MENTAL HEALTH IN THE TIME OF COVID-19 PANDEMIC

PHILIPPINE COLLEGE OF OCCUPATIONAL MEDICINE, INC.

Part 4 as of July 30, 2020
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Introduction

As the COVID pandemic gets “deeper” and longer, resources are not the only things that are slowly being depleted. It is taking its toll on the physical, emotional, and psychosocial wellbeing of the people, especially the working population. The uncertainty and loss of income in the end can cause fear, stress and trauma to the worker. This on top of the danger of being infected by the virus.

Thus, it is crucial to address this impending source of burden on the Philippine healthcare system. The succeeding discussions will provide guidance on substitutions, work accommodations and administrative controls in the light of the pandemic. With or without a pandemic, engineering controls should always have the highest priority in the hierarchy of controls, hence engineering can directly or indirectly affect the mental health of the worker. Applying this in the concept of occupational safety and health, making sure all control measures are in place will inevitably decrease worker stress of contracting the virus.

How does this crisis affect people? Different people have different responses to stress. Some can be overwhelmed by the experience while some can handle it better. As an Occupational Health (OH) personnel, we are expected to be in the frontline in facing workers possibly experiencing mental health problems. These are some of the factors we have to consider.

- The nature and severity of the event(s) they experience;
- Their experience with previous distressing events or stressors;
- The support (systems) they have in their life from others;
- Their current physical health (acute and chronic diseases);
- Their personal and family history of mental health problems;
- The cultural background and traditions of the worker and the workplace;
- Their age (different age groups react differently; vulnerabilities; past experiences).

Proactive Programs in Mental Health in times of Crisis or Emergency

The level of support to the worker can be divided into different tiers or levels. Adapting the rational system of UNICEF in their community based Mental Health and Psychosocial Support (MHPS) in times of crisis at this point in the pandemic, can also be of great help in trying to plan for local support system.
Figure 1 shows the Interagency Standing Committee Mental Health and Psychosocial Support System (IASC MHPSS) used by UNICEF for children, which showed different levels or tier of support system in crisis situation. This same concept may be adapted by the OH Personnel to their peculiarities of their own workplaces.

The first layer, social considerations, is the broadest. It represents the foundations of well-being for all people affected by crisis events. It ensures that basic services and security are delivered in ways that are participatory, safe and culturally appropriate.

In the second layer, family and community supports, many people also benefit from strengthening supports and protective functions for family and community resilience.

The third layer, focused care, includes person-to-person support for distress, to address protection risks, or to maintain or enhance mental health and psychosocial wellbeing. It is delivered by trained and supervised lay or non-specialized workers like Occupational Health Personnel.

The fourth layer, specialized services, consists of professional care for people who have complex protection needs or for assessment and management of Mental, Neurological and Substance (MNS) disorders. Delivered by mental health clinicians or social service professionals, specialized services are provided for children and families whose care and protection cannot be managed at lower layers of the pyramid.

The most important consideration of a MHPS is the core objectives of this program. Below is an example of core objectives used by UNICEF in their IASC.

<table>
<thead>
<tr>
<th>Core Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human rights and equity</strong></td>
<td>Promote human rights of all affected persons and protect those at heightened risk of human rights violations; ensure equity and non-discrimination in the availability and accessibility of MHPSS supports.</td>
</tr>
<tr>
<td><strong>Equity</strong>—refers to fair opportunity for everyone to attain their full health potential regardless of demographic, social, economic or geographic strata.</td>
<td></td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>Maximize the participation of local children, families and communities in assessment, design, implementation, and monitoring and evaluation of humanitarian response.</td>
</tr>
<tr>
<td><strong>Do no harm</strong></td>
<td>Reduce the potential for MHPSS and other humanitarian interventions to cause harm, through for example effective coordination, adequate understanding of the local context and power relationships, cultural sensitivity and competence, and participatory approaches</td>
</tr>
<tr>
<td><strong>Build on local capacities and resources</strong></td>
<td>Support self-help and identify, mobilize and strengthen existing resources, skills and capacities of children, families, the community, government and civil society.</td>
</tr>
<tr>
<td><strong>Integrated support systems</strong></td>
<td>Support activities integrated into wider systems (e.g. community supports, formal/non-formal school systems, health and social services) to advance the reach and sustainability of interventions and reduce stigma of stand-alone interventions.</td>
</tr>
<tr>
<td><strong>Multi-layer supports</strong></td>
<td>Develop and multi-layer system of complimentary supports to meet the needs of children and families impacted in different ways.</td>
</tr>
</tbody>
</table>
**Being Reactive in times of Crisis like COVID pandemic**

It is ideal to regularly monitor MH in the workplace, but inevitably challenges and crisis soon arise in whatever industry, and as discussed earlier, worker reacts differently to the situation, now we share some guidance in facing and managing such situation.

