

# Mental Health Promotion Among Healthcare Workers During the COVID-19 Pandemic

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# Acknowledgements

**Prof. Mathew Varghese, MD**

Professor of Psychiatry, NIMHANS,  
Bangalore

**Gautam Khanna**

Co-Chair, FICCI Health Services Committee & CEO,  
P. D. Hinduja & Medical Research Centre, Mumbai

**Dr. Atreyi Ganguli**

National Professional Officer (Mental Health and Substance Abuse),  
WHO India

**Prof. M. Manjula, PhD, M.Phil**

Professor, Behavioral Medicine Unit,  
Department of Clinical Psychology, NIMHANS, Bangalore

**Dr. Ujjwal Rao, MBBS, PhD, M.Phil, MHM, DMLE**

Senior Clinical Specialist, Elsevier

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## Context

Although the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well if action is not taken. Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently.<sup>1</sup> **It is already evident that the direct and indirect psychological and social effects of the COVID-19 pandemic are pervasive and could affect mental health now, and in the future.**<sup>2</sup> Healthcare workers are perhaps one of the most affected sections of society and are reeling under the staggering impact of COVID-19. With the severe resurgence of the Pandemic in India, the uncertainty around its progression, and whether the measures taken to mount a response, including therapeutics and vaccines, will have an impactful outcome, healthcare workers are not only facing physical duress, but also a mental health crisis. In such circumstances, Elsevier and FICCI joined forces to conduct a series of webinars and workshops on managing the mental health of healthcare workers during the COVID-19 pandemic. This white paper articulates the various themes that emerged during these sessions.

## Status of mental health in India and ongoing efforts towards mental wellbeing of healthcare workers during COVID – 19

### *Mental health of healthcare workers during COVID -19*

According to National Mental Health Survey (2015-16), 13.7% of the Indian population has a life-time prevalence of mental morbidity, 150 million need active interventions, and there is a treatment gap of 70% and 92% for different disorders. This paired with insufficient and unequally distributed mental healthcare facilities have been a barrier in providing mental healthcare to those in need.<sup>3</sup> There is glaring scarcity of the mental health professionals in India. There are only 0.29 psychiatrists for every one lakh individuals, 0.07 psychologists, 0.06 social workers and overall, 1.93 mental health workers per lakh population.<sup>4</sup>

In this background, the sudden health crisis posed by COVID-19 is posing a big challenge with respect to addressing both physical and mental health needs of Indian population. One of the worst hit professional groups in this context is healthcare workers. They have to work under stressful, risky, and uncertain situations tirelessly for prolonged hours, staying away from family. They are working under unsafe situations such as the shortage of personal protective equipment. WHO (2020)<sup>5</sup> recognizes the heavy burden that COVID-19 has placed on both physical and mental health of healthcare workers (HCWs).

1 Brief, UN Secretary-General Policy. "COVID-19 and the Need for Action on Mental Health." United Nations: New York, NY, USA (2020)

2 Holmes, Emily A., et al. "Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science." The Lancet Psychiatry (2020).

3 Gururaj G, Varghese M, Benegal V, Rao G, Pathak K, Singh L, et al. National Mental Health Survey of India, 2015-16 Prevalence, Pattern and Outcome. Bengaluru; 2016. Available from

<http://www.nimhans.ac.in/sites/default/files/u197/NMHSReport%28Prevalencepatternsandoutcomes%291.pdf>. Accessed on 17/03/2021.

4 WHO, Mental Health ATLAS 2017 Member State Profile. [https://www.who.int/mental\\_health/evidence/atlas/profiles-2017/IND.pdf?ua=1](https://www.who.int/mental_health/evidence/atlas/profiles-2017/IND.pdf?ua=1) accessed on 19/3/2021

5 <https://www.who.int/news/item/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who>



Muller et al (2020)<sup>6</sup> conducted a systematic review of studies examining the mental health impact of COVID-19 on healthcare workers across the countries. Across the 59 selected studies, **the most frequently reported mental health problems are anxiety, depression, sleep problems and distress** with median prevalence rates of 24%, 21% and 37% (for both sleep problems and distress) respectively. Some of the most common risk factors identified include exposure to COVID-19 patients, being a woman, and worry about being infected and infecting the family members. A web-based survey conducted in China collected mental health data (stress, anxiety, and depression) of nursing professionals (n=187) treating COVID patients. They found that about 55% screened for depression, 56% anxiety and 43% stress and 13% experienced comorbid severe anxiety, stress, and depression.<sup>7</sup> This online survey was carried out across the country, assessed the stress perceived by the nursing professionals working in COVID-19 care hospitals (n=757). Most commonly experienced emotion was feeling of stress (36%) followed by physical tiredness (34%) fear (30%), sadness (29%) and anger (27%). The reasons for stress were largely related to work, fear of infection and stigma.

One of the studies conducted in Maharashtra, India, included both physicians and nurses who were directly or indirectly caring for COVID-19 (n=197) patients. They found a high prevalence of anxiety (50%), depression (47%) and low quality of life (45%).<sup>8</sup> In one of the unique efforts to address the healthcare needs of Bangalore slums during COVID, Bangalore Baptist Hospital (a private, not-for-profit tertiary care hospital) provided services to one of the largest slums and reported their experiences of the first 40 days of the pandemic. The study participants included doctors, nurses, paramedical and support staff (n=87). The mixed method study revealed that majority of them experienced fear at some point in time (75%), being anxious, worrying, feeling stressed and having sleep difficulties were common complaints. They used engagement in hobbies and spending time with family to deal with the emotions. The qualitative interviews and discussions revealed that some of the reasons for experiencing stress are fear of infection, guilt of spreading the infection, exhaustion, fear of violence in slums and stigma faced while caring as well as in the neighborhood. Some of the strategies that they found useful to handle the situation were positive reframing/reappraisal, peer support, information seeking, training themselves in the safety measures, self-efficacy, avoiding anxiety producing news/information, finding meaning in the work, and religious coping.<sup>9</sup>

Another study conducted in India involved an online survey to assess the burnout among healthcare workers (doctors, nurses, paramedics, administrative staff) (n=2026) involved in COVID work. Most of them were working in the high-risk areas (86%). **Pandemic related burnout (53%) was higher compared to personal (27%) and work-related burnout (45%).** The reasons for pandemic related burnout was similar to other studies for e.g. fear of infection, transmitting infection, stigma etc.<sup>10</sup> A multicentric study conducted in Tamil Nadu, India included 777 doctors working in corona wards. Around 55% of medical officers reported having moderate levels of depression, 52% of male doctors reported experiencing severe anxiety whereas 68% of females had severe anxiety. Similarly, more female doctors experienced stress and insomnia compared to male doctors.<sup>11</sup>

<sup>6</sup> Muller AE, Hafstad EV, Himmels JPW, Smedslund G, Flottorp S, Stensland SO, et al. The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review, *Psychiatry Research*, 293, 2020, 113441, <https://doi.org/10.1016/j.psychres.2020.113441>.

