



ICRC

MENTAL-HEALTH AND PSYCHOSOCIAL
SUPPORT FOR VULNERABLE GROUPS
DURING THE COVID-19 PANDEMIC

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INTRODUCTION

Living in stressful times

We are all anxious and apprehensive these days. When someone feels like this it does not mean that they are unwell or weak. In fact, it is absolutely **normal** to feel apprehensive and under stress during this COVID-19 pandemic. These extraordinary circumstances have given rise to a great deal of uncertainty, and thus to worries and anxiety.

- Because the pandemic is such a threat to public health and has caused so many deaths, and so much uncertainty, most of us are fearful of contagion and **worried** and **anxious** about our own health and well-being and that of our children, elderly parents and relatives, family members who are health workers, and others. And almost all of us have reason to be concerned about the future – in connection with the duration of the pandemic, our jobs, the education of our children, etc.
- In addition, our fears are being fed constantly – by the news media and other sources of information. Social media plays a major role in this. Statements on the subject of the pandemic – unofficial, unreliable and often incomplete or biased – **give rise to misconceptions and lead to the spread of falsehoods** (for instance, that the coronavirus was genetically engineered and spread for political or geopolitical reasons), **stigmatize members of certain ethnic groups** or anyone thought to have been in contact with the virus, **and undermine** the struggle against COVID-19.
- We also have to cope with various burdensome **restrictions**, such as physical distancing and isolation. But these are restrictions we must comply with, in order to prevent the virus from spreading further and to protect ourselves and others.

The fear, worry, anxiety, and uncertainty created by this situation might be too much for some people. They may become **extremely sad** and **despairing or even, in some cases, angry and aggressive**. Excessive worrying almost always leads to imagining the worst and, inevitably, feeling that we won't be able to cope.

Our distress and anguish manifest themselves in various ways:

- Many of us have recently noticed that we are always **imagining** the worst. We are preoccupied with dark conjectures and unable to concentrate on routine tasks. We are restless and agitated, and unable to relax or take pleasure in ordinary things.
- But our worries are not just burdensome abstractions. Worrying too much has **physical or bodily consequences** as well: headaches, back pain, gastrointestinal complaints, insomnia and/or nightmares, loss of appetite, fatigue, etc.
- We may also face **relationship problems** – with our partners and/or with colleagues, friends and families.

Of course, **reactions will vary from one person to** another, depending on his or her experiences, personality, temperament, physical vulnerabilities, and so on. Everyone will react to the COVID-19 pandemic in his or her own way. None of the reactions mentioned above is **unusual or incomprehensible**. And many if not all of us are feeling a certain amount of anxiety and frustration now. In most cases, these feelings will fade away as the situation returns to normal.

Most of us can **handle all this** by ourselves, or with just a little support from our friends or families. However, some of the emotional or psychological distress caused by the pandemic may persist, with damaging consequences for our daily lives and well-being. Therefore, we need to be **attentive**. Managing our stress and our **psychological and psychosocial well-being during this crisis is as important as managing our physical health**. We should not forget that our mental health has a direct impact on our physical health. During these long periods of stress, anger and anxiety, our brain increases the production of stress hormones, which may affect our immune system and make us more vulnerable to viruses and contagion.

GENERAL POPULATION

- COVID-19 is a threat to both physical and mental health; the high rates of morbidity and mortality associated with it also put entire health systems at risk. Large numbers of people will have to endure the death of family members, loss of livelihoods, and – suddenly and unexpectedly – uncertainty about their future. This can cause – besides various aches and pains – psychological distress: anxiety, sadness, hopelessness, insomnia, fatigue, and irritability or anger (see reference no. 2 in the list of references at the end of the document; all subsequent numerical references in brackets are to this list).
- People must understand that their reactions to the current situation are normal. They must also realize that it is important to have access to basic psychological support, specialized mental-health care for serious conditions, and specific support for critical moments such as the death of family members and loved ones, isolation from caregivers, hospitalization, and outbreaks of violence.
- Consuming vague or unreliable information about COVID-19 can cause anxiety, worry and other distressed reactions. People must have access to trustworthy information that will allow them to understand the situation and prepare themselves accordingly for what the future might bring. They must have all the information necessary to obtain help if they become unwell and/or need specific support (2).
- Positive stories that engender hope, and positive images of local people who have experienced COVID-19, can be of great help. Whenever possible, information and communication campaigns should focus on positive stories, as that will enable communities to glimpse other, hopeful aspects of the crisis.
- It is important to make communities understand that their adherence to quarantine procedures will make a significant contribution to checking the spread of COVID-19, protecting those who are most vulnerable, and facilitating the work of health-care providers (9).
- Community members need support. Providing assistance to someone in his or her time of need can benefit both the person receiving the support and the person providing it. Helping others during these times may increase people's self-esteem and strengthen relationships in communities.

People in isolation

- The ceaseless flow of news reports may cause even more anxiety or distress among people in isolation. These people should limit their exposure to pandemic-related information to just once or twice a day, and should confine themselves to official sources. They should be given help to discipline themselves in this regard: for instance, assistance in setting up a schedule and making a commitment to following it.
- People in isolation may feel lonely and under stress. They must remain connected to their social networks. They may need help in practical matters – such as shopping for food and other essential items, and cleaning and/or maintaining their houses – if they are unable to care for themselves.
- People in isolation who are ill may have to contend with the fear of dying and/or of having infected relatives or other loved ones. It is vitally important for them to maintain their connection with others in their social orbit, especially when they aren't receiving visitors.
- Vulnerable people – older adults and people with pre-existing conditions related to physical or mental health, or substance abuse (8) – are at greater risk when isolated. Domestic and sexual violence can increase among people in isolation, as can consumption of alcohol and drugs. Suicidal thoughts, and even suicide, are likely to be widespread among severely traumatized people in isolation.