**Psychological First Aid (PFA)**

According to Sphere (2011) and IASC (2007), psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes:

- Providing non-intrusive practical care and support;
- Assessing needs and concerns;
- Helping people to address basic needs (for example, food and water, information);
- Listening to people, but not pressuring them to talk;
- Comforting people and helping them to feel calm;
- Helping people connect to information, services and social supports;
- Protecting people from further harm.

PFA is an alternative to “psychological debriefing” which has been found to be ineffective. In contrast, PFA involves factors that seem to be most helpful to people’s long-term recovery (according to various studies and the consensus of many crisis helpers.

These include:

- Feeling safe, connected to others, calm and hopeful;
- Having access to social, physical and emotional support; and
- Feeling able to help themselves, as individuals and communities.

**Who Needs Support During Stressful Situations Like COVID Pandemic?**

Not all people exposed to a stressful condition needs PFA. Don’t force people to speak. However, show your openness to extend help. Know your limits because we might be needing the help of a professional or other help such as religious leaders and authorities. These are some factors leading to more stress at work especially during modified work set up in this time of COVID.

- Increased worker responsibility and accountability for production management and meeting production goals.
- Increased vigilance (process monitoring) and problem solving demands.
- Increased electronic monitoring.
- Increased peer-monitoring and competition within teams.
- Increased role demands or conflict (owing to multiple roles and blurring of manager and worker roles)
- Demand for flexibility and continuous change.
- Work Speed up and reduction in idle time.

Others include (a) the trend toward putting increasing amounts of pay at risk (pay for performance), (b) vulnerability to labor market risks (e.g., low pay, risk of job loss) among temporary workers, or (c) fear of displacement resulting from organizational restructuring and downsizing
People may react in various ways to a crisis situation (like the COVID-19 pandemic). Some examples of distress responses to crisis are listed below:

- Physical symptoms (e.g. shaking, headaches, feeling very tired, loss of appetite, aches and pains).
- Crying, sadness, depressed mood, grief
- Anxiety, fear
- Being “on guard” or “jumpy”
- Worry that something really bad is going to happen
- Insomnia, nightmares
- Irritability, anger
- Guilt, shame (e.g. for having survived, or for not helping or saving others)
- Confused, emotionally numb, or feeling unreal or in a daze
- Appearing withdrawn or very still (not moving)
- Not responding to others, not speaking at all
- Disorientation (e.g. not knowing their own name, where they are from, or what happened)
- Not being able to care for themselves or their children (e.g. not eating or drinking, not able to make simple decisions)
- Some people may only be mildly distressed or not stressed at all and may show varying degrees of manifestation of above distress response.

Some worker populations are vulnerable to stress and might need more aggressive attention, these includes:

**PEOPLE WHO NEED MORE IMMEDIATE ADVANCED SUPPORT:**

- people with serious, life-threatening injuries who need emergency medical care
- people who are so upset that they cannot care for themselves or their children
- people who may hurt themselves
- people who may hurt others

Figure 2. Worker population that are vulnerable to stress that might need immediate and more aggressive support.

There are several checklists of symptoms to evaluate the mental health of a person. Most of these checklists are already validated and some are even tailored fit for the industry or institution using it. However, a more in depth evaluation is still best done by a Psychiatrist, Psychologist or Psychometrician. Here are some of the examples of checklist and mobile applications (Quiddity.ph by Dr. Jardine Torno, MD, FPPA) evaluating stress levels some even has interventions suggested for the evaluation generated.
When is the best time to do PFA?

Usually intervention is given during or immediately after the crisis. For very distressed worker, at first contact can be the appropriate time to do so.

Where do we do PFA?

This should be done anywhere that is safe. Confidentiality and respect to workers’ dignity should be of utmost consideration.

- We suggest to companies to do risk assessment for workers and categorize them to high or low risk for depression, anxiety, burn out etc.

- The OSH committee of the companies do the risk assessment and consider workplace changes as triggers, such as: sexual harassments, lay-offs, salary mismatch, overwork, ergonomics, physical environment, commute, job security, etc.

Following is an example of Mental Status Examination to detect Depression especially at work. This can be done anytime as needed, and regularly during Pre-employment, Annual, Exit, or Pre-Transfer Evaluation. This is adapted by the Davao Medical School Foundation Hospital, Occupational Medicine Department.
Karasek’s (1979) job demands-control model is one of the most widely studied models of occupational stress (de Lange, Taris, Kompier, Houtman, & Bongers, 2003). The key idea behind the job demands-control model is that control buffers the impact of job demands on strain and can help enhance employees’ job satisfaction with the opportunity to engage in challenging tasks and learn new skills (Karasek, 1979).

**Figure 4** Karasek’s Model showing that the lower the control the higher the stress, inversely, the lower psychological demands the lower stress levels. It’s a combination of 2 factors mentioned.

