Mental Health and Psycho-social Services for people in Quarantine and Isolation Centers in Response to COVID-19 - Ethiopia

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Background

In crisis situations, such as the COVID-19 pandemic, it is important to consider the mental health status of patients, vulnerable populations, those in isolation or quarantine, and the general public. Different approaches to help maintain mental health, or provision of mental health services when the need arises, should be part of the overall plan in combating COVID-19 and its consequences. The World Health Organization has made several recommendations, such as, for people in isolation to stay socially connected to help combat feelings of loneliness. This can be achieved by maintaining daily schedules and using telephone and other means of communications to get them virtually connected with friends and family regularly to reduce the impact of quarantine and isolation on their mental health.

Recently, as the number of people who have tested positive for COVID-19 slowly increased, and because of the recent developments since the COVID-19 has entered our country, a decision was passed by the Ethiopian government to put whoever is arriving from abroad in a mandatory quarantine. However, to be isolated or be quarantined is a hard-to-accept reality for anyone, as it leads to change in everyday routines mainly resulting in unprecedented social disconnection. This eventually situates quarantined people in a state of confusion due to lack of self-control and loneliness, which inevitably results in a high demand for the provision of mental health services.

In addition to this, mass deportation of returnees to Ethiopia, particularly from the Gulf and Middle East consequent to the global outbreak of COVID-19, has led to high number of deportees in the mandatory quarantine centers. Previous research findings and official reports testify that these migration and/or human trafficking returnees from the Gulf and Middle East experience increased mental health problems. Due to this, people who are deported often times face stigma and discrimination. When there is the added stress of being quarantined, leading to isolation from family and friends, and anxiety related to the risk of getting infected by COVID-19, it can lead to a psychological crisis or acute psychiatric illnesses that need immediate treatment. There is also the risk of relapse of illness in individuals who were previously diagnosed with psychiatric disorders unless they receive adequate mental health and psychosocial support.

Therefore, in responding to COVID-19, it is important to realize that mental health and psychological issues can impact medical service delivery and enforcement of infection prevention protocols. It can also affect the process of medical recovery.
Type of services recommended:

A. Psycho-social Support

1. Support by Healthcare professionals
   - Healthcare professionals play a crucial role in identifying psycho-social needs of people in quarantine or isolation. They also require assistance in the provision of psychological/psychiatric treatment due to the high risk of mental health issues in this group.
   - Role in MHPSS
     - Identify people who need specialized care and link them accordingly
     - Psychological First Aid
     - Self-care

2. Support by Social workers/psychologists in all quarantine centers
   - These professionals should be assigned at each quarantine and isolation centers. The number required can depend on the number clients/patients at a specific site.
   - Roles:
     - Identify those who need psychiatric interventions service (high risk of self-harm, or harm to others, previous history of Psychiatric treatment, poor response to interventions), and make referrals
     - Provide information and/or help people understand their situation
     - Challenge denial and other responses that stand in the way of progress
     - Oversee the provision of a package of care service in quarantine.
     - Be an advocate by representing the interests of people in quarantine/isolation
     - Be supportive and create a warm and safe emotional environment
     - Help people talk about their feelings and thoughts about the situation
     - Help them re-connect/maintain connections with social support systems, and address their spiritual needs
     - Help them identify coping mechanisms
     - Lead group activities that can be applied with safe physical distancing; such as physical exercises
     - Lead supportive Group interventions for Caregivers
     - Lead supportive interventions for people in quarantines
     - Provide individual counseling for people who need more support
   - They will need to work closely with quarantine center coordinator
   - Documentation tool will be provided
   - They will have debriefing at the end of the week
   - They need to be given regular rest periods to reduce burnout
   - Supervisors will provide activity reports weekly

3. Telephone Psychological Crisis Counseling (If psychologist is not available on site) (When the service setup)
   - For people who are identified as needing more psychological support, social workers or health professionals will link them to counselors to receive professional help
• Counselors can help with crisis counseling by
  o Providing information on current situation
  o Tackle myths about COVID-19
  o Listen to concerns and help them express their thought and feelings
  o Helping contain overwhelming feelings to facilitate coping
  o Identify immediate needs and concerns
  o Provide supportive counseling measures and problem solving
  o Set realistic achievable goals for the call
  o Make a diagnosis if any
  o Identify if there is a risk to harm self or others and inform on site professionals
  o Make referrals to Psychiatric services as required
  o Recognizing when higher levels of care may be indicated
• Counselors should be given regular rest periods to prevent burnout
• Documentation tool will be provided
• Debriefing will be done via professional supervisors at the call center
• Weekly activity reports will be prepared by professional supervisors

B. Psychiatric services
1. Psychiatric service through Psychiatry Professionals (BSc, MSc) at each quarantine/isolation centers
   • Psychiatry professionals need to be assigned at each quarantine/Isolation centers
   • Roles:
     o Work with Psychologists, social workers on site to provide a care plan
     o Making a diagnosis
     o Calming patients
     o Managing people with self-harm and violence risks
     o Make sure people who are already on medications have adequate supply of medications and that they are taking medications properly
     o Identify side effects and manage accordingly
     o Consult Psychiatry residents by phone for difficult cases (Clarifying diagnosis, choice of medication, comorbid conditions, drug interactions, decision on transfer)
     o Accompany patients during transfer/referral to quarantine centers specifically assigned for severe mental disorders
2. Telephone consultation on Psychiatric Cases
   • Psychiatrists, and Psychiatry Residents where available, will be available on call to provide telephone consultation for people who need psychiatric intervention
   • Roles:
     o Receive calls from treating team on site at the quarantine/isolation centers
     o Identify comorbidities and drug-drug interactions
     o Make a diagnosis
     o Decide medications to be given
Decide the need to transfer patients to the separate quarantine site for people who have psychiatric illnesses who need close observation (poor adherence to medications, violence or suicidal attempts, frequent panic attacks, comorbidities, development of side effects)