<sup>7</sup> Wang, Cuiyan et al. "A longitudinal study on the mental health of general population during the COVID-19 epidemic in China." *Brain, behavior, and immunity* vol. 87 (2020): 40-48. doi:10.1016/j.bbi.2020.04.028

<sup>8</sup> Suryavanshi N., Kadam, A., Dhumal G., Nimkar S., Mave, V., Gupta A., et al Mental health and quality of life among healthcare professionals during the COVID-19 pandemic in India. *Brain & Behaviour*, 10(11)/e01837, <https://doi.org/10.1002/brb3.1837>

<sup>9</sup> George CE, Inbaraj LR, Rajukutty S, de Witte LP. Challenges, experience and coping of health professionals in delivering healthcare in an urban slum in India during the first 40 days of COVID-19 crisis: a mixed method study. *BMJ Open*. 2020 Nov 18;10(11):e042171. doi: 10.1136/bmjopen-2020-042171.

<sup>10</sup> Khasne, R. W., Dhakulkar, B. S., Mahajan, H. C., & Kulkarni, A. P. (2020). Burnout among Healthcare Workers during COVID-19 Pandemic in India: Results of a Questionnaire-based Survey. *Indian journal of critical care medicine : peer-reviewed, official publication of Indian Society of Critical Care Medicine*, 24(8), 664–671

<sup>11</sup> Selvaraj P, Muthukanagaraj P, Saluja B, Jeyaraman M, Anudeep TC, Gulati A, et al. Psychocological impact of COVID-19 pandemic on health-care professionals in India- A multicentric cross-sectional study. *Indian J Med Sci*, doi: 10.25259/IJMS\_193\_2020

Some of the limitations of these studies are lack of clarity between symptoms and syndromes. Reporting of mental health problems based on single, symptom questionnaires without a diagnostic assessment, not taking the mental health status of the person prior to the pandemic into consideration (cross sectional data).<sup>12</sup> Additionally, the various individual and environmental factors contributing to the mental health problems during the pandemic are not well examined in the Indian context.

## ***Contributing factors for mental health of HCWs during COVID-19***

One of the consistent finding across the studies examining the risk factors for experiencing mental health problems among the HCWs is the direct involvement in the diagnosis, care, and treatment of patients with COVID-19. Other factors included, being a woman, single, and worry about being infected and infecting the family members, separation from family, physical fatigue, possessing an intermediate professional title, and having work environment stressors such as long working hours, shortage of protective equipment, discrimination by coworkers.<sup>6,8,13</sup> being isolated or quarantined, fear of improper use of personal protective equipment and household problems.<sup>14</sup>

**Nurses reported more anxiety, depressive and insomnia symptoms compared to other HCWs.** There was lack of treatment for COVID induced stress in all the medical staff.<sup>15</sup> In dental healthcare workers high psychological distress was seen among those who had background illness and had a higher subjective overload.<sup>16</sup>

**Social support from the family, colleagues, appreciation for their work, positive role models, provided to HCWs reduced anxiety, stress and increased the self-efficacy.**<sup>14,15</sup>

HCWs with more severe mental health problems were more willing to seek help whereas those with subthreshold problems preferred to obtain services from media sources.<sup>17</sup>

## ***Attempts to address the mental health needs of HCPs in India***

Recognizing the importance of the mental healthcare of healthcare professionals, Individual Government and private mental health institutes, hospitals have provided helpline services for both patients taking treatment for COVID-19, those who were quarantined and those HCWs providing services to the COVID-19 patients. A number of institutes and associations released resource materials, conducted webinars, and helplines were set up. NIMHANS, Bangalore is running a separate helpline for HCWs, in collaboration with other government mental health Institutes. Help lines were also established by MoHFW (Ministry of Health & Family Welfare), GOI (Government of India) as well as the respective states, however, **dedicated mental health services for HCWs are far and few.**

<sup>12</sup> Kumar TM. Community mental health services in India: The pandemic and beyond. *Indian J Soc Psychiatry* 2020;36:S168-73.

<sup>13</sup> Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Healthcare Workers Exposed to Coronavirus Disease 2019. *JAMA Netw Open*. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976

<sup>14</sup> Mohindra, R., R. R., Suri, V., Bhalla, A., & Singh, S. M. (2020). Issues relevant to mental health promotion in frontline Healthcare providers managing quarantined/isolated COVID19 patients. *Asian journal of psychiatry*, 51, 102084. <https://doi.org/10.1016/j.ajp.2020.102084>

<sup>15</sup> Cai, Q, Feng, H., Huang J., Wang, M., Wang, Q., Lu, X., et al The mental health of frontline and non-frontline medical workers during the coronavirus disease 2019 (COVID-19) outbreak in China: A case-control study, *Journal of Affective Disorders*, 2020, 275, 210-215.

<sup>16</sup> Khanagar SB, Al-Ehaideb A, Vishwanathaiah S, Maganur PC, Varadarajan S, Patil S. Depression, anxiety, and psychological distress among health-care providers during the outbreak of the life-threatening coronavirus disease (COVID-19). *J Contemp Dent Pract* 2020;21:471–472.

<sup>17</sup> Kang L et al. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *Lancet Psychiatry*. 2020 Mar;7(3):e14. doi: 10.1016/S2215-0366(20)30047-X. Epub 2020

WHO India, Ministry of health and family welfare, Government of India, issued regular guidelines for the maintaining the safety of HCWs, to reduce stigma, to prevent violence against them, and monetary benefits were provided to boost their morale during the COVID.<sup>5,18</sup>

Ministry of Health and Family Welfare, Government of Karnataka, and Department of Psychiatry, NIMHANS came up with a framework for implementing the mental health support for healthcare warriors during COVID-19. The framework has guidelines for administrators, Healthcare supervisors, for addressing the mental health needs of HCPs in the treatment settings; additionally, it also gives inputs on self-help for the HCPs and supporting the colleagues in distress. Clear information on manifestation of mental health problems in the work setting, the primary, secondary interventions and referral procedures are provided in the document (Government of Karnataka & Department of Psychiatry, NIMHANS, 2020).<sup>19</sup> A number of videos, resource material on coping with stress, brief yoga and meditation practices have been provided on the MoHFW (Ministry of Health & Family Welfare), GOI (Government of India) web portal.<sup>20</sup>

While there may be many initiatives by various public and private institutions/organizations to cater to the mental health needs of the HCWs they are not published/in the public domain. One such initiative is based on personal communication, as part of a study that was carried out to enhance the mental health of nursing professionals. This study involved assessing and development of training of trainers (TOT) program for nurses to provide mental health support to fellow colleagues. Ten online half day TOT sessions were held to train nurses across the country in managing emotions and stress, self-care, and managing relationships. The program was found to be helpful to the nurses who underwent the training, and they could in turn train their colleagues.