- The situation of people in psychological distress or with pre-existing mental-health conditions, and/or of people who have been traumatized by past experiences, may worsen when they are isolated or cut off from ongoing therapy. Authorities and service providers must therefore do their best to maintain mental-health and psychosocial support (MHPSS) services.

People affected by COVID-19

- Individuals hospitalized because of COVID-19, and their families, must be kept up to date about the evolution of the disease. This information must be provided in an empathetic manner. Staying in touch with their ailing relatives, as long as circumstances permit, will be a source of great comfort for family members. Should their relatives become mortally ill, family members must be given the opportunity, whenever possible, of bidding their dying relatives farewell. They may also benefit from alternative mourning rituals – individual and/or collective, involving other relatives and friends (while making these arrangements for them, it must be kept in mind that these rituals vary from one culture to another).
- People affected by COVID-19 may find themselves identified solely as “COVID-19 cases”, “victims”, “COVID-19 families”, “the diseased”, and so on. This is stigmatization and must be seen as such. People who have COVID-19 – and those associated with them – must not be ostracized or made to suffer any other similar treatment. Information campaigns are of great importance in making communities aware of the long-lasting effects of stigmatization.

People with pre-existing mental-health conditions

- People with mental-health issues who are affected by COVID-19 may need medicines that interact with the psychotropic drugs that they are taking. These cases must therefore be followed up by mental-health specialists. Mentally ill people in isolation are at risk of their illness worsening, and of falling into crisis, if they are left unattended.
- Mental-health conditions may worsen if the necessary medicines become unavailable or inaccessible to the people in question; this will also make things more difficult for the caregivers involved. **It is absolutely necessary for people with mental-health conditions to continue taking their medicines; the availability of these medicines must therefore be ensured, as must regular follow-up care by their mental-health specialists.**
- People who have already been stigmatized because of their mental illness may be reluctant to seek support for coping with both COVID-19 and their mental health. Health-care providers must give them proactive support, while respecting their dignity as they do that of other patients.
- Access to MHPSS services may have to be adapted for community members in general, and particularly for those mentioned above: this is because certain contexts may have imposed restrictions on movement, which necessitate these adjustments.
- Local and national authorities should make every effort possible to implement a system to coordinate the activities of all MHPSS agencies and government bodies involved in the response to the COVID-19 pandemic, and to facilitate MHPSS services’ cross-sectoral participation in the response (4).

CHILDREN/ADOLESCENTS

- Quarantine measures can create fear in communities, and particularly among children. COVID-19 should be explained to children in an honest, reassuring, and age-appropriate way.
- Children will most likely stay at home during the pandemic. They need to follow familiar routines or develop new ones, playing and socializing with others, even if only within their families or with their primary caregivers.
- The fear and sadness that children might feel must find expression, in a safe and supportive environment. Playing and making drawings can help them express their feelings. Many agencies have developed materials to assist children to express their feelings and adults to discuss COVID-19 with them.
- Children may become more clinging and demanding. Displays of anxiety, anger and agitation may become more frequent. They might become withdrawn and moody, have nightmares, or wet their beds. They are likely to need adults' love and their time more than before. These are normal reactions to these abnormal times.
- Children need to be close to their parents, families and caregivers – whenever that is considered safe – or to stay in regular contact with them via video or phone calls or other means.



Situations that may increase children's vulnerability and create protection and psychosocial issues for them:

- They belong to families that are already vulnerable for various reasons: socio-economic exclusion; living in overcrowded conditions or in the street; or lack of access to basic services (16).
- They or their caregivers have pre-existing mental-health conditions and access to the usual support has been cut off (16).
- They are part of families with a history of physical or emotional violence. Quarantine conditions could exacerbate the situation, and increase children's exposure to violence – for instance, violence between their parents.
- Some children may be separated from their parents or caregivers because they – the parents or caregivers – have been infected, are quarantined, or have died. Parents need to prepare for the possibility of their hospitalization: they must arrange for their children to be taken care of, by relatives or other caregivers chosen in advance.
- Children in orphanages may present more intense and frequent symptoms of depression, anxiety, fear, anger, and sleeping problems (insomnia, nightmares, bedwetting, sleepwalking, extensive sleeping, etc.) during the pandemic. Orphanage staff must be alert to this and must create the trust necessary for children to express themselves: they must listen to the children with empathy and compassion and withhold judgment of any kind. They must also be able to identify children in need of more specialized support and to refer them for such assistance.

Children and families affected by the COVID-19 pandemic must be followed up closely by protection and psychosocial services. Local and national authorities should endeavor to establish a system for monitoring and providing assistance that will guarantee the safety of children and ensure conditions conducive to their physical and emotional well-being.

Tips for children

- Experts throughout the world are working very hard to defeat this disease, so you mustn't be scared all the time.
- Some older people and other adults, who were already sick, are at risk of catching the disease. Doctors in hospitals are working very hard to cure them. By staying at home, we help the doctors and protect those people. You can write letters, make drawings, and record videos, and send them to these people who are sick; that will lift their spirits.
- You might be worried, scared or upset, but, remember, most of us are feeling like that these days. Drawing pictures and coloring them and sharing them with your parents or other adults taking care of you, might be helpful. Tell these adults what's troubling you.