**Figure 5.** Shows the demand is counterbalanced by amount of control. Stress occurs when demand increases or control diminishes. Support facilitates the impact of control. The more the support, the lesser stress.
### Mental Health Status Exam (MHSE)

**ASK THE PATIENT:** How often have they been bothered by the following over the past 2 weeks?

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than the half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>Trouble falling or staying asleep, or sleeping too much?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>Feeling tired or having little energy?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>Poor appetite or overeating?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
</tbody>
</table>

### FEELING BAD ABOUT YOURSELF — or that you are a failure or have let yourself or your family down?

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than the half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?</td>
<td></td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
</tbody>
</table>

### MANAGEMENT

<table>
<thead>
<tr>
<th>SCORE</th>
<th>DEPRESSION SEVERITY</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>Minimal or none</td>
<td>Monitor; May not require treatment</td>
</tr>
<tr>
<td>5 – 9</td>
<td>Mild</td>
<td>Use clinical judgment (symptom duration, functional impairment) to determine necessity of treatment</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>15 – 19</td>
<td>Moderately Severe</td>
<td>Warrants active treatment with psychotherapy, medications or combinations.</td>
</tr>
<tr>
<td>20 – 27</td>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Scores ≤ 4 suggest minimal depression which may not require treatment. Functionally, the patient does not report limitations due to their symptoms.

**ADVISE:**
Final diagnosis should be made with clinical interview and mental status examination including assessment of patient’s level of distress and functional impairment.
Critical actions on MHSE:

- Perform suicide risk assessment in patients who respond positively on the last item “Thoughts that you would be better off dead or of hurting yourself in some way.”
- Rule out bipolar, normal bereavement and medical disorders causing depression

Management support to Mental Health policy:

- HMO coverage for Psychiatric consults (customized plan as psychiatry is an exclusion)
- No discrimination,
- Work accommodation once treated,
- Transfer assignment as needed to support improvement/treatment
- Proper referral, treatment and follow up

Monitor mental/emotional health

- Recognize and accept what you cannot change example the chain of command, organizational structure, waiting, equipment failures, etc.
- Talk to people when YOU feel like it. You decide when you want to discuss your experience. Talking about an event may be reliving it. Choose your own comfort level.
- If your employer provided you with formal mental health support, use it!
- Give yourself permission to feel rotten: You are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal—do not try to fight them. They will decrease over time.
- Communicate with your loved ones at home as frequently as possible.

Promotion of companies for Good Mental Health in the Workplace:

- Good communication (top-bottom vs bottom-top);
- Policy for non-discrimination, non-termination,
- Policy for sexual harassment,
- Proper job-task matching,
- Employee and labor relations to attain industrial peace
- Creation of dispute resolution mechanisms between workers and management,
- Workplace activities such as Family Day, Drug-Free workplace activities, Sports Activities that promote camaraderie among employees,
- Lectures on Stress Management in all levels (rank and file to managerial)

OSH Processes where Mental Health Intervention and/or considerations may be needed:

During Hiring:
- Pre-employment Medical Examination
- Job-Task Matching

During Employment:
- Duration of Employment
- Annual Medical Examination
- Promotion
- Transfer
- Work Environment
- Worker Conflict Solutions
- Industrial Peace
- Workplace Activities

Separation:
- Retirement Programs:
  - Health benefits, Support, etc.
- Retrenchment
- Establishment closure
- Medical Termination
In the performance of Psychological Fist Aid to workers, there are several important factors to be considered, these includes safety, dignity and worker’s rights.

**RESPECT PEOPLE’S...**

| **Safety** | Avoid putting people at further risk of harm as a result of your actions.  
|           | Make sure, to the best of your ability, that the adults and children you help are safe and protect them from physical or psychological harm.  |
| **Dignity** | Treat people with respect and according to their cultural and social norms.  |
| **Rights**  | Make sure people can access help fairly and without discrimination.  
|           | Help people to claim their rights and access available support.  
|           | Act only in the best interest of any person you encounter.  |

Figure 6. Factors to consider in performing PFA.

Before entering into the conduct of the Psychological First Aid, the OH personnel needs to ask important questions to quantify the situation and frame the questions and approach to persons needing PFA.

**BEFORE ENTERING A CRISIS SITE, LEARN ABOUT THE FOLLOWING:**

<table>
<thead>
<tr>
<th><strong>Important questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The crisis event</strong></td>
</tr>
<tr>
<td>» What happened?</td>
</tr>
<tr>
<td>» When and where did it take place?</td>
</tr>
<tr>
<td>» How many people are likely to be affected and who are they?</td>
</tr>
<tr>
<td><strong>Available services and supports</strong></td>
</tr>
<tr>
<td>» Who is providing for basic needs like emergency medical care, food, water, shelter or tracing family members?</td>
</tr>
<tr>
<td>» Where and how can people access those services?</td>
</tr>
<tr>
<td>» Who else is helping? Are community members involved in responding?</td>
</tr>
<tr>
<td><strong>Safety and security concerns</strong></td>
</tr>
<tr>
<td>» Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict?</td>
</tr>
<tr>
<td>» What dangers may be in the environment, such as rebels, landmines or damaged infrastructure?</td>
</tr>
<tr>
<td>» Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?</td>
</tr>
</tbody>
</table>