From findings of the studies on HCWs working in India it appears that the following areas needs attention in order to prevent, protect and support those serving in the COVID-19 context.

1. Work related stress – distribution of workload, peer support, support and understanding by the superiors, safety and security during work and accommodations according to individual needs including psychological needs and pressures due to personal problems.
2. Psychological problems and personal vulnerabilities – Identification, self-management and provision for help when required.
3. Environmental stressors - family related stressors, managing work and profession, support from the family and relatives.

**Though guidelines, resource material, webinars are flowing in from different sources, uniform integrated, implementation efforts across the states of India is a very evident lacuna in promotion of mental health among healthcare workers during the ongoing Pandemic.**

<sup>18</sup> Gupta S, Sahoo S. Pandemic and mental health of the front-line healthcare workers: a review and implications in the Indian context amidst COVID-19. *General Psychiatry* 2020;33:e100284. doi:10.1136/gpsych-2020-100284

<sup>19</sup> Government of Karnataka and Department of Psychiatry, NIMHANS. Caring for Healthcare Warriors Mental Health Support During COVID-19. <https://www.mohfw.gov.in/pdf/HCW MentalHealthSupportGuidanceJuly20201.pdf>

<sup>20</sup> MoHFW/Home (2020). <https://www.mohfw.gov.in/> retrieved on 19/03/2021

## Psycho-social support during COVID-19 – a WHO perspective

The World Health Organization has developed resources with a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

### ***Mental Health and Psychosocial Support (MHPSS)***

The composite term ‘mental health and psychosocial support’ (MHPSS) is used in the ‘Inter Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings’, to *describe ‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition’*. The global humanitarian system uses the term MHPSS to unite a broad range of actors responding to emergencies such as the COVID-19 outbreak, including those working with biological approaches and sociocultural approaches in health, social, education and community settings, as well as to *‘underscore the need for diverse, complementary approaches in providing appropriate support’*.<sup>21</sup>

The IASC Guidelines for MHPSS in Emergency Settings recommends that multiple levels of interventions be integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions (Figure 1) ranging from embedding social and cultural considerations in basic services, to providing specialized services for individuals with more severe conditions. Core principles that have been included are- do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities, adopt multi-layered interventions and work with integrated support systems. Checklists for using the guidelines have been produced by the IASC Reference Group.<sup>22</sup>

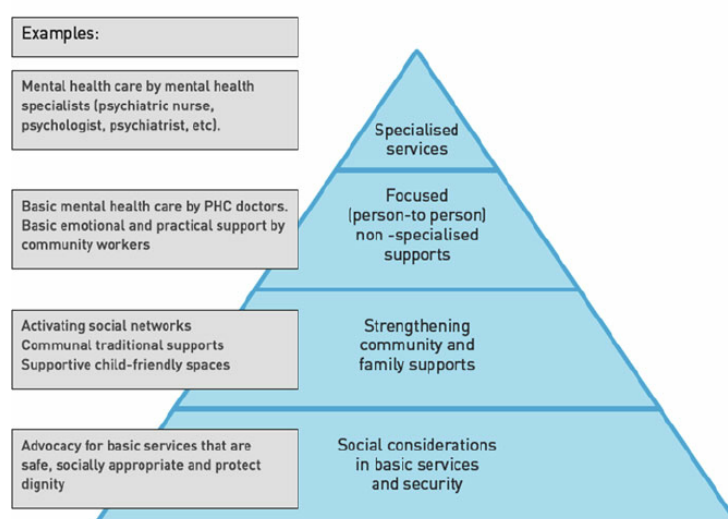


Figure 1: **Mental health and psychosocial support (MHPSS) intervention pyramid**

All the layers of the intervention pyramid are important and should ideally be implemented concurrently.

<sup>21</sup> Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC: Geneva, 2007. [https://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

<sup>22</sup> IASC 2008. Guidelines on Mental Health and Psychosocial Support in Emergency settings: checklist for field use [https://www.who.int/mental\\_health/emergencies/IASC\\_guidelines\\_%20checklist\\_%20for\\_%20field\\_use.pdf](https://www.who.int/mental_health/emergencies/IASC_guidelines_%20checklist_%20for_%20field_use.pdf)



### **Basic services and security**

The bottom layer of the pyramid indicates that the wellbeing of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic healthcare, control of communicable diseases). In context of COVID-19, the availability of basic services, in spite of travel restrictions and other health related advisories, provides a sense of security and wellbeing amongst the population. COVID-appropriate behaviours and vaccination are to be encouraged.

### **Community and family support**

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being, if they receive help in accessing key community and family supports. In COVID-19 pandemic, there are disruptions of health and other essential services, job opportunities, travel limitations. Under such situation, people will benefit from greater community and family supports.

### **Focused, non-specialised supports**

The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family, or group interventions by trained and supervised workers. These primary healthcare workers may not be experts, but are non-specialists, whose capacities have been strengthened using a customized training package, in line with mhGAP Humanitarian Intervention Guide (mhGAP-HIG).<sup>23</sup> This layer also includes psychological first aid (PFA) and basic mental healthcare by primary healthcare workers.

### **Specialised services**

The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services.

The uniqueness of each emergency and the diversity of cultures and sociocultural contexts makes it challenging to identify universal prescriptions of good practice. COVID-19 pandemic also has created an exceptional situation.

## ***Healthcare workers and COVID-19: Coping with stress***

During the COVID-19 pandemic, frontline workers are being placed under enormous pressure, putting their physical, mental, and social well-being at risk. In case this stretches for long periods, many harmful consequences on the emotional and mental well-being of frontline workers can appear.

In the context of COVID-19, this may translate to compromised quality and safety of care, breach of protocols and guidelines, increased risk of infections, and compromised capacity of the health system and emergency response teams. While many of the efforts to reduce stress and care for frontline workers must be made by organizations, managers and health administrators, frontline workers can also take actions to cope with stress.