Tips for teenagers (15)

- Discuss your worries with your parents.
- If you feel sick or are worried that you are experiencing symptoms of COVID-19, speak to your parents about it; most people who have COVID-19, especially young people, are only mildly symptomatic.
- Feelings of anxiety are normal. In fact, they help you to take care of yourself and others by making responsible decisions, such as not spending time with other people, washing your hands, and not touching your face.
- Your parents are doing their best to be supportive. But they also have to go to work and to do their many chores at home. Helping them will make you feel better and ease the situation at home.

Tips for caregivers (4, 14)

- Talk to children about the things they can do to look after themselves and others. For example, explain why it is important to wash our hands frequently. Do it in a way that gives them pleasure: hand-washing games with rhymes, for instance. Invent stories for them about how the coronavirus explores our bodies. Turn cleaning and disinfecting the house into a game. Have them draw and paint pictures of the virus. Explain what personal protective equipment is so that they are not frightened of people wearing face masks, for instance (18).
- Don't switch off the TV or close web pages on your computer when they come into the room. This will only encourage them to let their imagination run riot.
- Children often take their emotional cues from the most important adults in their lives, so how you respond to the crisis is very important (4).
- Give your children extra time and attention. Listen to them. Speak kindly to them and reassure them. Give them the facts, as appropriate to their age. Tell them what you know. Don't speculate about the pandemic in their presence.
- If appropriate, hug them. Tell them how much you love them and how proud you are of them.
- If you are taking care of children separated from their parents, be aware that the separation will be an added source of stress for the children, which they will express according to their age. To minimize the impact of the separation, try to make sure that the children have as much contact with their parents/caregivers as possible. Keep them informed about the situation in an honest, clear and empathetic way.
- If the situation becomes difficult to deal with emotionally – and it might – don't hesitate to seek advice or assistance from mental-health professionals. Make sure that you know about the services available to you.

ELDERLY PEOPLE

- The pandemic may be particularly stressful for older adults, especially those in isolation and those with cognitive decline/dementia. They may become more anxious, angry, agitated and withdrawn. They will need practical and emotional support from their families and friends – phone calls, or visits when possible – and from health professionals (21).
- Older adults may have difficulty in caring for themselves. They may have to depend on their families or caregivers for help in practical matters such as having food delivered and obtaining medical care.
- Older adults need accurate information about COVID-19: the progression of the disease, treatment for it, and effective strategies to prevent infection. This information must be provided in clear and simple language. Their worries and questions must be given a respectful hearing, and they must be reassured.
- Appropriate follow-up must be provided for the physical and psychological pathologies of older adults.
- Older adults must be helped to familiarize themselves with and accept the use of devices and other means to protect themselves against the coronavirus. It is vitally important to be clear, concise, respectful and patient when giving them instructions; it might be helpful to use pictures.
- Staff at facilities for older adults – such as nursing homes – must ensure the implementation of measures to prevent people from infecting one another and/or spreading panic. Older adults must have access to the same level of health care as the rest of the community. They must also, when necessary, be subject to the same measures for quarantine and isolation, including denial of direct contact with relatives; it must be kept in mind that the absence of such contact may have an adverse impact on their physical and emotional well-being, and on their cognitive status as well. Older adults need to receive information in clear and simple language from empathetic staff trained in basic psychological support. Close contact with their families is also a necessity and must be ensured; however, given the exigencies of the pandemic, this may not always be possible.
- Older adults who have experienced traumatic events or are victims of violence – or have relatives who have gone missing – are at risk psychologically and need specific kinds of psychological support. It is vitally important that they have access to MHPSS services. Further isolation and fears related to the COVID-19 crisis will increase their vulnerability and weaken their ability to cope. Older adults who were already receiving individual counselling and/or were members of support groups should still, to the greatest extent possible, continue receive the benefits of such therapy. All feasible preventive measures should be taken when in-person visits are possible; internet platforms can be used to maintain group contact; individual phone calls can be made when no other option is available.
- Older adults must be encouraged to keep taking their medicine. If they are alone they may need to be reminded what medicines to take, when and how often – and to develop new routines for all this. They must make sure that they have at least a month's supply of medicines at home, and that they have access to these medicines when they need them (for instance, by soliciting in advance the help of neighbors, relatives, pharmacy employees, and others).
- Because they might need it, older adults must make plans for getting help in practical matters such as calling a taxi, having food delivered and obtaining medical care. Knowing that they are prepared for these eventualities will make them feel more secure and confident during the pandemic.