Figure 7. Questions prior to embarking on the performance of PFA.
**Action Principles of PFA**

OH personnel can use the PFA action principles of Look, Listen and Link (Figure 8) when offering remote support. A PFA provider will follow these action principles knowing that when used in practice, they overlap. For remote PFA offered without any physical contact, the following points describe the principles:

Look refers how to assess:
- The current situation
- Who seeks support
- What the risks are
- The needs of the affected
- Expected emotional reactions

Listen refers to how to:
- Begin the conversation
- Introduce the PFA provider
- Pay attention and listen actively
- Accept feelings
- Calm someone in distress
- Ask about needs and concerns
- Help find solutions to needs and problems

Link refers to how to assist with:
- Accessing information
- Connecting with loved ones and social support
- Tackling practical problems
- Accessing services and other help.

![Figure 8. Action Principle Concepts in Performing the PFA](image)

**Supporting others with active listening**

Listening is the most essential part of supportive communication. Rather than immediately offering advice, allow people to speak in their own time and listen carefully so that you can truly understand their situation and needs, help them feel calm and be able to offer appropriate help that is useful to them. Learn to listen with your:

- **Giving the person your undivided attention**
- **Truly hearing their concerns**
- **With care and showing respect and empathy**

Be aware of both your **words** and your **body language**.

**Words**
Use supportive phrases to show empathy ("I understand what you are saying") and acknowledge any losses or difficult feelings that the person shares ("I am so sorry to hear that", "That sounds like a tough situation").

**Body language**
Includes your facial expressions, eye contact, gestures and the way you sit or stand in relation to the other person.

Be sure to speak and behave in ways that are appropriate and respectful, according to the person's culture, age, gender and religion. **Do not pressure the person to speak if they do not want to.**

![Figure 9. Active Listening Must Knows](image)
Active listening is a technique to help you listen well and communicate supportively. It involves 3 steps:

**Listen attentively**
- Really try to understand the person's point of view and feelings.
- Let them talk; remain quiet until they have finished.
- Block out distractions – is it noisy around? Can you go somewhere quieter?
- Can you calm your mind and focus on the person and what they are saying?
- Be warm, open and relaxed in the way you present yourself.

**Repeat**
- Repeat messages and key words the person has said, e.g. “You say looking after your children while working can be overwhelming.”
- Ask for clarification if there is something you didn’t understand, e.g. “I didn’t quite understand what you said just then, could you please explain again?”

**Summarize at the end what you have understood**
- Identify and reflect key points you heard the person say, so that they know you have heard them and to be sure you have understood them correctly, e.g. “From what you have just said, I understand that you are mainly worried about [summarize main concerns they have expressed]. Is that correct?”
- Describe what you have heard, rather than interpreting how they feel about the situation (e.g. don’t say: “You must feel horrible/devastated”). Don’t judge them or their situation.

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**Things to say and do ✓**
- Try to find a quiet place to talk, and minimize outside distractions.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Stay near the person but keep an appropriate distance depending on their age, gender and culture.
- Let them know you are listening; for example, nod your head or say “hmmmm....”
- Be patient and calm.

**Things not to say and do X**
- Don’t pressure someone to tell their story.
- Don’t interrupt or rush someone’s story (for example, don’t look at your watch or speak too rapidly).
- Don’t touch the person if you’re not sure it is appropriate to do so.
- Don’t judge what they have or haven’t done, or how they are feeling. Don’t say: “You shouldn’t feel that way,” or “You should feel lucky you survived.”

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Figure 10. Active Listening Skills
Figure 11. Tips on Communication Skills in performing PFA.

When someone is experiencing serious distress

The signs of stress described above are natural and may fluctuate over time. Some people may have longer-lasting and more intense reactions. When this happens, they might be seriously distressed. Feeling serious distress is a normal reaction to extraordinary circumstances, but it can stop people from being able to function. In a situation like this, it is likely that you will need to refer the person on to specialized support. Signs that someone is experiencing serious distress include if they are:

- So upset they cannot take care of themselves or others
- Being very anxious and fearful
- Talking about wanting to hurt or kill themselves
- Shouting
- Feeling disoriented or “unreal”
It's understandable to feel unsettled at this time. Whether you're a business owner who employs staff or a sole trader, a manager at an organization or an employee, your workplace may be facing difficult times and it's normal to consider what these means for you. There are many actions that employees, managers and business owners should take in their normal everyday lives to protect and nurture their mental health. And these still apply in the current circumstances.

