



**MENTAL HEALTH AND
PSYCHOSOCIAL SUPPORT IN
ASIA PACIFIC DURING COVID-19
CASE STUDIES FROM NATIONAL
SOCIETIES IN THE ASIA PACIFIC
REGION**

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Warm thanks to all those National Societies volunteers and staff, and IFRC delegates who have contributed inputs, quotes and photos.

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OVERVIEW

Mental Health and Psychosocial Support (MHPSS) has become a growing priority in emergencies and disasters, not only for the Asia Pacific region, but globally as well. As disasters continue to hit in different corners of the world, there is a growing realization among nations towards the need of addressing and improving the neglected sector of mental health and psychosocial support for certain populations at risk. With its commitment to address this priority of MHPSS – along with a developed roadmap to meet them – the International Red Cross and Red Crescent Movement strives to achieve set outcomes which aim to integrate a fundamental level of MHPSS components across sectors. In terms of the COVID-19 pandemic, National Societies have been responding holistically to the MHPSS needs stemmed from the outbreak.

PURPOSE

With the introduction of the Asia Pacific MHPSS Training and Learning Collaborative, the efforts towards strengthening MHPSS in the region have grown, through collaborations with partner National Societies to improve the quality of services and support the implementation of Psychological First Aid (PFA) for All. To help illustrate the efforts done in the region, we are presenting four case studies in this publication to highlight the various approaches done to address MHPSS needs in times of a global pandemic, along with insights from a survey conducted on the concept of pandemic fatigue.

Based on the experiences from Hong Kong Red Cross Branch of the Red Cross Society of China, we will provide insights into how informational and educational materials were developed in response to the pandemic, as well as the operation of the telephone- and internet-based intervention “Shall We Talk” service to relieve distress of the public.

Through sharing from the Philippines Red Cross, we will learn about their established COVID-19 Hotline 1158, which was a 24/7 hotline service set up to provide PFA for people in need, run by 15-30 volunteers trained in basic Psychosocial Support.

From Nepal Red Cross Society, we will learn about the mobilization of its community volunteers, its PFA activities, and how they were able to reach communities via virtual sessions as well as in person. Particularly, a focus on suicide prevention and trainings on enhancing skills and identifying warning signs regarding suicide will be highlighted.

Lastly from the Indonesian Red Cross Society (Palang Merah Indonesia, or PMI), we will explore more about their strategies regarding tracing, monitoring and support activities. Their sharing will also shed light on stigma, exclusion, and the consequences that these actions could have on the mental health and psychosocial wellbeing of individuals.

This publication will conclude with an introduction to the concept of pandemic fatigue, along with findings from a survey conducted by the International Federation of Red Cross and Red Crescent Societies (IFRC) Asia Pacific Region Office. The respondents of the survey were staff, volunteers, and delegates of the International Red Cross and Red Crescent Movement residing in the Asia Pacific. Results from the survey will indicate which factors contribute towards pandemic fatigue, leading to call for action to address this phenomenon within our duty of care for the team.

We hope you will enjoy reading about the efforts put forth by the represented National Societies in Asia Pacific addressing MHPSS during COVID-19.

CASE STUDIES





Developing and Sharing Information, Education, and Communication Materials for COVID-19

Background

In Hong Kong, the COVID-19 outbreak occurred in early 2020 and the first case of novel coronavirus infection was confirmed on 23rd January 2020 and it gradually started to spread rapidly across the five continents in the world. Since then, the number of confirmed cases in Hong Kong continued to rise and kept fluctuating. Since January 2020, the Hong Kong Red Cross Branch of the Red Cross Society of China continued responding actively to the situation and disseminating health and hygiene knowledge, distributing relief supplies and providing emergency support to people under quarantine, as well as psychological support service to anyone in need. While this case study is primarily focused on the information and educational materials we developed in response to the pandemic, other service modes and services such as “Shall We Talk”, an in-person and telepsychological intervention using psychological first aid support, outreach operations in the communities required compulsory testing, trainings to secondary school and university students, were continued to carry out during the period to address the mental health and psychosocial needs of different populations.

In response to the pandemic, information and education were deemed to be vital and essential in supporting the people in experiencing such a situation psychologically and emotionally. Thus, Hong Kong Red Cross branch started to develop and distribute different information, education, and communication (IEC) materials which were tailor-made for different groups of people including psychoeducation materials, tips in coping and self-care, and information about help seeking etc. The following list encompasses the IEC materials designed in response to the COVID-19 situation by HKRC PSS Team and summary of each specific content:

- **Psychological Coping During Disease Outbreak – General public:** psychoeducation and dos and don'ts (tips) for maintaining psychological well-being during the pandemic for all people
- **Psychological Coping During Disease Outbreak – Elderly and people with chronic conditions:** common reactions and specific needs of the elderly and people with chronic conditions and tips to the caregivers during the time
- **Psychological Coping During Disease Outbreak – People who are being quarantined:** common reactions and needs of the people undergoing quarantine with specific tips for maintaining health and adaptive coping to the situation
- **Psychological Coping During Disease Outbreak – Healthcare professionals and first responders:** common reactions and potential difficulties encountered by the healthcare professionals and first responders during these times, with dos and don'ts (tips) for them in managing stress and maintaining healthy mind and body
- **14-day Well-being Diary:** suggestion of ideas for daily activity and small goal every day designed as a diary in which one can write the goals, progress, and feelings in it, in hope to encourage and inspire one in how to remain active and healthy when under quarantine or staying indoor for long time
- **Psychological Coping During Disease Outbreak – Families (Gamebook):** a game book developed for parents and children affected by the pandemic encompassing psychoeducation, tips to increase family interaction, and various types of games suitable for the whole family or individuals, aiming to help parents take care of their own emotions while enhancing parent-child relationships with parenting tips. Protection messages were also embedded in the book to raise awareness and encourage help seeking if needed.