FIRST RESPONDERS

- First responders involved in a COVID-19 response may experience stress that could cause lasting damage to their well-being. The sources of this stress are various: fear of stigmatization; fear of getting infected or of transmitting the disease to their families; the ordeal of isolation or quarantine; the death of loved ones and/or colleagues; witnessing the death of people in their charge; or just exhaustion brought on by their work. First responders need a supportive environment, space to express their concerns, and adequate supervision (27).
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- First responders must be given all the equipment necessary to do their job, such as personal protective equipment. Unprotected first responders are likely to experience very high levels of stress, as they are in close and constant contact with people. They must also be given the training necessary to do their jobs properly. For instance, while delivering food or transporting those who are ill they will have to calm and soothe the fears of the people they are helping; failing to do so – because they lack the necessary training – will dent their confidence, with damaging consequences for those they are meant to be assisting.
 - First responders involved in a COVID-19 response must know how to use protective equipment, be able to recognize symptoms of stress in themselves, and be aware of the support available to them. This requires training. First responders must also be given clear and detailed descriptions of the situation and their tasks. They have a right to decline certain tasks, and that right must be respected at all times.
 - First responders must have ready access to basic or specialized psychological support provided in confidence (27). During this crisis, National Red Cross and Red Crescent Societies and other organizations, and the authorities, must set up a system to provide psychological support for the first responders employed by them.
 - First responders involved in a COVID-19 response may worry that they are not doing a good enough job. They might worry that the stress and other emotions they are experiencing are signs of weakness or incompetence. They need to be reassured that this is far from true. And the life-saving and dangerous work they do must be fully acknowledged (4). Recognizing that the work they do is difficult, dangerous, and extremely valuable is of great importance.
 - Community members of many different kinds can serve as first responders during the COVID crisis: teachers, community leaders, religious leaders and others may be the ones on the front line, assisting those who are most vulnerable. They risk their lives every day to help others. It is essential that State and local authorities give them the recognition they deserve.
 - First responders working in situations of armed conflict and/or other violence have to deal with several other difficult situations in addition to the pandemic. The psychological or emotional stress caused by the prevailing violence is likely to be exacerbated by the demands of their pandemic duties. Attending to their emotional needs should be a matter of priority.
 - First responders should take care of their basic needs: they should make sure that they are getting enough rest – and physical exercise – that their diet is adequate and healthy, and they don't lose touch with family and friends. They should also avoid using tobacco, alcohol or recreational drugs to cope with their stress
 - First responders must be encouraged to turn to their colleagues, their managers or other trusted persons for support. Peer support during these times is highly recommended. This applies to everyone, regardless of any particular individual's ability to handle emergencies and stressful situations. Taking time to rest, advocating the rotation of staff, and asking for help are not signs of weakness.

HEALTH-CARE PROVIDERS

- Health-care providers (HCP), who are on the front lines of this pandemic, often lack resources and clearly defined protocols. Personal protective equipment must be made available to them, and they must be trained in its. They must also be trained in clinical procedures related to COVID-19, such as the protocols to be implemented. Senior staff will need to support new staff. Whenever possible, HCP must be rotated from high-stress to low-stress functions duties – even if only for a short time.
- HCP must be given training in basic psychological skills, which are needed to deal with COVID-19 patients. These patients may be in a state of great distress, which is even more the case among those with medical and psychiatric comorbidities. In a significant number of instances, a health worker was the only person present at the death of a COVID-19 patient. HCP often lack the training needed to provide palliative care, tend to patients in distress, communicate with the families concerned, and cope with the emotions engendered by this situation.
- HCP treating people with COVID-19 may become infected and will have to be separated from their families or their colleagues, or quarantined. They must be given the time and space necessary to rest, and must be able to communicate with their families, friends, and colleagues (8). They should also have access to basic and specialized psychological support.
- Some HCP may be stigmatized by their families or communities. Their work during this pandemic, and the dangers faced by them, must be given due recognition. Information/communication campaigns can be very helpful in this regard.
- HCP are under great pressure, which causes stress and makes them anxious, irritable, hyperactive or unwilling to rest, withdrawn, frustrated, or sad – or some combination of all these things. This is to be expected during acute emergencies, but the nature of the COVID-19 pandemic is such that these symptoms – including avoidance of work, in the short and the long term – could become chronic. HCP need to be listened to and should be screened regularly for psychological symptoms; ideally, they should be supported by mental- health and/or psychosocial professionals (31). They must also be helped to manage their emotions, at the beginning and/or at the end of their shifts. But present circumstance precludes the provision of much of this kind of help; however efforts should be made to provide them with as much – formalized – support as possible.
- HCP must know how and where to obtain MHPSS services in confidence. And they must try – difficult though that might be during this pandemic – to unwind.
- As they are in constant motion, HCP may not pay sufficient regard to self-care. They may benefit from training to strengthen their ability to cope with work-related stress, and/or from leisure activities aimed at helping them unwind or relax.
- HCP directly affected by COVID-19, or with a family member affected by it, must be given the time and space they need – to grieve and to be available for their families and loved ones, when necessary. Their emotional recovery or well-being is essential for their health and for the performance of their duties.
- HCP treating people for reasons other than COVID-19 may show signs of being under even greater stress than those treating patients with COVID-19 (33). All staff in health facilities need to be aware of the dangers of chronic stress during this pandemic.



PEOPLE WITH DISABILITIES¹

- People with disabilities might be prevented by certain barriers – physical, economic and informative – from obtaining the care they need. They also often have other health problems as well, and their financial situation is usually worse than most of the rest of the population. People with disabilities, and their caregivers, must have access to appropriate health services; and to information and materials for maintaining good hygiene and protecting themselves against COVID-19.