- Be realistic about what can be achieved.
- Keep the hours you work in check and be mindful of work-life balance.
- Stay in touch with family and friends.
- Eat well, prioritize sleep and stay physically fit.
- Try and find time to switch off from technology.
- Monitor **warning signs** of poor mental health.
- Reach out to mentors and colleagues for support.
- Maintain interests outside work.
- Don’t be afraid to ask for help. Access information and **support services**.
- Consult your company’s Employee Assistance Program (EAP) provider, if you have one.

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**WSH: Increasing Physical & Mental Resilience**

1. Emphasize everyday actions to stay healthy such as:
   a. Eat nutritious and well-cooked food,
   b. Drink plenty of fluids and avoiding alcoholic beverages,
   c. Have adequate rest and at least 8 hours of sleep, and
   d. Exercise regularly;
2. Enjoin companies to provide free medicines and vitamins; and
3. Provide referral for workers needing counselling or presenting with mental health concerns.

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![Figure 13. BWC Guidance for Mental Health on COVID-19 Pandemic](image)

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**Employer/Manager/Supervisor**

It is important to think about how to support employees during these uncertain times.

- Maintain regular communication and conversations with employees, workmates and encourage to utilize support provided by the employer
- Awareness of the different support that are available
- Update about business response to the coronavirus outbreak
- Don’t forget to take time to look after yourself too.

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**Helping responsibly also means taking care of your own health and wellbeing. As a helper, you may be affected by what you experience in a crisis situation, or you or your family may be directly affected by the event. It is important to pay extra attention to your own wellbeing and be sure that you are physically and emotionally able to help others. Take care of yourself so that you can best care for others. If working in a team, be aware of the wellbeing of your fellow helpers as well.**

![Figure 14. Helping Yourself First](image)
Advice for managers and supervisors who support staff and volunteers

As a manager and/or supervisor, you play a crucial role in ensuring the well-being, safety and health of workers and/or volunteers. You can use the skills described in this guide to support staff and volunteers if they become distressed, and you can build supportive work environments that promote employee health and well-being.

To support staff and volunteers, you can:

- Proactively encourage them to engage in positive self-care strategies, and create an environment of collective care between teams.
- Implement a buddy system and encourage peer support.
- Lead by example, through modelling healthy work behaviours (e.g. not working overtime, being kind to others).
- Provide information to all staff and volunteers on anonymous mental health counselling and support available to them.
- Prepare them by providing regular training for working in the COVID-19 response.
- Be aware of staff and volunteers who may be in vulnerable or marginalized situations, and who may require additional support.
- Provide accurate, up-to-date and easy to understand information on staying safe during the COVID-19 pandemic.
- Operate an open-door policy for staff and volunteers to report problems, preferably to someone different from their line manager.
- Have regular meetings to discuss challenges, concerns and solutions.
- Work to proactively address conflicts; emphasize the importance of a supportive team environment, and model kindness and compassion towards oneself and other team members.
- Ensure that they have regular breaks, and time to connect with family and friends.

Selena’s case
Selena manages a small team of counsellors. Due to the COVID-19 pandemic, everyone is working remotely. To support her team, Selena arranges for daily check-in calls for the team, to assess how everyone is doing, discuss any concerns and provide any up-to-date guidance or information on COVID-19. Selena encourages the team of counsellors to have regular social meet-ups and peer support without her present, to help them relax and build a team environment. She also provides contact numbers for counselling services. To help her staff feel appreciated and motivated, Selena sends weekly emails saying thank you to the team for their work.

Further resources

Figure 15. Examples of advices in support to staff and volunteers
Managing Mental Health In The Workplace

**HAVE YOU SPOTTED THE SIGNS?**

There are many reasons why mental health has become such a huge issue in the workplace today, but one factor is that many cases go unrecognised until they become severe. Whilst many employers are now primed to spot signs of physical illness, mental health problems can be more difficult to identify. Here are some common signs that someone may be struggling with their mental health at work.

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Employees who are struggling with their mental health may seem irritable, sensitive to criticism, demonstrate an uncharacteristic loss of confidence or seem to lose their sense of humour.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>An employee may make more mistakes than usual, have problems making decisions, or not be able to concentrate. Look out for any sudden and unexplained drop in performance at work.</td>
</tr>
<tr>
<td>Behavioural</td>
<td>This could include things like arriving late, not taking lunch breaks, taking unofficial time off, not joining in office banter, or not hitting deadlines, becoming more introvert or extroverted, generally acting out of character.</td>
</tr>
<tr>
<td>Physical</td>
<td>Employees who are stressed sometimes exhibit physical symptoms such as a constant cold, being tired at work, looking like they haven’t made an effort with their appearance, or rapid weight loss or gain.</td>
</tr>
<tr>
<td>Business</td>
<td>At a business level, look out for increased absence or staff turnover. Have you noticed employees working longer hours or a general drop in motivation or productivity levels?</td>
</tr>
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</table>

Yes
Spotting one or two of these symptoms does not always mean there is an underlying mental health issue, but you should consider checking on your employee’s wellbeing or picking up with their manager - especially if you know they may be going through a difficult time inside or outside work.