These materials were developed in the format of either leaflets or booklets and had been printed in hardcopies for distribution, as well as being shared on online platforms^{1,2} and social media with free



Picture 1: An outreach activity in the community by Hong Kong Red Cross branch (HKRC) in response

1 https://www.redcross.org.hk/en/covid_pss.html

2 <https://pscentre.org/?resource=psychological-coping-during-disease-outbreak>



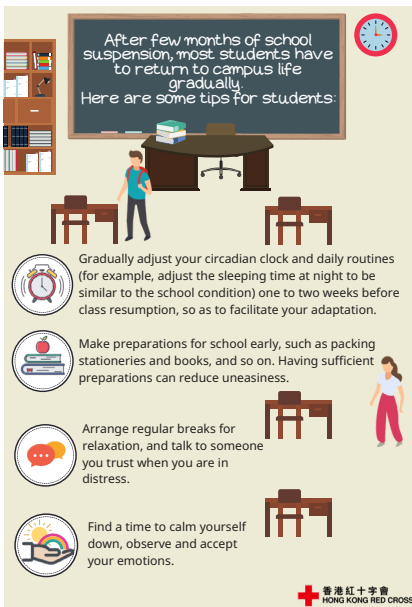
Picture 2: The six sets of PSS IEC materials in response to COVID-19





Picture 5: Materials including the PSS leaflet which were included in the infection control kits

Meanwhile, PSS infographics were developed for school resumption as the schools were suspended for a long period of time during the pandemic. The infographics were specifically designed for three groups namely the students, parents and teachers. Additionally, initiated by the volunteers, a video for the students after school resumption was produced by our volunteers and staff in hope to address their adjustment back to school as well as to introduce a 3-minute mental health test which they could take and receive feedback on their psychological condition. Self-care and coping tips, and further help seeking



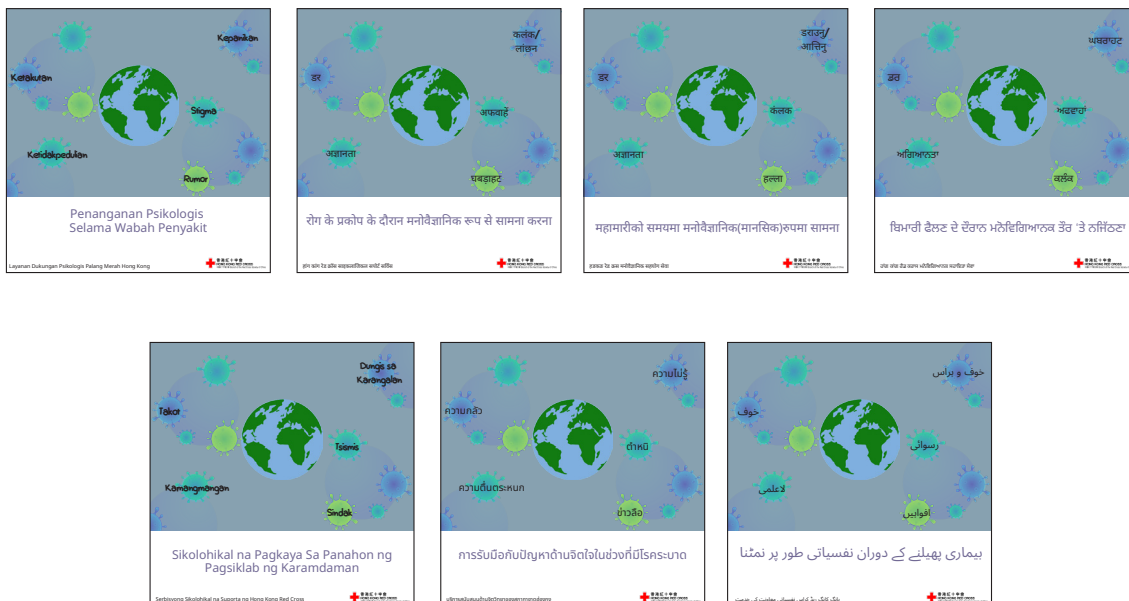
Picture 6a & 6b: PSS infographics designed for students to be prepared for

information were also provided.

In early 2021, a series of illustrations were also produced and shared to the public in addressing the issue of pandemic fatigue as the pandemic had lasted for an extended period of time and the community had showed signs of exhaustion and challenges in following the precautions. The illustrations explained the phenomenon and presented ways to deal with it and how to support others in the community.

Achievements

All of the six IEC materials listed above were available in both English and Traditional Chinese while four of them were also being translated into Simplified Chinese. Particularly, seven ethnic minority language translations for Psychological Coping During Disease Outbreak - General public, and four ethnic minority language translations for *Psychological Coping During Disease Outbreak – Families (Gamebook)* were also prepared, which could enable the minority groups to access and comprehend the important information. Since February 2020, over 80,000 leaflet/booklet printouts were being distributed to various groups in communities including people who were under quarantine in



Apart from the local distribution, these sets of IEC materials were also being shared to other National Societies through platforms such as seminars and websites which had received positive feedback and gratefully acknowledged. Some of the sets were being adapted in the NSs' own native languages and contexts for further dissemination in the respective societies. For instance, *Psychological Coping During Disease Outbreak - General public* was being refined and adapted by Japanese Red Cross, Polish Red Cross, and Trinidad and Tobago Red Cross Society with their languages and specific information for obtaining help. The 14-day Well-being Diary was also being adapted and translated by the Slovakian Red Cross and the English version was also well received and shared in different countries.

Additional to the above-mentioned IEC materials, HKRC branch had also successfully utilized an existing programme, "Shall We Talk", to provide remote PSS support to the community since face to face contact was largely disturbed during the pandemic. The affected individuals could reach us for psychosocial support by making appointment and the service was offered either by volunteers or

Volunteer's Experiences

Ms. Charmaine Cho, a volunteer of HKRC branch who had participated in the development of the 14-day Well-being Diary shared: *"Volunteering at Red Cross last year was very different from the past because of social distancing. I am glad I was able to give support and relief staying home by giving ideas to an activity pack to families with kids. The long period of isolation has been extremely difficult for them. Thanks to digital support from the Hong Kong Red Cross branch."*

Another volunteer, Mr. Tong Hui Ching, shared that *"Working on the game book for the family may be only one of the volunteering tasks but knowing that it is helping my beloved city and the people*

Challenges

- Continuous changes regarding the COVID-19 situation and communities' needs had posed challenges in the work of designing timely and specific IEC materials. Meanwhile, balance was also needed when it was meaningful to engage volunteers in developing the materials but also took longer time for the process and products to be produced. Thus, prioritization of the target groups and engaging volunteers actively were essential in order to develop timely materials.
- Some technical issues did arise when sharing the IEC materials with other NSs for adaptation and translation, such as transferring the original design technically.
- Providing remote Psychological First Aid with telecommunication posed difficulties especially at the beginning as both service providers and users needed to get used to and learn how to use the platforms and devices. It also made the interaction more challenging as some non-verbal communications would be interrupted or missed easily. Good internet connection also became vital and some people such as the elderly may not be familiar and comfortable using the digital technology.