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<sup>23</sup> WHO 2015. mhGAP Humanitarian Intervention Guide (mhGAP-HIG)  
[https://apps.who.int/iris/bitstream/handle/10665/162960/9789241548922\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/162960/9789241548922_eng.pdf?sequence=1)

## Actions frontline workers can take to cope with stress during COVID-19<sup>24</sup>

It is normal to feel sad, distressed, worried, confused, scared or angry during a crisis.

The following steps are helpful to:

### Put things in perspective

- Take stock of things that are within your control, and which challenges you have no control over
- Spend some time each day recalling few things you have accomplished

### Stay informed

- Seek information from reliable sources such as WHO and your State Health Authority, on topics such as case identification, infection prevention and control (IPC) or any topic relevant to your role in the response
- Consider taking an online course from a reliable provider and keep these tools accessible in the field
- Avoid information overload, unauthenticated information, myths and rumours

### Stay connected

- Reach out to friends and family members via text or video chat and join social activities virtually.
- Extend support with trusted colleagues at work, as many may be having similar experiences
- Consider creating a formal or informal platform where you and your colleagues can share knowledge and discuss some ethical dilemmas you are facing

### Maintain a healthy lifestyle

- Maintain a healthy diet, stay well-hydrated, undertake physical activities (in line with the COVID-19 health advisories)
- Rest adequately and get enough sleep between shifts
- Avoid unhealthy coping behaviours such as using tobacco, alcohol, other substances, and internet addictions

### Destress yourself

- Make time to pursue your hobby or do things that bring joy, comfort, and boost self-esteem on a regular basis
- Practise techniques like breathing exercises, progressive muscle relaxation, grounding, and mindfulness
- If you feel too overwhelmed and unable to cope, consider what actions you can take to relieve some of your burdens at work or at home and discuss these with your supervisor or family members
- It is also essential to monitor yourself for symptoms and immediately report exposure incidents or if you suspect that you may be infected

### Peer support








- Train the management and supervisors of all frontline workers to provide peer support in case of any distress
- Allow sufficient off-time in the duty schedule, for rest and recuperation
- Promote buddy system of duty allocation (duty allotted in pairs), for supporting each other

### Recognize mental health issues:

- Encourage frontline workers to seek professional help in case of any anxiety or stress
- Encourage frontline workers to access National psychosocial helpline under MoHFW (Ministry of Health & Family Welfare) operated by NIMHANS or States/UTs helpline in vernacular languages
- If you are receiving treatment for a mental health condition, stick to your medications, and communicate with your mental healthcare provider about making adjustments to your regimen if needed
- Where face-to-face psychological support is difficult, search for virtual alternatives
- Management to promote mental wellbeing by explaining that feeling distressed during these times is normal

<sup>24</sup> Frontline workers and COVID-19: coping with stress, WHO. <http://www.emro.who.int/mnh/news/frontline-workers-and-covid-19-coping-with-stress.html> Retrieved 30 April 2021

## Protecting ourselves<sup>25</sup>

	Vaccination
	Regular wearing of masks
	Wearing of gloves if required
	Frequent handwashing
	Use alcohol-based hand sanitizers
	Adherence to social distancing norms
	Maintaining respiratory hygiene

<sup>25</sup> <https://www.who.int/news/item/01-06-2020-basic-psychosocial-skills-a-guide-for-covid-19-responders>

## Guidance on Mental Health for Healthcare Workers during COVID-19

### ***Common Mental Health Presentations in Health Workers***

It is important to appreciate that the COVID-19 pandemic has compelled normal people to confront extraordinary situations, more so in the case of healthcare workers. Thus, the common mental health presentations amongst health workers during the Pandemic may not exactly be psychiatric disorders in the strictest of terms. However, it is important to understand the various psychological and psychiatric presentations studied amongst healthcare workers during the ongoing COVID-19 pandemic.

#### **Burn-out**

Burn-out as a state of “emotional exhaustion” among professionals, was first described in 1974, by Freudenberger.<sup>26</sup> Burnout is defined as a state of physical, emotional, and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding. It is a multidimensional syndrome comprising emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. In the past two decades, several viral outbreaks have occurred, such as SARS, MERS, Ebola, etc. Kisley et al (2020) in a recent review reported that such outbreaks resulted in psychological distress and posttraumatic stress in the HCWs. Of the many causative factors, clinical factors (contact with affected patients, forced redeployment to look after affected patients, training perceived to be inadequate), personal factors (fear of quarantine, particularly in staff with children at home, and infected family member), and societal factors (societal stigma against hospital workers) seem to be particularly relevant in Indian healthcare scenario.<sup>27</sup> Burnout, apart from being personally harmful, can lead to suboptimal patient care.

#### **Sleep Disorders**

The development of sleep disorders, and specifically insomnia, has been linked to the exposure to different stressors. In this context, insomnia has been described as a neurobiological and physiological mechanism in response to stress. It may appear in isolation or association with other signs and symptoms of a state of hyperarousal, which could be developed in response to exposure to traumatic events. This response may be more intense and maladaptive in predisposed individuals and has been described as one of the main physiological substrates of chronic insomnia. Therefore, exposure to the COVID-19 pandemic in the workplace could act as a precipitating factor or generator of a hyperarousal state, which could lead to a higher incidence of insomnia and other sleep disorders, when comparing with the general population.<sup>28</sup>

<sup>26</sup> Freudenberger, Herbert J. "Staff burn-out." *Journal of social issues* 30.1 (1974): 159-165.

<sup>27</sup> Kisley S, Warren N, McMahon L, Dalais C, Henry I, Siskind D. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ* 2020;369:m1642. DOI: 10.1136/bmj.m1642.

<sup>28</sup> San Martin, Alejandro Herrero, et al. "Sleep characteristics in health workers exposed to the COVID-19 pandemic." *Sleep medicine* 75 (2020): 388-394.

