?
2. What will help organisations, frontline and essential services workers, and families/caregivers to look after themselves in the best way possible?

Managing Stigma and Discrimination, & Advocacy

The key message in combatting stigma is to [manage it from the outset](#). Stigma and discrimination can be a central challenge and MHPSS programmes need to be coordinated with public health information campaigns. Strategies for adapting MHPSS programmes in relationship to stigma and advocacy include:

1. Engage with those who have been affected by COVID-19 in the messaging creation and delivery.
2. Work with the local health community and traditional healers around health advice, positive messaging and counteracting misinformation.
3. Address the needs of persons most at risk, including persons with disabilities in [accessible messaging](#). Also ensure that messaging does not inadvertently create stigma (e.g. by linking an increase in infections to persons with underlying health conditions, which may result in stigma against persons with disabilities) and that community members at risk of stigma are depicted in messaging as having a proactive and positive role (as helpers, community leaders etc. rather than as victims).
4. Coordinate MHPSS across government and other sectors including education, social welfare, judicial systems, etc.
5. Practice zero tolerance for stigma and discrimination within organizations and train staff on how to recognise signs of distress in people who are stigmatized.

For more information on managing stigma, please see the [IASC Interim Briefing Note addressing Mental health and Psychosocial Aspects of Covid-19 outbreak Version 1.5](#) as well as [Do's and Don'ts](#) on Social Stigma associated with COVID-19.

Building Self-Care Strategies

Self-care for organisational and frontline staff are essential at this time. Organisations have a duty of care to staff to ensure that they are cared for and safe.

Organisations can support **Frontline staff** by implementing [strategies and adaptations](#) such as:

1. Strengthening MHPSS services for staff and ensure access to psychosocial support when needed
2. Peer to Peer Support Initiatives
3. Telephone circles/support between team members
4. Regular Team Meetings
5. Shift rotations and rotation of staff between higher-stress and lower-stress functions
6. Childcare support while working
7. Support groups on social media
8. Confidential Helplines
9. Information on [positive coping](#)
10. Physical space to relax at work away from colleagues and home pressure

The role of supervision. Supervision is a key practice in order to ensure that best practices and ethical guidelines are being followed as well as supporting the wellbeing of workers. Supervision can help workers to make decisions around considerations and adaptations to their work schedules during COVID-19, adjusting timelines, and provide strategies and modelling for self-care

Recommended General Resources for Self-Care

1. [Psychological coping](#) during a disease outbreak – for families, friends, colleagues of those in quarantine or self-isolation
2. [Mental health and psychosocial](#) considerations key actions for national societies on caring for volunteers in COVID-19
3. [Psychological coping](#) during disease outbreak healthcare professionals and first responders (English)
4. [UK Intensive Care Society](#) wellbeing hub for self-care



CAPACITY BUILDING RESOURCES

Capacity Building Resources are being developed specifically for COVID-19. Recommended capacity building sites that have remote learning opportunities include:

Kaya Connect: COVID-19 Learning Pathway

The COVID-19 Learning Pathway aims to enable humanitarians, including local responders, to be best equipped to respond to the global pandemic COVID-19 (Coronavirus). The site includes online technical capacity strengthening programmes to support humanitarians' responses during this crisis, covering a number of critical topics, including Public Health, Child Protection and Gender/Equality. Online soft skills and remote working capacity strengthening programmes to support humanitarians' responses during this crisis, and a library of key downloadable resources relating to working in the context of COVID-19, including remote working guides and resilience support.

<https://kayaconnect.org/course/info.php?id=2249>

EQUIP

The global COVID-19 pandemic required WHO's EQUIP initiative to rapidly explore options for providing remote mental health and psychosocial support, via telephone and digital communication platforms. These eLearning modules offer general guidance, about shifting from face-to-face MHPSS to phone, digital communication, or other remote support. This site and its contents will continue to be updated as feedback from users is collected and the COVID-19 emergency evolves.

<https://whoequipremote.org/>

MHPSS.net

There are several resources on [the mhps.net COVID-19 group](#) which can be utilised for remote training.

Example: PSTIC Online Training

These training materials were used with psychologists and psychiatrists volunteering to answer a HELPLINE to give emotional support to patients in Covid-19 Isolation Units. It follows a training done for the same Volunteers to answer a HELPLINE for Medical Professionals. The training uses a modification of PFA for a telephone HELPLINE.

[Online MHPSS Training for Medical Professionals](#)

[Online Training for Volunteers to Answer Helpline for Patients in Covid-19 Isolation Units](#)

RECOMMENDED SITES FOR ADDITIONAL & UP-TO-DATE RESOURCES

Links have been provided to all relevant resources in the document. As new resources are being developed regularly, it is recommended to utilise sites that are collecting best practice materials. These sites are:

UNICEF COVID-19 Guidance <https://www.unicef.org/coronavirus/covid-19>

MHPSS.net COVID Toolkit <https://app.mhpss.net/toolkit4covid19>

MHPSS.net COVID Group
<https://app.mhpss.net/groups/current-mhpss-emergency-responses/novel-coronavirus-international-health-emergency-2020/>

IASC COVID Response Site <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

IASC COVID MHPSS RG resources <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-resources-covid-19>

Mental Health Innovation Network
<https://www.mhinnovation.net/resources/mental-health-resources-coping-during-covid-19-outbreak>

Child Hub <https://covid.childhub.org/en/series-of-child-protection-materials/support-pandemic-times>

IFRC Resource Centre <https://pscentre.org/archives/resource-category/covid19>

CP AOR Resource List for Protection
https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_cp_aor_resource_menu_working_document_march2020.pdf

Global Education Cluster COVID-19 Resource page <https://www.educationcluster.net/COVID19>

GBV AOR Resource List <https://gbvaor.net/tools-and-resources-thematic-areas/covid-19>

Save the Children COVID Site: www.KayaConnect.org