Lessons learned and way forward

- The implementation including the distribution and sharing of the materials required collaboration with external parties in order to reach the targeted communities. It was also meaningful to be sharing the useful materials within the region or Movement which facilitated timely, efficient share of valuable information to the communities with adaptations based on different languages, cultures, and contexts. Therefore, continuous and expanded connection and coordination within the Movement and with the external partners will be crucial and shall further be empowered.
- Engaging volunteers in developing and implementing the IEC materials shall be further enhanced as to build leadership and capacity amongst volunteers as well as to be one of the first steps in engaging the community in times of public crisis.
- When designing and constructing the IEC materials, it is crucial to respond proactively to the needs of community in a continuously changing situation. For example, updated information and specific messages about vaccination and vaccine hesitancy would be very relevant for the community in 2021.
- Rising needs and importance of utilizing Information Technology (IT) in assisting us to deliver the IEC materials and services in a cost effective manner were apparent. For instance, when sharing the 14-Day Well-being Diary and the Gamebook, fillable PDF versions were created so people could simply record and save their information in their devices easily. Digital PSS service provision via the Shall We Talk programme had made offering of remote PFA possible and accessible by those in need. It is evident for the way forward to make use of IT to maximize the dissemination and usage of the useful information and it is obviously a developing trend in delivering MHPSS services to targeted and vulnerable groups.



Nurturing a Strong Bond Culture in the Community through Psychosocial Support

Background

Brief update on COVID-19 situation

After the first cases of COVID-19 were confirmed in Indonesia in early March 2020, the government declared a state of emergency classified as a non-natural disaster. The virus spread to 32 provinces and was then declared a national disaster. Between March and December 2020, the daily number of recorded cases in Indonesia peaked at well over 6,000 per day. To keep the economy afloat, balance livelihoods, and public health, the Indonesian government eased community restrictions, allowing people to leave the house again while following strict health protocols. These protocols include the 3M rules which is classified by wearing a face mask, practicing physical distancing, and frequently washing hands with soap. But along with the relaxation of social restrictions and the introduction of the 3M rules, there has been a rapid jump in COVID-19 cases.

COVID-19 has strained Indonesia's health care system, particularly in DKI Jakarta, the epicenter for COVID-19 in the country. Furthermore, there is a shortage of qualified health care practitioners across the country as they have been disproportionately affected by COVID-19. In September 2020, hospital capacity for quarantine and intensive care in Jakarta had exceeded the safe limit³. It has been projected that if nothing was done to increase hospital capacity, maximum capacity would be reached before the end of 2020⁴. Across the country, the need for more intensive care such as more quarantine facilities in hospitals, medical equipment, and stricter health protocols is apparent. A lack of these needs have made health services more difficult to access and execute.



PMI staff monitoring the development of cases in Central

Mental health situation in the country

The regulations and restrictions have affected all aspects of normality including religion, economy, education, and psychosocial wellbeing. The government of Indonesia has implemented several strategies to lessen COVID-19 transmissions such as restricting community mobility in the hopes of minimizing the spread. This limitation can potentially trigger anxiety, depression, and stress in all communities as they must adjust their lives to a large degree. For example, people cannot do their regular daily activities such as interact with their social groups, perform religious activities outside, and work at the office. Despite many being required to remain at home, some people who are considered essential workers must be present to conduct their work while following recommended health protocols.



PMI Staff collecting data from the community regarding how they are dealing with their mental health during the

Several recent studies in many countries have reported high levels of anxiety which has resulted in psychosocial anomalies during the COVID-19 pandemic⁵. One study even reported high levels of anxiety could lead to instances of suicide during this public health crisis⁶. The anxiety people are feeling could also be attributed to the abundance of false information on social media. This misinformation could eventually negatively impact the communities' psychological condition⁷. Public anxiety can lead to new public health problems as well. Sufferers of anxiety need special attention, especially in the current outbreak of COVID-19. This study investigated variables associated with the communities' psychosocial burden (anxiety levels) as well as what the Indonesian Red Cross has

- 4 COVID-19. With no intervention, Jakarta predicted to run out of hospital beds in December, September 10, 2020, <https://www.thejakartapost.com/news/2020/09/10/COVID-19-with-no-intervention-jakarta-predicted-to-run-out-of-hospital-beds-by-december.html>
- 5 Megatsari, H., Laksono, A., Ibad, M., Herwanto, Y., Sarweni, K., Geno, R. and Nugraheni, E., 2020. The community psychosocial burden during the COVID-19 pandemic in Indonesia. *Heliyon*, [online] 6(10). https://www.researchgate.net/publication/344445871_The_community_psychosocial_burden_during_the_COVID-19_pandemic_in_Indonesia
- 6 John, A., Pirkis, J., Gunnell, D., Appleby, L. and Morrissey, J., 2020. Trends In Suicide During The COVID-19 Pandemic. [online] *The BMJ*. <https://www.bmj.com/content/371/bmj.m4352>
- 7 Barua, Z., Barua, S., Aktar, S., Kabir, N. and Li, M., 2020. Effects of misinformation on COVID-19 individual responses and recommendations for resilience of disastrous consequences of misinformation. *Progress in Disaster Science*, [online] 8, pp.1-9. <https://www.sciencedirect.com/science/article/pii/>



A PMI volunteer in Central Java providing psychosocial support (PSS) through video call to minimize physical

done to help the community during the COVID-19 pandemic in Indonesia.

How work of NSs have contributed to reducing impact on mental health

The Indonesian Red Cross (*later mentioned as Palang Merah Indonesia - PMI*) has continued its support to provide psychosocial help to the community. One of the main priorities is to return the social aspects of the community to as close to normal as possible while being mindful of the COVID-19 precautions in Indonesia. Setting up a community with no stigma is vital to reduce mental health problems for people and families who were affected by the COVID-19 infection.

Achievements

Red Cross volunteers in Bantul actively engaged in tracing, monitoring, and supporting those with COVID-19. From bringing food supplies, to ensuring that they can fulfil necessities, everyone was willing to lend a hand. Unfortunately, stigma can cause the community to exile their neighbours due to the fear of contracting the virus. The exclusion of affected people can jeopardize the psychosocial wellbeing of that person and their family. Educating the public on the importance of personal hygiene and social support is key. Conducting an online webinar on PMI's social media and working with community leaders were some of the strategies utilized to ensure that the community can protect themselves. The volunteers also provided more than 70 calls since April 2020 to people in Bantul through video calls and visitations with the implementation of strict health protocols (such as ensuring that the family did not have a positive test result). This was to facilitate a safe space to share their concerns and ask questions relating to COVID-19.



PMI staff and volunteers conducting home visits to provide

Testimony from NS staff and volunteers and from beneficiary

Sekar Hanafi, a PMI volunteer, assisted

a mother that received a non-reactive test result while her husband and youngest son got infected from the virus. Alone, without anyone to help due the stigma from the community, she was helpless. Sekar arranged with her field coordinator to bring food and supplies to the woman's house and to educate the village leader on how the neighbours can assist anyone while they are isolating (such as the implementation of contactless delivery). Without the

help of Sekar, the community still might not understand how to deal with an individual with COVID-19. She proved to the community that there is nothing to be afraid of. “Being a volunteer (of the Psychosocial Support Program) in Bantul, I know that I can make myself useful to the community and I learned the importance of empathy for others,” said Sekar.