No
If you haven’t experienced any of these, you’re doing a good job looking after the wellbeing of your staff at the moment. However, with mental health problems on the rise think about how to safeguard this for the future.

Figure 16. Common Signs Someone maybe Struggling with Mental Health at Work
Helping the Helpers

Helpers are those persons responsible in assessing, assisting and giving support to mental health care.

The main source of stress for helpers is day-to-day job stress, particularly during a crisis. Long working hours, overwhelming responsibilities, lack of a clear job description, poor communication or management, and working in areas which are not secure, are examples of job-related stress that can affect helpers.

As a helper, you may feel responsible for people’s safety and care. You may witness or even directly experience terrible things, such as destruction, injury, death or violence.

You may also hear stories of other people’s pain and suffering. All of these experiences can affect you and your fellow helpers.

Consider how you can best manage your own stress, to support and be supported by your fellow helpers.

The following suggestions may be helpful in managing your stress.

• Think about what has helped you cope in the past and what you can do to stay strong.

• Try to take time to eat, rest and relax, even for short periods.

• Try to keep reasonable working hours so you do not become too exhausted. Consider, for example, dividing the workload among helpers, working in shifts during the acute phase of the crisis and taking regular rest periods.

• People may have many problems after a crisis event. You may feel inadequate or frustrated when you cannot help people with all of their problems. Remember that you are not responsible for solving all of people’s problems. Do what you can to help people help themselves.

• Minimize your intake of alcohol, caffeine or nicotine and avoid non-prescription drugs. Check in with fellow helpers to see how they are doing, and have them check in with you. Find ways to support each other.

Talk with friends, loved ones or other people you trust for support. Here are some of the locally available helplines.

**MENTAL HEALTH HOTLINES IN THE PHILIPPINES**

1. National Center for Mental Health (NCMH) Crisis Hotlines
   Landline: (02) 989 0727 (USAP)
   Globe: (0917 889 8727) (USAP)

2. Crisis Line by In Touch
   Landline: (02) 8893 7603
   Globe: (0917 4001123)
   Stand: (0917 8001123)

3. Tawag Paghuma-Centro Bisaya
   Smart & Sun: 0939 937 5413
   0939 936 5433
   Globe / TM: 0927-654-1629

4. Hopcline
   (02) 8804 HOPE (4673)
   Smart-6919 673 HOPE (4673)
   GLOBE / TU: 0917 158 HOPE (4673), 2819

5. Manila Lifeline Centre (MLC)
   Landline: (02) 898 9191
   Mobile: 0917 894 9191

6. 700 Club Asia
   Prayer and counseling services
   Landline: (02) 737-0700;
   1800-1888-8700 (toll-free)
   Mobile: (0949-888-8000); 0925 300 3000;
   0917 406 5001
   Skype: the700clubasia

7. Philippine Mental Health Association, Inc.
   Mobile: (0917 355 2036/37)
   Landline: 8921 4998/59

8. Recovery Hub Philippines
   (Cebu-based)
   Website: app.recoveryhub.ph
The Philippine Council for Mental Health Guidance

The PCMH is in agreement with the guidelines set forth by the United Nations Interagency Steering Committee (UNIASC) for Mental Health and Psychosocial Support Services (MHPSS) in Emergencies. The PCMH aims at providing support programs, to protect and promote psychosocial well-being and to prevent and treat mental health conditions.
Mental Health and Psychosocial Support During COVID-19 Outbreak
from the Philippine Council for Mental Health

National action, specifically the expanded community quarantine to contain the spread of COVID-19 dramatizes the need for every citizen to be part of the solution. What happens to the individual affects his community and what happens to the community affects the individual. This interconnectedness is at the core of the pursuit and promotion of physical health and psychosocial well-being, and the prevention and treatment of ill-health.

Needless to say, the COVID-19 pandemic poses a strain and stresses the individual’s health including their mental health. Hence, the Philippine Council for Mental Health (PCMH) calls attention to the vital need to address the mental health and psychosocial consequences of this crisis along with the quest for treatment strategies and intervention for the physical and material consequences of this extreme life experience on individuals and their communities. The suddenness of the impact of this experience and their psychosocial consequences on the daily lives of individuals in their respective communities cannot be ignored. Though expected these consequences can be overwhelming putting individuals to be at risk for mental health conditions. Such strategies recently imposed on every individual in the country such as physical distance, self or community quarantine, school suspensions, working from home, etc. can have short-term and long-term effects on the mental and psychosocial well-being of individuals, families and communities. Community quarantine, magnifies the deficits in opportunities and material deprivation of those who have less in life. In the extreme case, safety from the virus could come face to face with the reality of starvation. In the case of starvation with families with limited resources to bring bread to the table.