- People with communicative and/or cognitive disabilities must have access to up-to-date information on COVID-19 that is adapted to their condition. They should know how it spreads, the risk to them, how to avoid infection, and what resources are available to them. Information campaigns should take these people into account and develop materials specifically for their use.
- People with disabilities, including those living in care centres, must have access to good-quality MHPSS services adapted to their needs. Staff members at these centres must be trained in basic psychological skills, and in identifying people who need specialized MHPSS services and referring them to those services. It may be necessary to reinforce social/health services providing home support in practical matters such as delivery of medicines and food and assistance in maintaining personal hygiene.
- Older adults with physical disabilities need further care when they are quarantined: they are particularly at risk when they have to be isolated. Their situation must be assessed thoroughly, and their needs – health-related, psychological and psychosocial – should be given immediate and close attention. People with physical disabilities may benefit from home support provided by trained social workers and/or National Society volunteers.
- People with disabilities who have been receiving physical and/or psychological therapy may, when they are quarantined, suffer the consequences of their treatment being discontinued. They should – to the greatest extent possible – be enabled to maintain contact via telephone or video calls with their therapists.
- People with disabilities often have to deal with stigmatization and discrimination: for instance, it might be wrongfully assumed that they are incapable of taking their own decisions. This might be an additional source of stress for them and for their caregivers. They must be allowed to contribute to the development of emergency and quarantine protocols that concern them.
- When caregivers have to go into quarantine and/or isolation, the people with disabilities they were tending to might find themselves all alone. People with disabilities and their caregivers must have an alternative plan for the provision of care, one that involves members of their social network or local social services. States, and their health authorities in particular, should take into account the needs of people with disabilities when planning and/or providing social-support services.

Health authorities and authorities in charge of social services – local and national – should make all possible efforts to ensure that older adults and people with disabilities are not left to fend for themselves when they are quarantined.

¹ For more information on people with pre-existing mental-health conditions, please see the chapter titled “General Population”.

VICTIMS OF VIOLENCE

- As in any emergency, violence against women, children, older adults and people with mental-health issues may increase during the COVID-19 pandemic. Older women and women with disabilities, displaced women, refugees, and people living in conflict-affected areas are particularly vulnerable. Violence causes significant damage to physical, mental, sexual and reproductive health. Victims of violence must have access to MHPSS services within health systems or through other channels. During the lockdown caused by the pandemic, these services must be available via phone or the internet (whenever possible and without compromising confidentiality or violating privacy). Authorities should make all possible efforts to establish and implement systems to identify victims of violence and provide them with the necessary care (4). Victims of violence must be made aware of the services available to them.



- Perpetrators may take advantage of pandemic-related restrictions to control and abuse their victims even more and to limit or cut off their access to services and to basic items such as hygiene products for women. Care for victims of violence must be provided by empathetic medical staff who are trained in identifying signs of violence, and can listen unjudgmentally to victims, validate their feelings, and connect them to other support services (mental-health professionals and social services are of primary importance).
- Damaged or destroyed livelihoods, the increase in domestic work caused by the closure of schools, and the disruption of social and protective networks: any or all of these developments might increase the level of household stress and the risk of violence as well. In addition, quarantine measures might cause a reduction in contact with protective social networks. Victims of violence must have access to MHPSS and social services and to hotlines. Proactive support from social and/or psychosocial services would be of great help to them.

Local social services should work harder than usual to assess, and monitor families known to have a history of domestic violence or abuse, and should provide the support necessary.

- Isolation and quarantine may make matters worse for victims of violence who were dealing with psychological issues related to past trauma. Lack of interaction with protective networks can exacerbate depression, anxiety and other similar ailments. Health authorities must do their best to maintain the availability of psychological and psychosocial services.
- Any disruption of the psychological services being provided to victims of violence before the pandemic is likely to have adverse consequences, such as the revival or resumption of harmful coping mechanisms. It is therefore vitally important that the provision of psychological and social services be kept up during the pandemic.
- While informing people about the services available to them during the pandemic, psychological and social services for victims of violence should be mentioned and if necessary, emphasized.
- Victims of violence who had been receiving psychological or psychosocial support should, when it is cut off by the pandemic, should, together with their therapists, explore other possibilities – the telephone or the internet, for instance – for continuing their treatment. When this is not feasible they should be encouraged to follow the recommendations and tools they were given to deal with stress and emotional difficulties.
- Victims of violence must be able to reach out to family and friends. They should also know about the hotlines and local services available to them. They should be helped to draft contingency plans for any escalation in violence: this may include selecting a person – a neighbor, friend, or relative – or a shelter to go to when necessary.

MANAGEMENT OF DEAD BODIES

Relatives of dead people (45, 47)

- Many people have died alone during the COVID-19 pandemic. The preventive measures put in place have had other consequences as well: interment of bodies without the presence of relatives and friends, and without the necessary regard for cultural and/or religious usage; disorganized transfer of dead bodies; and confusion about where bodies have been taken for storage or burial. All this may give rise to feelings of anger, impotence and mistrust. Some people may have flashbacks and other trauma-related reactions.
- When people affected by COVID-19 die, their relatives must be notified immediately. They must be given all the pertinent information – circumstances of the death, next steps, services available to families, etc. – clearly and truthfully; all their questions must be answered in the same way. Authorities must ensure the adequacy of means for identifying bodies: for instance, they could have relatives and friends see a photograph of their loved one's body or even the body itself from a safe distance.
- Psychological reactions to pandemic deaths will not be uniformly the same. Families will mourn the death of their loved ones, and cope with their loss, in their own way. It is important not to generalize or to assume that every person who has lost a relative to the pandemic needs psychological support. If they are treated appropriately, most families will be able to cope with their loss.
- Quarantine conditions will prevent the performance of meaningful rituals – which will of course vary by culture and religion. This may have consequences: it might change or decrease the support provided by their social networks for the family members and friends concerned, causing anger and frustration, and complicating or muddling their feelings of grief and loss. Creating their own rituals might help families to connect with their grief and start absorbing their loss. They could perform virtual group ceremonies online when possible. All family members – including children, older adults and people with disabilities – must be able to participate in these ceremonies or rituals. And MHPSS services must be accessible to them at all times.



Authorities must make every effort to ensure that all activities related to the management of dead bodies management are governed or regulated by a psychosocial framework that protects the dignity of the dead and respects cultural usage and values and religious beliefs.