Challenges

Lack of health literacy in community members regarding COVID-19 is one of the key issues to solve in Indonesia. In some high-risk areas, communities have difficulties accessing health information and services. In addition, changes of regulations in Indonesia have caused confusion amongst the population. To address these issues, PMI has extended its support to communities with psychosocial first aid and prioritized certain approaches aimed at communities to create:

1. a sense of safety
2. Calmness
3. Self and collective efficacy
4. Connection
5. Hope

Lessons learned

Firstly, the volunteers must understand the need of the community when providing psychosocial support (PSS). Through continuous training for new and current volunteers, this will provide essential skills and information on how to assess the condition of community members. The skills will be useful (utilizing a combination of online and offline support) to engage the community with the appropriate techniques to provide PSS. Secondly, volunteers need to educate the community on how to maintain a healthy mental state to ensure that they can, through creative engagement, increase the understanding in the community.

Looking Ahead

PMI has invested in capacity building regarding mental health and PSS to its chapters and branches to





Suicide Prevention in COVID-19 Scenario in Nepal

Background

In Nepal, the first case of COVID-19 was detected in late January 2020⁸. Later, the positive cases gradually increased with the unchecked mobility of people across the porous Nepal-India land border. After almost a year since the first case was identified, the total reported COVID-19 positive cases are above 250,000 with a reported death rate of about 0.7%⁹. However, the positivity rate is above 20% showing a lack of diagnostic testing around the country. As per the recent national COVID-19 Seroprevalence Survey, conducted by Epidemiology and Disease Control Division, about 13.9% of the Nepali population country-wide was found to be infected from SARS-CoV-2¹⁰. The COVID-19 scenario has elicited many proximal as well as distal impacts on the daily lives of people. Many psychosocial issues are being amplified in the prevailing situation in Nepal. Social isolation, entrapment, and loneliness - the risk factors of suicide - are likely to sustain during the pandemic. Suicide cases, committed as well as attempted, are one of the pivotal issues¹¹.

8. Bastola, A., Sah, R., Rodriguez-Morales, A. J., Lal, B. K., Jha, R., Ojha, H. C., ... & Morita, K. (2020). The first 2019 novel coronavirus case in Nepal. *The Lancet Infectious Diseases*, 20(3), 279-280.

9. <https://covid19.mohp.gov.np/> (Accessed on 17 Dec 2020)

10. As presented during 36th Health Cluster Coordination meeting. The detailed report is yet to be published.

11. Singh, R., Baral, K. P., & Mahato, S. (2020). An urgent call for measures to fight against increasing suicides during COVID-19 pandemic in Nepal. *Asian journal*

According to the World Health Organization (WHO), one person dies by suicide every 40 seconds. Suicide is one of the prime reasons behind the mortality of 15-29-year olds worldwide. In Nepal, suicide is the leading cause of death among women aged 15-49. Low- and middle-income countries (LMICs) contribute to 79% of global suicide cases¹². Nepal is one of the LMICs which is ranked seventh globally and stands in second position among South Asian countries based on the proportion of suicidal cases. According to Global Burden of Diseases (2019), 'self-harm' is the thirteenth cause of the most deaths in Nepal¹³. Whereas depressive disorders are eighth regarding quality of life in the country. Based on the data of Nepal Police, from the initiation of nationwide lockdowns (the 23rd of March to the 6th of June), 1227 cases of suicide were reported which accumulates to 16.5 suicide cases per day. The total annual number of suicide cases were 5785 in the last year, accumulating to 15.8 per day¹⁴. Due to the prevailing stigmas relating to mental health and suicide, most incidents are still unreported. Consequently, actual numbers might even be higher than the reported data.

Considering the life-threatening impact on mental health, NRCS has been striving to provide psychosocial care since the early phase of the COVID-19 outbreak in the country. By mobilizing community volunteers on Psychological First Aid, people in the community are being reached via virtual sessions as well as in-person sessions. Additionally, by allocating eight professional psychologists in Nepal, NRCS has been providing on-call psychosocial sessions to people in the community, including RCRC staff and volunteers in Nepal. On World Suicide Prevention Day on the 10th of September 2020, there were two set objectives. One is to enhance knowledge and skills to identify the warning signs of suicide and the second is to provide the theoretical and practical knowledge about suicide prevention and its intervention, a series of orientation programmes on suicide prevention were conducted for five days with the participation of more than 300 people, covering all the 77 districts and the 7 provinces of the country. The program was facilitated by PSS (psychosocial support) trained NRCS staff and volunteers and representatives of KOSHISH Nepal, an NGO working on mental health aspects in Nepal.

Achievements

So far, about 500 trained Psychological First Aid (PFA) volunteers have provided PFA services to more than 30,000 community members. In addition, the suicide prevention sessions have been warmly welcomed by local representatives.



Figure 1: Nepal Red Cross Society PFA volunteer providing



Figure 2: NRCS volunteer providing PFA service to

12. https://www.who.int/health-topics/suicide#tab=tab_2 (Accessed on 17 Dec 2020)

13. <http://www.healthdata.org/nepal> (Accessed on 17 Dec 2020)

14. Poudel, K., & Subedi, P. (2020). Impact of COVID-19 pandemic on socioeconomic and mental health aspects in Nepal. International Journal of Social

In collaboration, KOSHISH Nepal shared the effectiveness of the synergistic effort and has shown interest for future partnership:

*“On behalf of KOSHISH Nepal I would like to acknowledge the coordination and communication of the Nepal Red Cross Society (NRCS) to make this training effective. During the pandemic and the increasing suicide rate in the community, Nepal Red Cross society initiated a collaborative effort with KOSHISH in providing awareness and psychoeducation regarding suicide prevention at the community level through its network. **Nepal Red Cross Society (NRCS)** and KOSHISH Nepal successfully conducted a three-hour training session regarding suicide prevention in September 2020. We look forward to working together in the field of psychosocial health and improving the psychological wellbeing of people.”*

– Mr. Binod Poudel, Consultant, KOSHISH Nepal

One of the eight professional psychologists, a NRCS volunteer, expressed their gratitude:

“I am grateful towards NRCS for their positive acknowledgement when I had shown interest to be a part of the organization as a psychologist volunteer. I, along with other seven professional psychologists, have been providing orientation to NRCS staff and volunteers regarding measures to mitigate fear related to COVID-19, working principles of PFA, and self-care during crises. The trained staff and volunteers provided PFA services in quarantine and isolation units in their respective geographic areas. I felt this program was effective to clarify fear and rumours aroused in the community related to COVID-19 and helped to enhance self-care ability in the people. During the four-day suicide prevention sessions, I realised it is effective to increase accountability of community members towards their family and society to alleviate suicidal incidents. I also found that the sessions were developed based on the expectations of the partakers.”