Through all these, the PCMH is in agreement with the guidelines set forth by the United Nations Interagency Steering Committee (UN-IASC) for Mental Health and Psychosocial Support Services (MH-PSS) in Emergencies. The PCMH aims at providing support programs, to protect and promote psychosocial well-being and to prevent and treat mental health conditions.

IN THIS REGARD, THE PCMH RECOMMENDS THE FOLLOWING DURING THIS TIME OF CRISIS DUE TO THE COVID-19 PANDEMIC:

1. Promote psychosocial well-being in everyone.

2. Promote psychosocial well-being among the team of frontline workers and their supervisors and agencies.


4. Promote psychosocial well-being of older adults, the elderly.

THERE IS NO HEALTH WITHOUT MENTAL HEALTH

The WHO states that health is the state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The pursuit of Health for All necessarily involves the pursuit of the physical and psychosocial well-being of the human community during ordinary or extraordinary times. Mental health and psychosocial support is therefore integral to a complete public health response to any crisis or emergency. This crisis has only highlighted what we have known to be true all along – we are all connected as one human community. The virus will only be contained if we ALL ACT AS ONE. By being responsible and taking good care of ourselves, we are also taking care of each other. Strength, determination, cooperation, kindness and prayers will see us through this extraordinary episode in our lifetime.

Our connectedness with each other, not our differences is what matters now more than ever.
Mental Health and Psychosocial Support During COVID-19 Outbreak
from the Philippine Council for Mental Health

PROMOTE PSYCHOSOCIAL WELL-BEING IN EVERYONE

1. Recognize that crisis occurs when sudden and/or adverse circumstances affect a person's ordinary life.
   In epidemics and disasters these events put people in extreme stress and physical and psychosocial reactions are expected from them. These reactions include being sad, afraid, worried, angry, or confused, and although they are generally unpleasant they can be expected and generally therefore considered "normal."

2. It is okay not to feel okay.
   In situations of extreme stress, one can expect not to feel okay. Talking or venting feelings to somebody you trust is helpful in overcoming negative feelings due to stress. Talking with a mental health professional is also okay. People should not be afraid of feeling judged and stigmatized for doing so.

3. Engage in healthy activities that you enjoy and find relaxing.
   If one must stay home or in isolation, maintaining a healthy lifestyle, which includes a daily routine, exercise, eating healthy food, getting enough rest and good sleep, praying or finding quiet time for yourself, and enjoying moments with family and loved ones, can help maintain positive mental health during this time.

   Gathering facts and accurate information from reliable sources will help in determining risks and planning appropriate precautions. However, people should also limit their daily exposure to various forms of media. Overexposure to negative and alarming news can be very upsetting.

5. Draw on the skills that have helped in the past to manage previous crisis/adversities, and use these skills to manage this present one.
   One looks at his/her life in perspective as one considers the options one needs to take to overcome the crisis.

6. Shift perspectives away from number of deaths toward number of recoveries.
   A change of perspective is necessary. In fact, a sense of hope instead of fear could allow leaders and every citizen to better cooperate with one another – a vital element in defeating this outbreak.

7. Words do matter.
   When talking about coronavirus disease, certain words (i.e. Suspect, case, isolation…) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, create widespread fear, or dehumanize those who have the disease. Do talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19”. DON’T refer to people with the disease as “COVID-19 cases” or “victims”.

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Produced by HUMAN - the NGO Coalition for Mental Health in support of the PHILIPPINE COUNCIL FOR MENTAL HEALTH
# Mental Health and Psychosocial Support During COVID-19 Outbreak

**Promote Psychosocial Well-being in Older Adults, The Elderly**

1. **Older adults may find it difficult to keep in touch with their loved ones and other social supports during the quarantine, causing them mental distress, loneliness.**
   Prepare a personal safety pack, which includes personal information and available contacts like family members, list and supply of regular medicines, supply of storable food, snacks, and bottles of water, for at least two weeks.

2. **Provide emotional support, by creating an informal network of families, neighbors and health personnel.**
   Encourage family members to call their older relatives as often as possible.

3. **Encourage older people to take care of their own needs as much as possible, to engage in age-appropriate exercises like walking, and to sustain their routines of eating and sleeping and their usual ways of enjoying themselves, especially with family members at home.**
   They should be able to call for help if necessary.

4. **A constant stream of news reports cause anyone to feel distressed and anxious. This can be more intense among older people.**
   When sharing information, use words that will help older people understand without much anxiety. Instructions need to be communicated in clear, concise, respectful, and patient ways. For older people, patience is necessary because this information may need to be repeated whenever it is necessary. It may also be helpful for information to be displayed in writing or in pictures. This is especially necessary if there are memory lapses observed in the older person.