## Post-traumatic stress disorder (PTSD)

PTSD is a mental health problem that affects people who are exposed to potentially traumatic episodes. Healthcare workers are exposed to increased danger of contamination, loss of patients, responsibility for difficult decisions on treatment retention, and disruption of normal supportive structures. PTSD symptoms are grouped into 4 clusters: re-experiencing, avoidance, negative cognitions and mood, and arousal. In a recent study, PTSD symptoms among health-workers in India and Singapore during the COVID-19 outbreak indicated that the prevalence-rate of experiencing PTSD-symptoms was as high as 9.3%.<sup>29</sup>

## Addictive internet and substance abuse behaviour

Three coping behaviors - internet, alcohol, and smoking - during this COVID-19-related crisis appear to have increased the risk for substance use disorders and internet addiction.<sup>30</sup> The possible adverse effects of the COVID-19 pandemic on addictive behavior and disorders need careful consideration. Pandemics have been known to activate a behavioral immune system (BIS).<sup>31</sup> The BIS is an alarm system whereby individuals show increased monitoring of physical sensations to track possible signs of infection, which in turn would mobilize action to secure medical care. Healthcare workers who themselves would have active BIS during the COVID-19 pandemic, face unique pressures from the general population. Social stress has long been documented to increase substance use risk in healthcare workers. Further, the COVID-19 pandemic has resulted in significant traumatic reactions among healthcare workers. Trauma symptoms have been found associated with alcohol and substance use in healthcare workers (see Case Study 1). Although internet use is playing a positive role in this pandemic's prevention and control, it is important to adopt public health strategies that emphasize the need to incorporate internet activities as part of a daily routine, including physical exercise, to decrease dependence on the internet and thus help prevent the increase in internet addiction. Lessons from past pandemics have shown that the need for additional substance use interventions increases<sup>32</sup>.

<sup>29</sup> Chew, Nicholas WS, et al. "A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak." *Brain, behavior, and immunity* 88 (2020): 559-565.

<sup>30</sup> Sun, Yan, et al. "Brief report: increased addictive internet and substance use behavior during the COVID-19 pandemic in China." *The American Journal on Addictions* 29.4 (2020): 268-270.

<sup>31</sup> Schaller, Mark, and Justin H. Park. "The behavioral immune system (and why it matters)." *Current directions in psychological science* 20.2 (2011): 99-103.

<sup>32</sup> McKay, Dean, and Gordon JG Asmundson. "Substance use and abuse associated with the behavioral immune system during COVID-19: The special case of healthcare workers and essential workers." *Addictive Behaviors* (2020).



**Case Study 1: Disturbed routine, substance abuse during quarantine period.**

- Dr. H is a Post Graduate student in a government hospital which is designated as a COVID-19 hospital.
- He gets COVID duty on rotation. He works in the COVID ward for one week and then he will be in quarantine following the duty.
- During the quarantine period, he stays in a hostel accommodation provided by his hospital. He finds it difficult to spend time in the room.
- He feels lonely, he does not feel like doing anything, spends most of the time lying in the bed, his routine gets disturbed, he experiences sleep disturbance, starts smoking excessively and finds it difficult to control, he wants to study but ends up playing games on the mobile, due to all this he feels sad and worthless.

**Suggestions –**

- Make a routine – mix of entertainment, physical activity, studies, self-care, and social interaction.
- Difficulty in maintaining routines – ask your family, friend to remind and to check on the daily routine.
- Check the reminders for smoking – use 5 D's Delay, deep breathing, drink water, do something else to distract, urge Surfing (Mindfulness), discuss with family/friends.
- Discard it from the room – keep only rationed quantity.

**Resources/tools –**

- Mental Health in the times of COVID-19 Pandemic Guidance for General Medical and Specialised Mental Healthcare Settings, NIMHANS, 2020  
<https://nimhans.ac.in/wp-content/uploads/2020/04/MentalHealthIssuesCOVID-19NIMHANS.pdf>
- National Tobacco Quitline Services - helpline number 1800-11-2356.
- National Health Portal <https://www.nhp.gov.in/quit-tobacco> 011-22901701.
- Expert consensus on the prevention and treatment of substance use and addictive behaviour-related disorders during the COVID-19 pandemic. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7358097/> -
- DigitalDetoxApp: <https://play.google.com/store/apps/details?id=com.shutclinic.shutclinic>

**Support by superiors-**

- Brief team meetings, tips for self-care.
- Buddy system (colleague or a senior) – suggestions to help handle mental health issues – to facilitate help seeking, team leader to check on them regularly.

**Anxiety Disorders<sup>33</sup>**

Anxiety disorders are a group of related conditions, each having unique symptoms. However, **all anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are perceived to be threatening.** People typically experience emotional symptoms such as feelings of apprehension or dread, feeling tense or jumpy, restlessness or irritability, anticipating the worst and being watchful for signs of danger. Physical symptoms could include pounding or racing heart and shortness of breath, sweating, tremors and twitches, headaches, fatigue, and insomnia, upset stomach, frequent urination or diarrhoea. Generalized Anxiety Disorder (GAD) is a common type of anxiety disorders likely to manifest during the ongoing Pandemic. GAD produces chronic, exaggerated worrying that can consume hours each day, making it hard to concentrate or finish daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension, or nausea. Panic disorder is characterized by panic attacks and sudden feelings of terror sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset. Another common anxiety disorder that is likely to surface is phobia of certain places, events or objects that create powerful reactions of strong, irrational fear. Most people with specific phobias have several things that can trigger those reactions, including events surrounding the ongoing Pandemic.

<sup>33</sup> Anxiety Disorders, NAMI: National Alliance on Mental Illness <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders/Overview> Retrieved 29 April, 2021

### Case Study 2: Poor safety protocol at work, anxiety of getting infected, distancing from family.

- Dr. M is a medical officer in an organization.
- He is the only doctor who works in the medical centre of that organization.
- He has to see all the patients who come to the medical center.
- After COVID-19, he has asked his organization to provide the facilities to follow the protocols while treating the patients, however the administration has not provided some of the things which are required for the safety protocol. He feels that they are not serious about the safety.
- He feels anxious to see patients who report cold, fever or cough. He feels apprehensive most of the time, he worries 'what if somebody has COVID without obvious symptoms and he gets infected'.
- He maintains distance from the family members, he spends most of his time in his room, he is been having sleep disturbance, anxiety symptoms (palpitations, sweating, restless, fear of getting infected) while at hospital and apprehension of spreading infection to people at home.

#### Suggestions –

- Validate the worries, uncertainty about the infection, and fear of spreading infection.
- Emphasize on the excessiveness of the worry: educate on likelihood of getting infection if one is taking all safety measures.
- Educate on the impact of worry on his functioning.
- Suggestions to normalize his routines (interaction with family and other regular activities) with standard precautions.
- Methods of anxiety reduction – deep breathing, relaxation, mindfulness meditation, yoga.
- Worry management – worry diary, worry postponement, costs and benefits of worry, tolerating uncertainties.
- Discuss with professionals working in other health settings.