– Mr. Sunil Adhikari, Psychologist volunteer

A participant of the suicide prevention session, a chairman of Gandaki province stated the need of the session:

“This session on suicide prevention has provided us insights on a global to local scenario of suicide during the COVID-19 crisis; motivating us to provide psychosocial care and support to the distressed people.”

– Mr. Surya Prasad Dhakal, Chairman NRCS Gandaki Province

A beneficiary has provided their voice about the effect of counselling sessions provided by NRCS:

“I am a 3rd year medical student studying in Bangladesh. Due to the global pandemic of COVID-19, I was stuck there inside my hostel. All my friends went home. I stayed there for 3 months and was doing good at first. However, I gradually lost interest in everything and was unable to sleep well was worried about my future and my suicidal thoughts have worsened. Finally, I decided to come back to Nepal in a chartered flight and stayed in a hotel quarantine for 18 days where my condition worsened further. I couldn't even contact a doctor nor psychologist. I used to have a horror dream and hear unusual voices. After the quarantine, I managed to visit a psychiatrist, who then suggested me to find a psychologist, but I had trouble finding a clinical psychologist

in Chitwan. Then after a few days of searching I came to know that Nepal Red Cross Society is providing psychosocial support to people during COVID-19. I consulted with them through the phone and was happy to know that the Nepal Red Cross Society psychologist was near my hometown. I had few sessions through phone call and started therapy session in live at Nepal Red Cross Society Chitwan. My counselor, Mr. Pradeep Subedi provided me with a very secure space to express my thoughts and feelings. He was very humble and was able to manage his busy schedule to listen to me. I had 6 sessions with him in which I learnt self-care and healthy ways of coping, such as a better way of sharing my feelings with my family and friends so as to manage my stress. Now my suicidal thoughts are gone, and I am enjoying my life. Before I had only heard about Red Cross but now, I can inform other youths who are facing similar trouble, that Red Cross can support them to find the right guidance and counseling from professionals. Again, I am very thankful to Red Cross because they changed my perception of my life and brought it back to normal. I am now thinking of joining Red Cross to work as volunteer. Thank you!"

– A beneficiary

Challenges

The pandemic situation has raised many unprecedented hindrances to implement planned MHPSS activities. One of the prime challenges was adapting to virtual methods of activities, which was troublesome especially to our staff and volunteers at field level. As a mitigating measure, we have tried our best to adapt to virtual methods and learn more about using technology as an asset. As an example, we have been providing PFA training through self-paced virtual learning platforms to our staff and volunteers.

Another big challenge is the scarcity of technical MHPSS human resources in our National Society and budget limits. So far, we have been coping by

using psychologists as volunteers. For the coming future, we need to endeavour for its sustainability.

Lessons learned

We have learnt the necessity of digitalization of activities in such a crisis. For the sustainability of any activity, it is necessary to gain ownership from local governmental bodies. Similarly, the mobilization of professional volunteers has been effective to the outcome of our MHPSS goals.

Looking Ahead

Considering the need of prioritizing mental health in emergency as well as developmental projects,



Figure 3: NRCS MHPSS volunteer facilitating suicide prevention session in a quarantine facility. Location:



Red Cross 1158 Helpline: How Listening Can Save Lives

Background

According to a World Health Organization (WHO) survey conducted before October 10th, 2020, the COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide at a time when the need for mental health services is on the rise; Consequences of the pandemic, such as isolation, loss of income, bereavement, and fear, have contributed to the increased need for mental health services. It has also worsened the mental health conditions in individuals and exacerbated the existing ones. Moreover, there are reports that a significant number of people have enhanced levels of alcohol and drug abuse, insomnia, and anxiety.

The COVID-19 Pandemic in the Philippines

The Philippines is one of the countries in the Western-Pacific Region with a high number of COVID-19 cases, followed by Malaysia and Japan, according to the WHO. As of November 4, 2021, the Philippines has a total of 2,795,642 COVID-19 cases with a death toll of 43,825.



Aside from the number of cases and casualties, consequences of the pandemic such as community lockdown, isolation, and the economic impact resulted in individuals facing various psychosocial challenges. The economy has been severely affected by the temporary closure of business establishments and resulting in the unemployment of many Filipinos. Migrants are also affected as there are hundreds of thousands of overseas Filipino workers who were forced to return to the Philippines due to pandemic curbing measures imposed by their host countries. Extended disruption of school and university classes led to a sudden shift to online education, which led to sudden changes of modus operandi and needed additional infrastructural support, which put economic pressure and a feeling of helplessness for certain families and individuals. The medical workers who have already been working under severe stress were seen as carriers of the virus and many of them experienced discrimination and stigmatization given the work that they do.

The loss of lives, livelihoods, sudden changes in the normal way of living, and even the traumatic experience of contracting COVID-19 by self, close relatives, or friends has had an impact on the well-being of everyone and might lead to a series of mental health problems.

The Philippine Red Cross COVID-19 Response to Mental Health and Psychosocial Needs – Hotline 1158

Rising to the occasion, the Philippine Red Cross immediately established a COVID-19 Hotline 1158 – a 24/7 toll-free number to address concerns of people regarding COVID-19 and to provide online psychological first aid to people in need. The call center is being run by 15-30 volunteers who are trained in basic psychosocial support. They are trained social workers and psychometricians who are tasked to provide technical support and provide advanced psychosocial care, as required. The idea is to enable access to mental health services and address callers' concerns and uncertainties, brought about by the pandemic.

The volunteers assess the needs of the callers, provide emotional support, and help them to access social and health services from the government by providing the right information and guidance. They also provide health education and psychoeducation for those who are experiencing stress reactions such as panic, fear, and sleep disturbances. Callers who have pre-existing mental health issues, manifesting severe stress reactions, and trying to hurt or kill themselves are being referred to the National Center for Mental Health for adequate interventions.

In the initial phase, the hotline served as the line for disseminating information on COVID-19 testing and assisting overseas Filipino workers in processing their test results. Hotline 1158 also helped people contracting COVID-19 to access quarantine facilities and emergency transport to hospitals and other medical facilities.

United Nations Children's Fund (UNICEF) the Philippines has partnered with the Philippine Red Cross to support the Mental Health and Psychosocial Support Program, as well as the Child Protection Sector. UNICEF provided the funding for Hotline 1158 and intensified the Mental Health and Psychosocial Support (MHPSS) and Child Protection efforts through advocacy campaigns in the community. Moreover, they put a renewed focus on capacity-building of medical personnel, social workers, and other front-line workers on psychological first aid, sexual and gender-based violence, and case management of child protection-related concerns. The hotline also scaled up to assist reports on gender-based violence in the community during the lockdown.