- The families of the dead will feel sad, frustrated and angry that they could not be with or at least near their relative during his or her last moments. And they will be haunted by questions about the last days, hours or minutes of their loved ones' lives: Were they in pain? Did they suffer? Were they conscious? Families should be supported during these times; they need to know their reactions are normal and should feel free to express their sadness.
- Families could be encouraged to perform suitable rituals at home immediately after the death of their loved one, and to plan more elaborate ceremonies for some future date. These rituals and ceremonies could be confined to the immediate family or include other relatives and friends. It might also help family members to write personal letters or poems to their loved one, play music to celebrate his or her life, or set up a memory corner in their houses. Families could also be given help to inform people via social media about the death of their loved ones.

Staff involved in managing dead bodies (45)

- Handling large numbers of dead bodies is not a routine affair. People doing such work put their mental and psychosocial well-being at risk. Managing dead bodies during the COVID-19 is even more stressful for the staff involved, as the risk of infection and the threat to their lives might be areas of great uncertainty in their minds. They must give all pertinent and currently available information about the transmission of COVID-19 and trained in the proper use of personal protective equipment.
- Like other front-line workers, such as first responders, staff involved in managing dead bodies must be given clear and detailed descriptions of the situation and their tasks. They have a right to decline certain tasks, and that right must be respected at all times. They should have access to MHPSS services.
- Stigmatization by relatives and neighbors may sharpen feelings of loneliness and sadness among staff involved in managing dead bodies. The work they do must be acknowledged. They help to provide a safer and healthier environment for the living and ensure regard for the dignity of the dead. This must be given due recognition.
- Fear of infecting them might lead staff handling dead bodies to avoid contact with their families. This is likely to add to their isolation. Their role in the response to COVID-19 might have other damaging psychological consequences as well. Attended to their psychological needs should be a matter of priority.
- Staff involved in managing dead bodies must have ready access to basic and specialized psychological support provided in confidence. National Societies and other organizations, and authorities, involved in managing dead bodies must set up a system for providing psychological support – including referrals for specialized mental-health support – during the COVID-19 crisis.
- Staff involved in managing dead bodies should be encouraged to focus on the larger purpose they are serving, and dissuaded from seeking to absorb the tragedy of every individual death (45). Their role during the pandemic, and the importance of their contribution, must be given due recognition. This will be a source of comfort to them; and helping them to find meaning in their work will provide reassurance.
- Staff involved in managing dead bodies need the same support as health workers and first responders.
- Staff involved in managing dead bodies should be encouraged to turn to their colleagues and peers for support. Formation of support groups is strongly recommended, as sharing experiences, feelings, and resources and ideas for coping is very helpful.
- Honesty in deciding whether to help in a particular situation should be encouraged among staff involved in managing dead bodies. These are difficult decisions and staff must be given the necessary support by their managers.
- Staff involved in managing dead bodies should be alert to signs of psychological impairment, such as stress that is overwhelming, to the point of paralysis; excessive anxiety; frequent nightmares; morbid preoccupation with death; loss of interest in their loved ones and in themselves; prolonged loss of appetite; and chronic insomnia. When these signs present themselves and disrupt daily life, it is necessary to search for psychological support.
- Staff must be made aware that having to cope constantly with emergencies and stressful situations has an impact, regardless of their ability to do so. Taking time to rest, advocating the rotation of staff, and asking for help are not signs of weakness.

PEOPLE DEPRIVED OF THEIR LIBERTY²



- People deprived of their liberty are very vulnerable to infection. In a number of contexts, detention facilities are overcrowded and unsanitary, and health care comparatively inaccessible; this makes it easier for the virus to spread rapidly (51). People in detention must have access to the same standard of sanitation and health care as the rest of the community, and hygiene items must be readily available to them.

- People deprived of their liberty are dependent on the state of prison infrastructure and the abilities of prison staff: they have little or no control over their lives. Rumors – and during the pandemic, panic – are easily spread in places of detention. People deprived of their liberty must be given the necessary information about preventive health care – and about the mitigation measures their detention facility is taking – in clear and simple language and in a suitable format (posters, leaflets, small-group discussions).
- People in detention facilities, especially those who have been isolated or quarantined, may be apprehensive, worried, and uncertain. Stress-related illnesses and pre-existing mental disorders might be exacerbated. Psychiatric and psychological treatment (including medication) for people with pre-existing conditions must be kept up, if necessary through phone or video calls. People who are particularly at risk of a deterioration in mental health must be identified and their condition evaluated immediately; they must then be given the support necessary (44).
- **Potentially vulnerable groups** – older adults and people with underlying health conditions (physical and mental), child detainees and children detained with their mothers, pregnant women, and people with disabilities – must be closely monitored by medical and mental-health professionals.
- People deprived of their liberty who are diagnosed with or suspected of having COVID-19 must be given medical attention without delay.
- If an independent medical assessment determines that a person deprived of his or her liberty must be isolated or quarantined, that person should be given all the information pertinent to his or her quarantine or isolation and enabled to have some degree of contact with the outside world. The dignity of everyone who is isolated or quarantined must be safeguarded at all times.
- Individuals or groups thought to be potential carriers of the coronavirus must be protected from marginalization, violence and stigmatization; information to this end must be circulated among all those concerned. Detainees and their families must be told in advance about any restrictions on in-person visits, and the reasons for the restrictions explained to them. Family contact must be ensured and maintained by other means, such as raising the frequency of phone and video calls, and of the distribution and collection of mail.
- People deprived of their liberty who use drugs and receive harm-reduction services must continue to have access to these services. Detainees with HIV/AIDS and/or TB will be very vulnerable to COVID-19 and close attention must be paid to them.