#### Resources/tools –

- NIMHANS integrated centre for yoga: <https://nimhansyoga.in/>
- Yoga for Stress Management (for Beginners) during COVID-19 Pandemic <https://www.youtube.com/watch?v=qsK7SAfajoM>
- <https://www.mindful.org/mindfulhome-mindfulness-for-healthcare-workers-during-covid/>
- Seek Help – Call mental health help lines - 080 – 4611 0007
- NIMHANS Centre for Well Being - 080-26685948 / 9480829670

## Depression

The prevalence of self-reported depression and anxiety among medical staff has been significantly high during the COVID-19 outbreak, and in particular, workers who had COVID-19 exposure experience are likely to have higher rates of anxiety accompanied by depression than those who had no exposure experience. Stigmatization of these workers is common in too many communities<sup>34</sup> (Case Study 3). The prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019. The presence of symptoms of anxiety and depression in addition to the life status of daily fighting against COVID-19 suggests that healthcare workers must cope with severe psychological distress and thus are at risk of allostatic overload<sup>35</sup>. Depressive symptoms could include loneliness, sleep disturbances, difficulty concentrating, and inability to initiate activities<sup>36</sup>. It is worth noting that the gender, age, marriage, working years, occupation, educational level, and economic income of primary medical personnel do not affect anxiety and depression<sup>37</sup>.

<sup>34</sup> IFRC, UNICEF, & WHO, 2020

<sup>35</sup> Zhang, Wen-rui, et al. "Mental health and psychosocial problems of medical health workers during the COVID-19 epidemic in China." *Psychotherapy and psychosomatics* 89.4 (2020): 242-250.

<sup>36</sup> Sunjaya, Deni Kurniadi, Dewi Marhaeni Diah Herawati, and Adiatma YM Siregar. "Depressive, anxiety, and burnout symptoms on Healthcare personnel at a month after COVID-19 outbreak in Indonesia." *BMC public health* 21.1 (2021): 1-8.

<sup>37</sup> Chen, Yun, et al. "Prevalence of self-reported depression and anxiety among pediatric medical staff members during the COVID-19 outbreak in Guiyang, China." *Psychiatry research* 288 (2020): 113005.

### Case Study 3: Stigma of being sidestepped by society.

- Ms. S is a staff nurse working in a COVID-19 designated hospital. She lives with her husband and 2 children.
- During the initial months of COVID-19, they asked the maid to not come because of the lockdown. However, after the relaxation of the lockdown the maid refused to come because of the fear that the Ms S works in the hospital.
- Ms. S could not get anybody to work at her home. She finds it extremely difficult to manage her COVID duty and quarantine. Children are small and without any help, the husband is not able to manage home.
- She feels sad as she is not able to take care of her children and considers herself as not being a good mother.
- When at home, she feels burdened of the housework and taking care of the children. Neighbors avoid interacting with her because of the fear of getting infected.
- For the past two months she is experiencing lack of interest in doing work, lack of energy, feeling tired most of the time and sleep disturbance.

#### Suggestions –

- To be self-compassionate and reduce blaming self. To appreciate her commitment towards work as well as family.
- Look at the various options to help out the family (problem solving).
- Keep in touch with the neighbors and see if the help can be facilitated (within the COVID context) – helps to address stigma and keep them updated.
- Connecting with family and children over phone and online modes.
- Building hobbies (reading, learning something new), considering this as an opportunity for self-care & to pursue hobbies (during quarantine).
- Reduce the guilt/excessive sense of responsibility – share responsibilities with spouse, discuss ways of optimal use of the resources available.

#### Tools –

- Centre for Disease control  
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>
- Ministry of health and family welfare.
- Guidelines for effective mental health management by NIMHANS  
(<https://nimhans.ac.in/wp-content/uploads/2020/04/MentalHealthIssuesCOVID-19NIMHANS.pdf>).

#### Support of superiors –

- Honoring the COVID-19 warriors, challenging myths, mobilizing help to the family.  
  - <https://www.mindful.org/mindfulhome-mindfulness-for-healthcare-workers-during-covid/>

#### Seek Help –

- Call mental health help lines - 080 – 4611 0007
- NIMHANS Centre for Well Being - 080-26685948 / 9480829670

## Other significant mental health presentations

Apart from the aforementioned presentations, it is important to be aware of other mental health afflictions of COVID-19 amongst healthcare workers. Suicidal ideation has been found to be heightened<sup>38</sup>. **Vicarious traumatization, a transformation in the self of a healthcare worker that results from empathic engagement with traumatized clients and their reports of traumatic experiences**, has also been reported. **Somatic Symptom Disorder (SSD) or Somatization, triggered by the fear of having COVID-19, and a preoccupation with concerns about being infected**, can manifest in various psychosomatic conditions. Erratic eating patterns are also becoming more common among healthcare workers nationwide.

<sup>38</sup> Cheung, Teris Cheuk Chi, et al. "Global Imperative of Suicidal Ideation in TEN countries amid the COVID-19 Pandemic." *Frontiers in psychiatry* 11 (2020): 1558.

## Manifestations of adverse mental health at workplace

Underlying mental health conditions that are sub-clinical yet progressive can manifest externally in various forms. The following list includes manifestations that are warning signs that must be heeded to when displayed by co-workers, enough to warrant interventions that are summarized in the following sections:

- Absenteeism
- Reduced job performance and productivity
- Rapid changes in mood, anger outbursts, crying spells.
- Reporting intoxicated to the workplace
- Poor memory
- Impaired physical capability and daily functioning

## Measuring Psychological Distress

Assessment of psychological distress helps in planning the appropriate mental health interventions for HCWs. A number of screening tools to identify distress and scales specific to symptoms of a disorder are available. A few frequently used tools are described below.

### Screening tools:

Kessler Psychological Distress Scale (K10) is a brief measure to assess levels of psychological distress (emotional states), it can be self or clinician administered.<sup>39</sup> Depression, Anxiety, and Stress Scale (DASS) is a self report measure to assess symptoms of anxiety, depression and stress. It is widely used as a measure of distress in clinical and non-clinical population.<sup>40</sup> Patient Health Questionnaire (PHQ), is a self-administered tool which can be used both for screening for depression as well as tentative diagnosis in at risk population.<sup>41</sup> Impact of Event Scale Revised (IES-R) is a self-report measure used to assess subjective distress caused by stressful life events. It assesses symptoms of trauma such as Intrusion, Avoidance, and Hyperarousal. The cut off scores can be used for preliminary diagnosis of PTSD.<sup>42</sup>

Maslach Burnout Inventory (MBI) measures the extent and pattern of occupational burnout across general population to specific professional groups such as medical personnel, educators, workers in human services etc.<sup>43</sup>

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<sup>39</sup> Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry*. 2003 Feb;60(2):184-9

<sup>40</sup> Lovibond PF, Lovibond SH. The structure of negative emotional states: comparison of the depression anxiety stress scales (DASS) with the Beck Depression and Anxiety Inventories. *Behav Res Ther*. 1995;33(3):335-343.