Achievements

Initially, the Philippine Red Cross established Hotline 1158 as a platform for information sharing, feedback system, and helpline on COVID-19. Most of the calls received consisted of general inquiries about COVID-19 and available medical and social services. Eventually, the Helpline was being utilized



to accept queries on RT-PCR Testing and COVID-19 Vaccine. The Welfare Service Department, which provides technical support to the hotline, decided to come up with a separate hotline that solely addressed psychosocial and mental health concerns.

From March 2020 until November 22, 2021, the Hotline 1158 received a total of 319,380 calls: Calls under psychosocial concerns consisted of inquiries about the services provided by the Philippine Red Cross, referrals for individuals who tested positive for COVID-19, follow-ups for RT-PCR results, transportation needs, and psychological first aid.

While these numbers speak a lot to how successful the Philippine Red Cross hotline is, one of the major achievements we can say is the volunteers themselves. With the risk brought about by the pandemic and nothing but the humanitarian spirit, the Hotline 1158 volunteers worked tirelessly with us up to this date. The Welfare Service Department has mobilized a total of 21 (8 males and 13 females) volunteers, during the start of the hotline, and to ensure that people have access to staff and volunteers who can speak the local dialect. PRC Chapters across the country have also set up their hotline. Currently, three volunteers are manning the 1158 hotline.

Another method designed to cater to more mental health concerns is thru social media platforms. The Philippine Red Cross Welfare Services created an online space on Facebook named “Sama-Sama: A Safe Space Online Community” where they can feel comfortable venting out or sharing their thoughts to the helplines 1158 volunteers. In addition, we also joined other mental health groups where we could reach more people and initiate conversations with distressed individuals.

Challenges

1. **High turn-over of volunteers:** Since most of the call takers are volunteers, maintaining the number of volunteers is also considered a challenge. This is because some volunteers are



scared to go outside and interact with other people due to the fear of contracting the COVID-19 virus. However, the Philippine Red Cross ensures that health protocols are always followed in all parts of the office. Also, volunteers use their time to find paid work to earn income amidst the pandemic to support their families.

2. **Hesitancy in availing mental health services:** The concept of mental health among Filipinos is considered new, unlike western countries which are more open to talking about their mental health. Even though there are systems in place to support people who are struggling with their mental health, many Filipinos are hesitant to seek support.
3. **The mental health system of the country:** On July 5, 2018, the Mental Health Law was enacted to establish a national mental health policy to enhance the delivery of mental health services and promote the rights of the service users in the country. Even though the passage of the law aims to scale up mental health services, there are challenges specifically on the access to services and lack of human resources that will cater to Filipinos with mental health concerns. Although referrals are being forwarded to the National Center for Mental Health, it is not a guarantee that they will be served because of the overwhelming number of calls the agency receives.

Lessons Learned and Ways Forward

1. Volunteer recruitment could be intensified to ensure that there are enough human resources that can handle the number of calls. It is important to have continuous capacity building for volunteers on relevant psychosocial skills that enable them to support people who are struggling with mental health.
2. Social preparation is imperative. Setting up the physical hotline does not mean calls will come in immediately. It involves a lengthy process of raising people's awareness and understanding of the hotline and earning their trust.
3. A comprehensive mapping of service providers would be very helpful as people's concerns are varied. Also, it is important to introduce the organization and the hotline to these service providers.
4. Access to mobile networks and the internet is still a challenge in many areas in the country, hence mobilizing local volunteers to conduct psychosocial support activities in the communities is still important.

On the other hand, the service must be more accessible to the public. There is a need to intensify the promotion of the Hotline 1158 along with advocating on thematic issues about mental health, such as suicide prevention. Establishing a strong partnership and collaboration with other key

The Case of Dave

On April 21, 2020, a volunteer at the Philippine Red Cross Hotline 1158 answered a call from Dave, a 25-year-old, male and living in San Pedro, Laguna, Philippines. Dave called to ask about organ donation. The call taker explained to him that it has been a long time since the Philippine Red Cross has had this kind of program to assist patients needing organ donation. While having



a conversation, the call taker noticed that Dave's voice was trembling.

"I just want to know if I can donate my internal organs to the Philippine Red Cross after I die so that there will be something good that I can do for others," Dave said. The call taker hinted that Dave might be having suicidal thoughts. At first, Dave was uneasy talking about his situation but with careful and patient encouragement from the volunteer on the other line, he explained what he had been through.

Dave shared that he had lost his long-term relationship and his job which led him to attempt to take his life on three separate occasions. With no job and no money, he was pushed to homelessness.

He decided to return to his hometown, but because he had no money, he traveled by foot for five days. Upon reaching his province, he had to isolate himself with no one to talk to for two weeks as a part of the local health protocol. The only connection he had was with his father whenever he brought him food. *"Being isolated is hard, I feel so alone. My life is miserable. I already lost the person that gives me happiness and comfort. I can no longer bear the sadness and pain."* Dave shared. He again tried to take his life.

The call taker patiently listened to Dave and applied psychological first aid which includes assessing the needs and concerns, supportive listening, providing emotional support, and helping the person to feel calm. The call taker helped him to understand the situation and explained the need for clinical interventions. Dave was convinced to seek support and promised not to harm himself. Dave emphasized that it will be helpful if there is someone that he can talk to whenever he has suicidal thoughts and the call ended on a positive note as he was extremely grateful for the support.

The case was immediately forwarded to the Psychosocial Support Focal Person in the Philippine Red Cross Laguna Chapter to closely monitor his situation and provide the necessary basic