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Mental Health and Psychosocial Support During COVID-19 Outbreak
from the Philippine Council for Mental Health

PROMOTE PSYCHOSOCIAL WELL-BEING IN CHILDREN

1. In times of crises, it is common for children to seek more attention and be demanding on parents.
   They also often observe their parent’s behaviors and emotions and derive from these their behaviors and ways of managing their own emotional reactions. Keep them close and share facts about what is going on, especially about COVID-19, using simple and honest language, to ease up their fear and anxiety.

2. Maintain familiar daily routines at home.
   Since they must now stay at home away from school, encourage them to continue to have physical activities like playing even if only with family members.

3. Create new routines by providing regular time for learning activities.
   Provide avenues for continued learning like doing school work they would have had if they were in school. Encourage them to be in contact with friends and classmates.

4. At all times, parents should respond to their child’s reactions in a supportive gentle way, listening to them, showing them affection, not being judgemental, and being aware that children respond to stress in various ways.
   They cling to parents, are anxious, fearful or show changes in behavior like bedwetting, restlessness, etc. Be open to seek help from a mental health professional if the child’s behavior is not his usual way.

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# Mental Health and Psychosocial Support During COVID-19 Outbreak

from the Philippine Council for Mental Health

## Promote Psychosocial Well-being Among the Team of Frontline Workers and Their Agencies and Supervisors

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| **1** | **Frontliners should be allowed to express their fears and apprehensions.**<br>Their work is tough and highly stressful and much is expected of them at this time. The demands on frontline health workers can stretch the limits of human endurance. They blame themselves for not doing enough and push themselves to work harder. In helping them recognize these, they should be guided to see that these psychosocial reactions of frustrations, sadness, disillusionment, anger, etc. are expected and can be considered “normal”.
| **2** | **Recognizing their hard work during this crisis is important.**<br>This includes, at the very least, ensuring they have all they need to carry-out their work properly and efficiently – including providing them with personal protective equipment and ensuring that appropriate protocols are in place to keep them safe. Leaders and supervisors are encouraged to recognize the vital contributions of frontline health workers to the positive resolution of this crisis. They should listen to their concerns; give them credit for their diligence, commitment, initiative, innovativeness and personal sacrifices in the conduct of their duties. Providing appropriate incentives will help make these expressions of support more tangible.
| **3** | **Frontliners need to be given time to take care of their own basic needs too.**<br>They must be able to rest and recover from work through regular shift schedules, and encouraged to engage in physical activity, spend quality time with loved ones, pray or find quiet time with themselves, eat healthy food, and sleep well during breaks from work.
| **4** | **Frontliners may be subjected to stigma due to the nature of their work at this time, notwithstanding their possible exposure to the virus itself.**<br>They may experience stigma from different sectors of society – even among their own families, close friends, co-workers and law enforcers. This will make an already challenging and stressful situation worse and can interfere with their ability to serve. We must care for them as we would any member of our society.
| **5** | **Finding time to reflect is important to maintaining positive mental health.**<br>Drawing on skills and resources that have helped during past crises can help in managing the current crisis and minimizing the negative impact of stress on psychosocial well-being.
| **6** | **Frontliners are encouraged to be open to accept help from a friend whom they trust or seek a mental health professional and not be afraid that they will be judged as a failure or a mental patient.**<br>Feelings of guilt arising from thoughts that one has not done enough can worsen the stress. This can feel very overwhelming. Changes in mood, such as feeling anxious, irritable or low and tired all the time, may make it difficult to relax even outside work. Confiding with someone being trusted or talking to a mental health professional will help process these feelings.
| **7** | **Policies and protocols of hospitals and other agencies involved in the frontlines should recognize and prevent burnout.**<br>This is a common consequence of extreme stress. Work schedules and assignments and appropriate referral systems should be in place to ensure the provision of mental health and psychosocial support.

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Pressing Needs for Research and Data

- Effects of modest increases in working hours.
- How effects of long work hours might be modified by alternative work schedules and work-rest regimens, and varying domestic demands.
- Task-specific effects of long work hours (e.g., effects of long work hours for physically demanding tasks and other hazardous exposures).
- The effects of unplanned and mandatory overtime.

Helpful Checklists

- Quality of Work-life Module Checklist
- COVID-19 Stress Checker

Sources and Reading Materials

- Psychological First Aid: Guide for Field Workers
- Creating A Mentally Healthy Workplace: A Guide for Managers
- Karasek’s Job Demands Control Model
- War Trauma Foundation, World Vision
- Philippine Council for Mental Health
- The Changing Organization of Work and the Safety and Health of Working People
- https://www.cdc.gov/niosh/topics/traumaticincident/default.html
- Mental Health and Psychosocial considerations during the COVID-19 Outbreak
- Workplace Peer Support
- Your Mental Health and Well-Being
- Managing Mental Health in the Workplace
- https://www.who.int/mental_health/emergencies/guide_facilitators_slideshow.pdf?ua=1

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APPROVING BODY
PCOM National Officers and Board of Directors 2019-2021

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(02) 894-COVID
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