<sup>41</sup> Kroenke, K et al. "The PHQ-9: validity of a brief depression severity measure." *Journal of general internal medicine* vol. 16,9 (2001): 606-13.

<sup>42</sup> Weiss, D. S., & Marmar, C. R. (1996). The Impact of Event Scale - Revised. In J. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399-411). New York: Guilford.

<sup>43</sup> Maslach, C.; Jackson, S.E. (1981). "The measurement of experienced burnout". *Journal of Occupational Behavior*. 2 (2): 99-113.

## Tools for specific symptoms and disorders

There are a number of diagnostic tools/tools specific to symptoms that are used in the clinical sample are useful in HCWs in assessing the symptom severity. The recently developed COVID Stress Scale<sup>44</sup> categorizes stressors from the pandemic into five categories: danger and contamination fear, social and economic stress, traumatic stress symptoms, checking and reassurance seeking behavior, and xenophobia, factors that cohere to form a COVID Stress Syndrome<sup>45</sup>. Other classical instruments that have relevance for measuring the mental health impact of COVID-19 include the PTSD checklist for DSM-5 (PCL-5) a self-report measure which can be used for screening for PTSD, to make a provisional diagnosis as well as monitoring changes in the symptoms with treatment.<sup>46</sup> Hamilton Depression Rating Scale (HDRS)<sup>47</sup> and Hamilton Anxiety Scale (HAMA<sup>48</sup>) are clinician assessed measures used for diagnosing and determining the severity of anxiety and depression in those having symptoms of these disorders. Additionally self rated measures for depression and anxiety are also widely used. Empirical tools such as validated scales and questionnaires are essential for management of mental health issues, and such tools aid mental health professionals to deal with psychological impact of the current pandemic and also during the post-pandemic era. Cotez et al. (2020) have attempted to present a brief review on the importance and advantages of using empirically valid tools to address mental health issues related to COVID-19<sup>49</sup>.

## Addressing concerns of healthcare workers at an organizational level

Although the sources of anxiety and distress from COVID-19 may not affect everyone, they can weaken the confidence of healthcare professionals in themselves and the healthcare delivery system precisely when their ability to stay calm and reassure the public is most needed. Recognizing the sources of anxiety and distress allows healthcare leaders and organizations to develop targeted approaches to address concerns and provide specific support to their healthcare workforce. These concerns can broadly be categorized into five requests from healthcare professionals to their organization: *hear me, protect me, prepare me, support me, and care for me*.<sup>50</sup> Healthcare professionals want unambiguous assurance that their organization will support them and their family. This includes the organization listening to their concerns, doing all that is possible to protect them and prevent them from acquiring COVID-19 infection, and assuring them that if they do become infected, the organization will support them and their family on all fronts, both medically and socially. In addition to tangible actions to address their concerns, Healthcare professionals desire visible leadership during this turbulent time. Leaders, such as hospital executives, nursing leaders, department chairs, and division chiefs, may need to consider innovative ways to be present and connect with their teams given the constraints of social distancing. It is critical that leaders understand the sources of concern, assure healthcare professionals that their concerns are recognized, and work to develop approaches that mitigate concerns to the extent that they are able.

<sup>44</sup> Taylor, Steven, et al. "Development and initial validation of the COVID Stress Scales." *Journal of Anxiety Disorders* 72 (2020): 102232.

<sup>45</sup> Taylor, Steven, et al. "COVID stress syndrome: Concept, structure, and correlates." *Depression and anxiety* 37.8 (2020): 706-714.

<sup>46</sup> Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

<sup>47</sup> Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23:56–62

<sup>48</sup> Hamilton M. The assessment of anxiety states by rating. *Br J Med Psychol* 1959; 32:50–55

<sup>49</sup> Cortez, Pedro Afonso et al. "Tools to measure the psychological impact of the COVID-19 pandemic: What do we have in the platter?." *Asian journal of psychiatry* vol. 53 (2020): 102371. doi:10.1016/j.ajp.2020.102371

<sup>50</sup> Shanafelt, Tait, Jonathan Ripp, and Mickey Trockel. "Understanding and addressing sources of anxiety among Healthcare professionals during the COVID-19 pandemic." *Jama* 323.21 (2020): 2133-2134.



## ***Mental Health Interventions for Healthcare Workers***

The nature of the mental health issues faced by healthcare professionals largely warrant brief interventions which could address the healthy adjustment to the ongoing crisis and help in building resilience. These brief interventions are better suited keeping the time constraints of healthcare workers, owing to their professional and work demands, in mind. In the pandemic situation the delivery of the interventions is largely through telephone or online modes. The interventions can be broadly divided into two.<sup>19</sup>

1) Common strategies which are used across the psychological problems would include psychoeducation on mental health issues, pandemic related safety and self-care, manifestation and identification of stress, and maladaptive coping methods; self-management through planning of daily schedules (including breaks, meaningful activities), time management, seeking social support from family, and colleagues; facilitating communication skills, problem solving, and assertiveness.

2) Specific techniques based on cognitive and behaviour therapy principles such as behavioural activation (for depression, withdrawal and impaired functioning); arousal reduction methods such as relaxation, meditation, yoga and mindfulness for anxiety symptoms (e.g. fear, anxiety, worry); sleep hygiene techniques to address sleep related difficulties; strategies for substance use and addiction related problems (elaborated in the case vignette); strategies to identify suicidal risk and use of self-management/safety plans as well crisis intervention strategies.

Apart from the above, building resilience to cope with ongoing, long term stress would require positive attitude towards work, balancing work and personal life and clarity in one's work ethics. **When not able to manage by self, seeking professional help is very crucial. Thus, mental health interventions should help the HCWs to identify the need for help seeking as well as provide information on the available facilities.**

In most cases, mental health issues are self-limiting. But **it is not uncommon for some healthcare personnel to show more severe and persistent mental health symptoms which may require immediate assessment and specialised intervention.** Common among them are expressing suicidal ideas, violent/aggressive behaviour, uncontrolled use of alcohol/drugs, crying or expressing uncontrollable distress, unexplained bizarre behaviour like talking or smiling to self or significant deterioration in occupational functioning. Such cases will require urgent psychiatric assessment and transfer to a specialized intervention centre where specialist mental health services are available.