EXECUTIVE REPORT



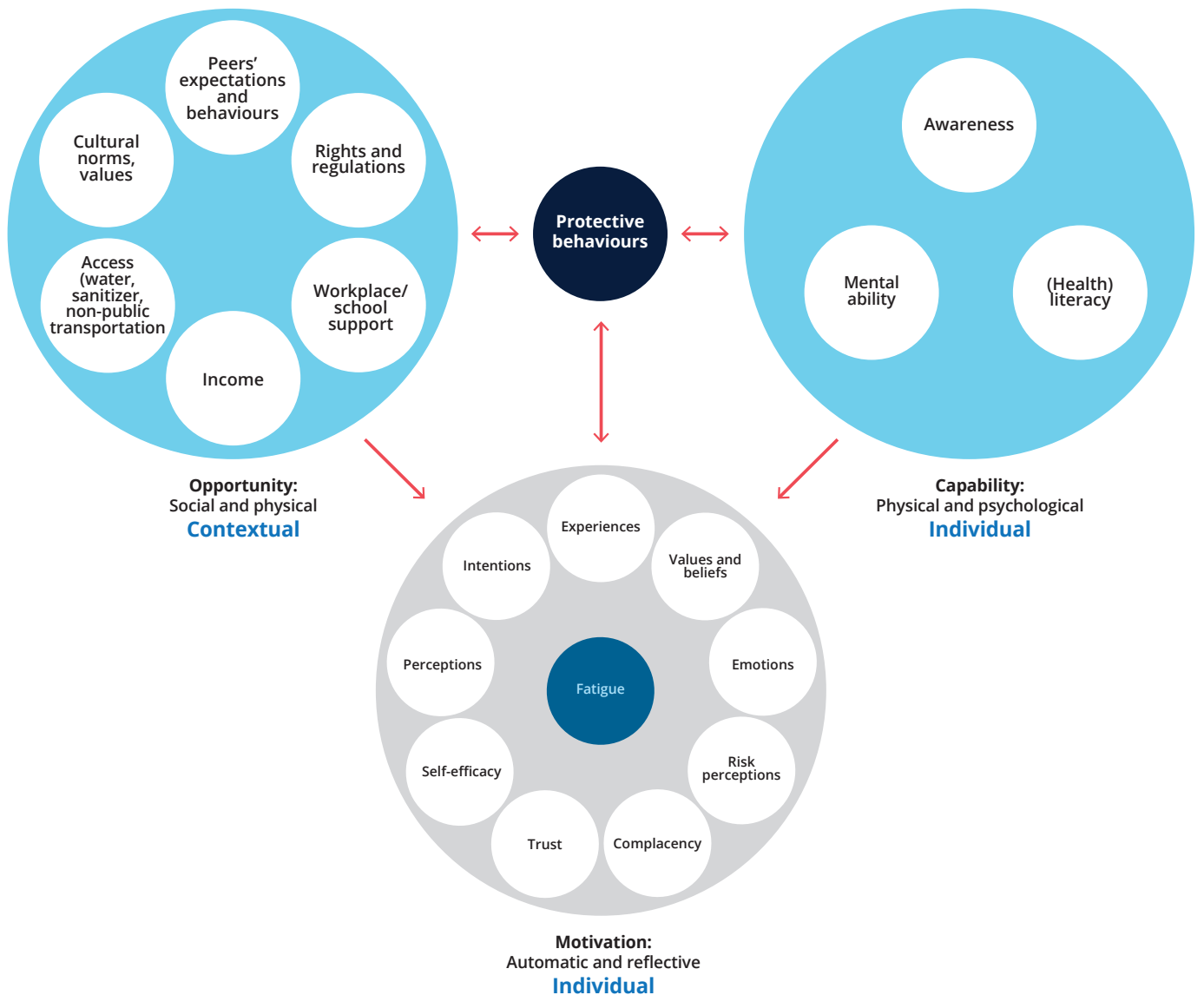
EXECUTIVE REPORT OF SURVEY ON PANDEMIC FATIGUE AND COPING DURING COVID-19 IN ASIA PACIFIC REGION

The COVID-19 pandemic has persisted for more than two years. It has been continuously affecting people's daily life. Continuing to combat the disease requires efforts of the entire population to minimize risk and close the transmission paths by taking various public health preventive measures and recommendations. However, the longer the pandemic endures, the more challenging for the public health interventions to be applied.

The concept of 'Pandemic Fatigue' emerged along with the pandemic and concerns about how it would affect the public behaviours to continue taking protective measures against COVID-19. But the term is not well understood by the academia yet. Some scientists were concerned that the term 'fatigue' may not be easy to measure and refer too broadly from subjective feelings of tiredness, one's ability being too impaired to perform, or distress resulting from prolonged exposure of adverse circumstances. However, other researchers in the health care sector considered the understanding of 'fatigue' would be beneficial to prevent and reduce its adverse impact. They proposed that a single or simple conceptual framework may not be enough to understand 'fatigue', given its complexities. It would be useful for researchers to tailor and select multiple relevant methodologies according to the specific context of that 'fatigue' study. A broad perspective was suggested to be taken into account which may include bio-behavioural, physiological, psychological, or social and cultural aspects. {1}

Recently, a policy framework published in October 2020 (and later revised and published again in early 2021) by the World Health Organization (WHO) Regional Office for Europe has addressed the issue of 'Pandemic Fatigue' and provided strategies for their Member States to maintain and reinvigorate public support for pandemic prevention and management. From an academic point of view, the mechanism of 'Pandemic Fatigue' is not clear due to a lack of COVID-19 behavioural research support. But, from the community or policy perspective, it has already been observed and reported in a number of countries and regions and became an issue that cannot be ignored {2}

The WHO Regional Office for Europe has proposed a Capability-Opportunity-Motivation Behavioural model (COM-B model) which illustrates the interplay of factors affecting people's adherence of COVID-19 protective behaviours. This model draws on the results of a European behavioural insights survey by the WHO. {3} It is worth noting that, in the COM-B model, 'fatigue' has been put in the centre of the Motivation components to highlight its potential influence on population behaviours. [2; Fig. 1]



Potential influence on population behaviours. [2; Fig. 1]

Data Collection

The survey was conducted between 8 December 2020 and 19 January 2021 by the IFRC Asia Pacific Regional Office. The survey was sent to the staff and volunteers through their affiliated regional office, country cluster offices, country offices, and National Societies. It is mainly conducted online and supplemented with a few paper questionnaires collected from the Red Cross Society that cannot access the online survey. There was a total of 490 questionnaires collected in which 473 of them were eligible for analysis. Criterion of eligibility was the survey respondents replying as being affiliated with RCRC National Society (NS) in the AP region or reside in the AP region during COVID-19.

Survey Results

Demographic Profile of Respondents:

Among the 473 respondents in the survey, 53.1% are Female, 45.9% are Male and 1.0% are others. Most respondents (62.2%) were aged between 35 to 44 years old (31.5%) and 25 to 34 years old (30.7%).