- The residents should be supervised by Psychiatrists
- The residents should provide a weekly report

3. Mobile Mental Health Clinic

- In places where there are no psychiatry professionals on site, a mobile team can help intervene in patients with severe mental illness as identified by on-site health professionals, social workers or psychologists
- This team needs to consist of two Psychiatry nurses (professionals) who will be on-call. They will be recruited from the psychiatry nurses/professionals assigned in other quarantine/isolation sites. In sites outside Addis Ababa, the recommendation of the regional MHPSS team based on the available human resource will be considered.
- This team can be linked to Medical mobile clinic already in place
- Roles
  - Make Psychiatric evaluation and reach appropriate diagnosis
  - Identifying contributing factors to mental illness and informing on site professionals
  - Identifying risk to harm self or others and need for observation
  - Provide recommendations to the type of care
  - Provide prescriptions of medications as necessary
  - Help with administration of medications/stabilization of patients before transportation to other sites and accompany them
  - Consult Psychiatry residents/Psychiatrist on phone to decide the need for transfer
- Psychiatric emergency medications need to be available in the mobile clinic
- Team members will be provided with a documentation tool
- There needs to be two teams rotating to reduce burnout. Team members will be recruited from all institutions providing mental health service, with a direction from MOH and EPHI.
- The team leader will make activity reports on a weekly basis

4. Separate quarantine and isolation center with mental health specialized services

- This is required because:
  - The mobile clinic cannot provide follow up care at different quarantine sites who need one to one observation due to risk to themselves or others
  - There are not enough Psychiatry professionals to assign to all quarantine sites
  - They cannot be sent to Amanuel Mental Specialized Hospital which is the only government hospital in Addis Ababa that provides basic psychiatric care for the rest of the population. It needs to stay “non-COVID Hospital”. The few in-patient services available in other regions will also need to provide mental health service to the rest of the population.
- Professionals needed on site:
  - Mental Health Professional (MSc) - Team leader
  - Clinical Psychologists
• Psychiatric Social Worker
• Psychiatric Nurse (BSc)
• Clinical Nurse with training on mhGAP - provides nursing care for those who need physical care

• Professional On call
  - Psychiatry Resident where available
  - Psychiatrist (supervisor)

• The center will run as any Mental health clinic
• Professionals need to be trained and provided with necessary PPE

• Training needs:
  - Psychiatric considerations on COVID-19
  - PPE use and Infection Prevention measures

• Psychiatric medications should be made available to this site
• There should be maximum effort to reduce the possibility of double stigma
• People with children, those who have Catatonia, people with disabilities should be given priority for screening
• Should Electro-Convulsive Therapy be needed as a mode of treatment; referral to Amanuel Mental Specialized Hospital should be facilitated once the patient is cleared or tests negative for COVID-19.

Type of Professionals recommended for services:
• Health care professionals trained in the treatment of COVID-19
• Social Workers
• Psychologists
• Psychiatrists
• Psychiatry Nurses
• Mental Health professionals
• Psychiatry Residents
• Clinical Nurses
• Translators of local languages
Referral Pathway for MHPPS Services

Admission to quarantine/isolation center

Psychological first aid (PFA) provided by healthcare professionals, social workers and psychologists on site for all

Psychosocial support and need assessment for mental health by social workers/psychologist need

Need for further psychological intervention?

Yes

Counseling by on-site psychologists or telephone counselors

Need for psychiatric intervention identified?

Yes

Assessment and pharmacologic management by psychiatry nurses or mental health professional on onsite/mobile clinic

Patient stabilized

No

Telephone Consultation of psychiatry resident or Psychiatrist

No

Activate patient's transfer protocol

Transfer to a mental health specialized quarantine/isolation center (e.g., Sefere Selam in Addis Abeba) for close follow up, and daily consultation with psychiatry residents or psychiatrist
Training Needs for Professionals

- For Health Care Professionals
  - Psychological First Aid
  - Self-care
- For social workers/psychologists
  - Refresher on providing Psychological First Aid
  - Ethical Principles in crisis counseling
  - Basics on COVID-19, and mental health concerns associated with it
  - Basics of infection prevention and the use of basic Personal Protective Equipment
- For telephone counselors (half day training)
  - Telephone Crisis Counseling
  - Ethical principles
  - Documentation
- For psychiatrist/psychiatry residents
  - Psychiatric considerations in COVID-19

Coordination of efforts

1. Government institutions: MOH, EPHI
   - Recognizing volunteers and allowing them to help
   - Providing PPE
   - Training facilitation
   - Medication and basic medical equipment
   - Help set up the telephone crisis line
   - Transportation and phone airtime
   - Accommodation, expenses and incentives
   - Separate space for quarantine when necessary, including provision of basic necessities for patients
   - Directing institutions to send psychiatrists, psychologists, social-workers, mental health care professionals and other healthcare professionals when applicable.

2. Professional Associations and Advisory Council: Ethiopian Medical Association, Ethiopian Psychiatric Association, Ethiopian Psychologists Association, Ethiopian Social Workers Association
   - Recruit Professionals for the services required
   - Recruit supervisors
   - Monitor activities
   - Conduct relevant scientific researches

   - Assistance in providing basic needs of people in quarantine
   - Assistance in providing PPE to professionals on site
   - Assistance in providing Medication
   - Technical Assistance and support to professionals
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