## Appendix:

### Psychosocial support resources for healthcare workers

Psychological First Aid

[https://www.who.int/mental\\_health/publications/guide\\_field\\_workers/en/](https://www.who.int/mental_health/publications/guide_field_workers/en/)

MHPSS COVID-19 toolkit version 2.0

<https://app.mhpss.net/?get=354/english-mhpss-covid-19-toolkit-v.2-3.pdf>

IASC interim guidance

[https://interagencystandingcommittee.org/system/files/202003/IASC%20Interim%20Briefing%20Note%20on%20COVID19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS\\_0.pdf](https://interagencystandingcommittee.org/system/files/202003/IASC%20Interim%20Briefing%20Note%20on%20COVID19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf)

Mental health and psychosocial considerations during COVID-19

<https://www.who.int/publications/i/item/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>

IASC Guidance on Operational considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic

<https://interagencystandingcommittee.org/system/files/2020-06/IASC%20Guidance%20on%20Operational%20considerations%20for%20Multisectoral%20MHPSS%20Programmes%20during%20the%20COVID-19%20Pandemic.pdf>

Basic Psychosocial skills: A guide for COVID-19 Responders

<https://www.who.int/news-room/detail/01-06-2020-basic-psychosocial-skills-a-guide-for-covid-19-responders>

Social stigma associated with COVID-19

<https://gbvguidelines.org/wp/wp-content/uploads/2020/03/WHO-Covid-19-Guide-for-Addressing-Stigma.pdf>

Remote psychological first aid during the COVID-19 outbreak

<https://reliefweb.int/sites/reliefweb.int/files/resources/IFRC-PS-Centre-Remote-Psychological-First-Aid-during-a-COVID-19-outbreak-Interim-guidance.pdf>

Operational Considerations for Multisectoral Mental health and Psychosocial Support Programmes during the COVID-19 pandemic

<https://interagencystandingcommittee.org/system/files/2020-06/IASC%20Guidance%20on%20Operational%20considerations%20for%20Multisectoral%20MHPSS%20Programmes%20during%20the%20COVID-19%20Pandemic.pdf>

COVID 19: 24/7 parenting <https://www.covid19parenting.com/tips-in-other-languages>

Excessive screen use and gaming considerations during #COVID19

[http://www.emro.who.int/images/stories/mnh/documents/excessive\\_screen\\_use\\_covid\\_19.pdf?ua=1](http://www.emro.who.int/images/stories/mnh/documents/excessive_screen_use_covid_19.pdf?ua=1)

Doing what matters in times of stress: an illustrated guide

<https://www.who.int/publications/i/item/9789240003927>

My hero is you, storybook for children on COVID-19

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you>

Actions for Heroes, A Guide for heart-to-heart chats with Children to accompany reading of My Hero is You, How kids can fight COVID-19!

<https://interagencystandingcommittee.org/system/files/2021-02/Actions%20for%20Heroes%20%28ENGLISH%29.pdf>

Alcohol and COVID-19 : what you need to know( full factsheet)

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1](https://www.euro.who.int/_data/assets/pdf_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1)

Substance use considerations during #COVID19

[http://www.emro.who.int/images/stories/mnh/documents/substance\\_use\\_and\\_covid\\_19.pdf?ua=1](http://www.emro.who.int/images/stories/mnh/documents/substance_use_and_covid_19.pdf?ua=1)

IASC Guidelines for mental health and psychosocial support in emergency settings

<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc-guidelines-mental>

IASC Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings  
<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings/content/iasc-inter-agency-referral>

IASC Common monitoring and evaluation framework for mental health and psychosocial support in emergency settings  
<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common>

The Alliance for Child Protection in Humanitarian Action Guidance note: Protection of children during infectious disease outbreaks  
<https://alliancecpha.org/en/child-protection-online-library/guidance-note-protection-children-during-infectious-disease>

## Abbreviation

BIS	– Behavioral Immune System
DASS	– Depression, Anxiety, and Stress Scale (DASS)
FICCI	– Federation of Indian Chambers of Commerce and Industry
GAD	– Generalized Anxiety Disorder
GOI	– Government of India
HAMA	– Hamilton Anxiety Scale
HCPs	– Healthcare Practitioners
HCWs	– Healthcare Workers
HDRS	– Hamilton Depression Rating Scale
IASC	– Inter Agency Standing Committee
IPC	– Infection prevention and control
MBI	– Maslach Burnout Inventory
MERS	– Middle East Respiratory Syndrome
mhGAP-HIG	– mhGAP Humanitarian Intervention guide
MHPSS	– Mental Health and Psychosocial Support
MIMHANS	– National Institute of Mental Health and Neurosciences
MoHFW	– Ministry of Health and Family Welfare
PHQ	– Patient Health Questionnaire
PSA	– Psychological First Aid
PTSD	– Post traumatic stress disorder
SARS	– Severe Acute Respiratory Disorder
TOT	– Training of Trainers
UTs	– Union Territories
WHO	– World Health Organization



## About FICCI

Federation of Indian Chambers of Commerce and Industry

Established in 1927, FICCI is the largest and oldest apex business organization in India. Its history is closely interwoven with India's struggle for independence, its industrialization, and its emergence as one of the most rapidly growing global economies.

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## FICCI Health Services Team

### **Mr Praveen Kumar Mittal**

Senior Director

E: [praveen.mittal@ficci.com](mailto:praveen.mittal@ficci.com)

### **Ms Sarita Chandra**

Joint Director- Health Services

E: [sarita.chandra@ficci.com](mailto:sarita.chandra@ficci.com)

### **Ms Shilpa Sharma**

Consultant- Health Services

E: [shilpa.sharma@ficci.com](mailto:shilpa.sharma@ficci.com)

### **Dr Prachi Pal**

Senior Assistant Director- Health Services

E: [prachi.pal@ficci.com](mailto:prachi.pal@ficci.com)

### **Address:**

FICCI, Federation House, Tansen Marg, New Delhi-110001

W: [www.ficci.in](http://www.ficci.in); [www.ficci-heal.com](http://www.ficci-heal.com)

E: [healthservices@ficci.com](mailto:healthservices@ficci.com)





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### **Mr. Umang Gupta**

Marketing Director

E: [u.gupta@elsevier.com](mailto:u.gupta@elsevier.com)

### **Mrs. Hema Jagota**

Clinical Solutions Commercial Strategy

E: [h.jagota@elsevier.com](mailto:h.jagota@elsevier.com)

### **Mr. Shobhit Jain**

Marketing Manager - Clinical Solutions

E: [shobhit.jain@elsevier.com](mailto:shobhit.jain@elsevier.com)

### **Address:**

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