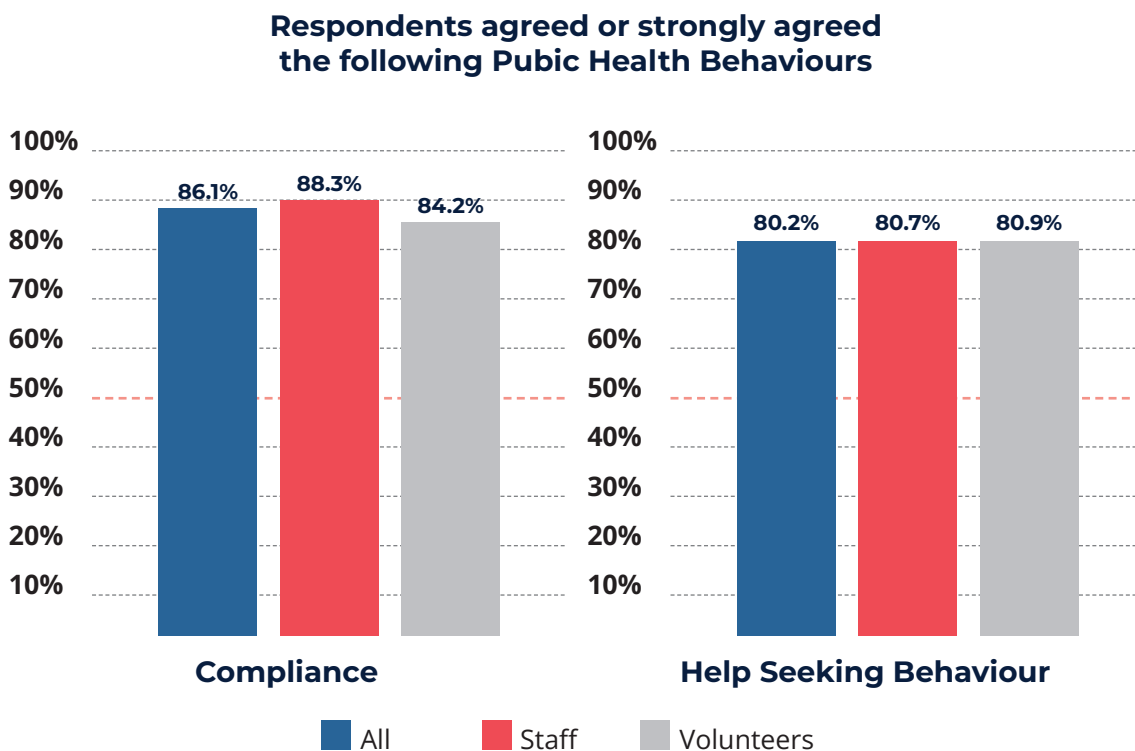
The majority (96.6%) of respondents has an affiliation with RCRC in which 274 are Staff (57.9%) and 183 are Volunteers (38.7%).

Differences between RCRC Staff and Volunteers:

Subgroup analyses between RCRC Staff and Volunteers was conducted. Significant differences were found in five categories of demographic backgrounds of respondents. They were the **'Education Level'** of respondents, **'Employment Status'**, **'Number of Elderly Lived Together'** in the respondents' family, **'Total Number of People Lived'** in the respondents' family and respondents who **'Live Alone'**.

Behavioural Outcomes of respondents:

Two public health protective behavioural outcomes of the respondents, **'Compliance'** and **'Help Seeking Behaviour'**, have been investigated. There is a total of 86.1% of respondents agreed or strongly agreed that they followed public health preventive measures such as physical distancing and wearing masks. On the other hand, 80.2% of all respondents agreed or strongly agreed that they would seek medical advice and get testing immediately if they felt unwell. For the subgroup, the proportion of agreed or strongly agreed with such **'Help Seeking Behaviour'** is 80.7% of Staff and 80.9% of Volunteers. [Bar Chart 1] Statistical analyses have been conducted but no significant difference found between the response of Staff and Volunteers in these two behavioural outcomes.



Bar Chart 1: Comparison of all respondents' percentage to agree or strongly agree in behavioural

Respondents Barriers and Resources Factors under the pandemic:

In this survey, ten factors have been included for the understanding of respondent's barriers and resources during the COVID-19 pandemic. They are **Support from Workplace or School, Income, Access to Necessary Hygiene Supplies, Life Circumstances, Rights and Regulations, Cultural Norms and Values, Peers' Expectations and Behaviours, Health Literacy, Coping Behaviour, and Support from Social Network**. In Bar Chart 2 a general comparison of the percentage that respondents 'agree' or 'strongly agree' with the components of pandemic fatigue has been shown.

Respondents agreed or strongly agreed the following Barriers or Resources factors



Bar Chart 2: Comparison of all respondents' percentage to agree or strongly agree in Barriers and

Among them, it has been observed that significant differences were found in five factors between the RCRC Staff and Volunteers. Under **'Support from Workplace or School'** and **'Health Literacy'**, there were **more Staff than Volunteers** considered that their employers have sensible measures and flexible arrangement in response to the pandemic condition.

Under **'Life Circumstances'** and **'Rights and Regulations'**, there were **more Volunteers than Staff** considered that they were unable to comply with the public health regulations due to the life circumstance (e.g. work demands, family responsibilities, etc.) they faced. However, compared to Staff, **more Volunteers** responded under **'Coping Behaviour'** that they have learnt new things and

Conclusion:

The purpose of this survey was to gain insight into Pandemic Fatigue as a phenomenon as well as its components and links with health seeking behaviour. With data comprising of over 450 respondents from over 20 National Societies in the Asia Pacific region, the survey sought to highlight the reasons that could lead to pandemic fatigue as experienced by different RCRC National Societies staff and volunteers in the region.

The survey took socioeconomic factors into account when examining the data. Looking at both the cognitive and affective variables the survey highlights the various components of Pandemic Fatigue.

When looking at the cognitive variables, aspects such as awareness, risk perception and complacency were included. For the affective variables the aspects highlighted were experienced hardship, physical exhaustion and hopelessness.

With a healthy sample of RCRC staff and volunteers included and categorised, the survey was able to illustrate what factors could play a part with regards to different public health protective behaviours between these two groups. No significant difference was found between staff and volunteers in complying with public health measures as well as adopting a health seeking approach in terms of behaviour. However, the two groups differed in the barriers met during the COVID-19 pandemic, as well as the types of resources available which were factors leading to varying degrees of Pandemic Fatigue.

The data highlights that the respondents who were employed as staff members not only had access to additional support but also an added layer of flexibility from their workplace. Among the staff respondents, a combination of job security and flexibility during a time of uncertainty fostered a sense of compliance and willingness to seek professional support. Among volunteers, the data showed that difficulty complying with public health regulations were higher due to life circumstances such as family responsibilities, work demands and finances. However, an interesting finding was that the volunteer respondents showed a higher level of developing new methods to cope with the pandemic compared with their staff counterparts.

Key recommendations:

Ensuring and strengthening the exchange and release of information about the COVID-19 pandemic is shown to be a factor in complying with health seeking behaviour as well raising the public's awareness on the pandemic and linking them with accurate health information and guidelines.

The external environment is also important as well as reinforcing interpersonal social networks. Support systems and improving accessibility to necessary hygiene supplies have also shown to help people continue to maintain health seeking behaviour and self-efficacy.

Community engagement especially for vulnerable populations and ensuring MHPSS services both for them as well as the staff and volunteers is crucial when coping with the complexities of Pandemic Fatigue.

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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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