² The recommendations for HCP are also applicable to health staff in detention facilities.

- People deprived of liberty must be enabled to stay in touch with their legal representatives via phone and/or video calls.
- [Authorities](#) and staff in detention facilities must be given the training necessary to provide health care and ensure personal hygiene among detainees; they must have access to basic personal protective equipment – such as face masks – and sufficient amounts of disinfectant. They must also be familiar with all the contingency plans that have been developed for their facilities (44).
- Mental-health personnel – in detention facilities where mental-health services are available – should be kept abreast of developments in all cases of COVID-19 (44). Mental-health professionals in detention facilities must be involved in the medical response to the pandemic.

All restrictions on rights and freedoms must be consistent with international human rights norms and principles, such as legality, proportionality, necessity and non-discrimination.

GENERAL RECOMMENDATIONS FOR MHPSS DURING THE COVID-19 PANDEMIC

These are uncertain times where individual actions play a key role. Focusing on “**what I can do**” rather than on what I cannot and on **managing how we react** to our environment is important. Here are some tips to help you to manage your reactions during this period.

- **Understand and accept** that your reactions, **physical and mental**, are **typical** in such circumstances. It is entirely normal to be fearful and despairing, and full of doubt during a pandemic like this one. Talking with people you trust and **sharing your feelings openly** should reassure you that you are not alone in your reactions.
- **Remember that fear is a natural emotion that helps to protect us from danger.** The adrenalin released in our body during a stressful situation puts our brains and bodies on alert and makes us extremely attentive. Fear in a pandemic is useful because it drives us to reorient ourselves, take the necessary precautions, **adapt our behaviour, and adopt the proper attitudes.** This means:
 - protecting yourself
 - following rules and regulations
 - maintaining personal hygiene (washing your hands frequently)
 - staying informed.
- **Focus on what you *can* do** despite all the restrictions and constraints:
 - **Support** each other. Assisting friends and colleagues who are facing similar difficulties benefits both the person receiving the help and the person providing it.
 - Maintain a **healthy lifestyle** to strengthen your immune system:
 - get enough sleep and rest, food, physical exercise, etc.
 - avoid cigarettes, caffeine, alcohol, drugs, etc.
 - Develop **new daily routines** as quickly as possible (e.g. waking up and going to bed at the same time every day, fixed hours for helping children with homework and for recreational activities). **Maintain these routines.** Set aside time for working and resting, and for your hobbies. Limit the amount of time you spend in front of a computer screen. If you have children, set aside time for listening to them and playing with them. This might also be the right time to learn something new: the internet has plenty of options. But not learning something new is perfectly alright if you are maintaining other healthy habits.
 - **Stay connected** to your loved ones via telephone or video calls, e-mail, and social media:
 - Take part in the lives of your friends and relatives, and talk with them about subjects of common interest (other than COVID-19).
 - Try to organize social gatherings remotely, via social media (conference calls with friends, arranging to watch a concert online, etc.)
 - **Limit the amount of pandemic-related information you consume** (news updates not more than once or twice a day):
 - choose reliable sources (e.g. the World Health Organization, the Centers for Disease Control and Prevention, your ministry of health on Facebook)
 - focus on **facts**, not rumours.
 - While accepting the realities of the pandemic, don't forget its **positive** aspects. For instance:
 - the high rate of recovery (more than 95%)
 - the dedication and courage of health workers.
 - Plan to do something every day that **you enjoy and that helps you to relax.** When we are struggling with anxiety and stress, we can lose touch with the things that we used to enjoy:
 - reading a good book, watching a television or movie comedy, dancing, singing, taking a relaxing bath, eating a favourite food, listening to music, drawing, knitting, etc.
 - activities that give you a **sense of accomplishment**, because we feel good when we achieve or accomplish something.
 - Use **strategies** that have helped you in the past to manage stress, such as praying or making jokes.

- Try out **new techniques and strategies**, such as breathing exercises to relax.

RECOMMENDATIONS FOR SPECIFIC KINDS OF MHPSS DURING THE COVID-19 PANDEMIC

GENERAL POPULATION

Support provided by trained persons working under supervision (that is, people who are not necessarily mental-health specialists)

- Basic psychosocial support: psychoeducation, raising awareness of psychological and psychosocial reactions and coping mechanisms, and training in self-care
- Focused psychosocial support: group activities online, such as peer support for stress management and workshops on emotional regulation (topics might include mindfulness and other meditation techniques)

Support provided by MHPSS specialists

- Training and raising awareness in various aspects of basic psychosocial support: psychological and psychosocial needs of victims of violence, assessment of support provided by individuals and social networks, and criteria for referral to mental-health/protection/social services – for health staff treating people with COVID-19 symptoms, front-line workers, and social services personnel
- Supervision of trained teams of health workers, social services personnel, and protection staff
- Psychological support: counselling, stress management, emotional regulation, individual and family therapy (in person if possible; otherwise, online or by phone, and mindful of confidentiality and privacy)
- Specialized mental-health support: medication (some basic drugs may be prescribed by trained general practitioners in accordance with national regulations), psychiatric consultations (in person if possible; otherwise, online or by phone, and mindful of confidentiality and privacy)

ELDERLY PEOPLE

Support provided by MHPSS specialists

- Online workshops on such subjects as developing listening skills, collecting data from patients, detecting critical psychological problems, prioritizing needs, identifying individual and social sources of support, and identifying signs indicating the necessity of referral to more specialized care – for the staff of residential care centres, front-line workers, volunteers, home nurses, and social services personnel.
- Support-group sessions, in contexts where beneficiaries have access to the internet. These sessions are recommended for alleviating isolation and reducing stress. Support groups should be kept up, especially for older adults who have been made vulnerable by violent or traumatic events in the past.
- Peer support, via virtual platforms, in those contexts where beneficiaries have access to the internet.
- Individual counselling and/or therapy (online or by phone, and mindful of confidentiality and privacy).
- Stress management techniques, emotional regulation (including mindfulness and other meditation techniques).

PEOPLE DEPRIVED OF THEIR LIBERTY

Support provided by MHPSS specialists

- Psychological support: counselling, stress management, emotional regulation, and individual therapy could be made available for detention staff, such as guards and health workers.
- Specialized mental-health support: medicines, for continuing the treatment of detainees with mental-health conditions, should be made available. Medical follow up of detainees should include evaluation of mental health, identification of signs of severe distress, and referral when necessary.
- Training and raising awareness – for staff in detention facilities.

HEALTH-CARE PROVIDERS

Support provided by MHPSS specialists

- Group sessions³ on normalization of reactions, coping mechanisms, self-care, and stress management
- Individual counselling/Psychological support
- Raising awareness and training in such areas as basic psychological skills (including communication skills); identification, by a mental-health specialist, of patients in need of psychological support; and training in detecting patients in need of palliative mental-health care

CHILDREN/ADOLESCENTS

The support provided should be age-specific.

Support provided by trained persons working under supervision (that is, people who are not necessarily mental-health specialists)

- Basic psychosocial support: various age-specific techniques to facilitate expression of emotions: making drawings, telling stories, playing, etc.; normalization of reactions and reassurance; psychoeducation

Support provided by MHPSS specialists

- Raising awareness, training and supervision – for trained staff in orphanages and care institutions for children/adolescents. Topics include developing listening skills and communication skills; collecting data from the children/adolescents and their caregivers; detecting psychological problems; prioritizing needs; identifying individual and social sources of support; and making referrals for further care
- Psychological support: counselling, stress management, emotional regulation, and individual and family therapy
- Counselling services for staff/caregivers and others providing support for the children/adolescents affected by the pandemic

PEOPLE WITH DISABILITIES

Support provided by MHPSS specialists

- Workshops on topics such as developing listening skills, collecting data from patients, detecting psychological problems, prioritizing needs, identifying individual and social sources of support, and making referrals for further care – for personnel supporting people with disabilities (care-centre staff, front-line workers, volunteers, social services personnel, etc.).
- Support-group sessions, in contexts where beneficiaries have access to the internet. Support-group sessions should be conducted on a trustworthy platform, mindful of confidentiality/privacy.
- Peer support, via virtual platforms, in those contexts where beneficiaries have access to the internet.
- Individual counselling and/or therapy (online or by phone, and mindful of confidentiality and privacy).

VICTIMS OF VIOLENCE

³ It will be important, in every context, to select the right term for activities that aim to provide psychological support for HCP. Fear of stigmatization, and the belief that self-care is unnecessary, may prevent HCP from attending counseling and support sessions. “Training in strengthening abilities to cope with stress” was used successfully at La Paz Hospital in Madrid, Spain.

Support provided by trained persons working under supervision (that is, people who are not necessarily mental-health specialists)

- Basic psychosocial support: psychoeducation, in such areas as psychological and psychosocial reactions and coping mechanisms.
- Focused psychosocial support: maintaining group activities for certain sections of the population is strongly recommended, to prevent isolation and enable sharing of experiences and feelings. If possible, support-group sessions should be conducted online or via telephone, mindful of confidentiality and privacy.

Support provided by MHPSS specialists

- Training and raising awareness in various aspects of basic psychosocial support: psychological and psychosocial needs of victims of violence, assessment of support provided by individuals and social networks, and criteria for referral to mental-health/protection/social services – for health staff treating people with COVID-19 symptoms, front-line workers, and social services personnel.
- Psychological support: counselling, stress management, emotional regulation, and individual and family therapy.
- Specialized mental-health support should be available when needed.

FIRST RESPONDERS

Support provided by trained persons working under supervision⁴ (that is, people who are not necessarily mental-health specialists)

- Peer-support sessions to enable sharing of experiences and coping mechanisms
- ‘Defusion’ after shifts or after particularly difficult or emotionally charged occasions, such as visiting a family that has lost several members to COVID-19
- Evaluation of the psychological status of personnel and referrals for mental-health care when needed

Support Provided by MHPSS specialists

- Regular support-group sessions after shifts, which should not be burdensome for personnel
- Raising awareness and training – in such areas as normalization of reactions, coping mechanisms, and self-care
- Regularly held workshops on emotional regulation and stress management
- Psychological support, through individual and group sessions

MANAGEMENT OF DEAD BODIES

Support provided by trained staff working under supervision (that is, people who are not necessarily mental-health specialists)

- Basic and focused psychosocial support
- Peer-support sessions for defusion
- Psychoeducation
- Sessions on stress management

Support provided by MHPSS specialists

- Raising awareness and training – in such areas as supportive communication, peer support, self-reliance, and identifying signs indicating the necessity of referral to MHPSS services
- Individual and group counselling for people who are directly affected by the pandemic and personnel involved in managing dead bodies
- Individual and family therapy

⁴ Such as National Society volunteers

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