



European
Commission

Mental health and the pandemic: living, caring, acting!

10 May 2021

PROMISING APPROACHES



#MentalHealthEU

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http://ec.europa.eu/dgs/health_food-safety/index_en.htm

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Mental health
and the pandemic:
living, caring, acting!

10 May 2021

PROMISING APPROACHES

European
Mental Health
WEEK
10-16 May 2021
#EuropeanMentalHealthWeek



Promising approaches to addressing the burden of mental health during the COVID-19 pandemic

The COVID-19 pandemic has had a significant impact on mental health. The challenges posed by the pandemic and approaches to addressing the growing burden of mental illness was the focus of a high-level online event held on 10 May – Mental health and the pandemic: living, caring, acting!

This document is a companion to the report highlighting the key topics discussed during the event. It features six examples of initiatives devised and implemented in the past year to support the mental health needs of vulnerable groups. Each initiative can be seen as a 'promising approach' to serve as a practical example to provide information and inspiration on what can be done. The initiatives were presented during parallel sessions of the event to inspire discussion and action among participants. The order of the promising approaches below follows the order of presentation at the online event in lines with the themes of the parallel sessions: living – caring – responding.

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LIVING - CHILDREN, YOUNG PEOPLE, PARENTS AND TEACHERS

IASC Inter-Agency Standing Committee MHPSS Reference Group: 'My Hero is You' Storybook for Children on COVID-19

Promising approaches

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Mental health and the pandemic: living, caring, acting!



OWNER

Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG)

<https://interagencystandingcommittee.org/the-inter-agency-standing-committee>



LOCATION

Global project



MORE INFORMATION

<https://interagencystandingcommittee.org/my-hero-is-you>



PURPOSE

The purpose of the story 'My hero is you' is to explain to children in affected countries how to cope with COVID-19.



WHAT WAS DONE

'My Hero is You' is a book written for children around the world affected by the COVID-19 pandemic. The project was developed by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG). The project was supported by global, regional and country-based experts from member agencies of the IASC MHPSS RG, in addition to parents, caregivers, teachers and children in 104 countries.

Storybook available in

138 languages

50+ multimedia adaptations and accessible formats

61 of the languages are spoken in humanitarian settings

53 languages are considered indigenous or local languages

111 of the translations represent languages of low- and middle-income countries


Languages spoken in

India: Hindi, Urdu, Assamese, Gujarati, Malayalam, Marathi, Telugu, Meiti Mayek, Kannada	South Sudan: Juba Arabic, Dinka, Nuer and Barri.	Uganda: Luganda, Acholi, Lugbara, Lhukonzo, Achola, Runyankore, Swahili, Kinyarwanda.
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A global survey was distributed in Arabic, English, Italian, French and Spanish to assess children’s mental health and psychosocial needs during the COVID-19 outbreak. A framework of topics to be addressed through the story was developed using the survey results.

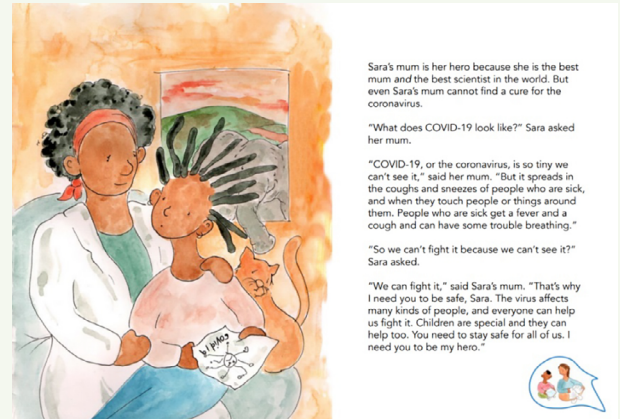
The book was shared through storytelling to children in several countries. Feedback from children, parents and caregivers was then used to review and update the story. Over 1,700 children, parents, caregivers and teachers from around the world shared with IASC how they were coping with the COVID-19 pandemic.

The final storybook received remarkable interest at global, national, and local levels and has become one of the most translated UN documents and children’s books ever. Initially launched in six languages, the book has been translated into **138 languages** and adapted to **50+ multimedia adaptations and accessible formats**.

 **HOW IT WORKS**

My Hero is You

‘My Hero is You’ should be read by a parent, caregiver or teacher alongside a child or a small group of children. It works by explaining to children how they can be everyday heroes during the pandemic. For example, by making recommendations of good hygiene and social distancing accessible through storytelling.



In addition, a supplementary guide called ‘Actions for Heroes’ has been published to direct adults about how to have heart-to-heart chats with children and educate them about coping with COVID-19 related stressors and changes. As they read the storybook, ‘Actions for Heroes’ explains how adults can create safe spaces for children to openly share their feelings, including their fears and worries, about the coronavirus and frustrations at their changed daily lives. The guide also directs adults on how to promote positive actions that children can take to protect themselves and others.

"When I had the coronavirus, I had to go to a quarantine centre alone. When I was in quarantine, I imagined Ario came to me and joined me with my Mom and Dad and sisters."

Child
Occupied Palestinian Territories

"This book is amazing and just what my little boy needs to hear right now to deal with all the changes going on around him."

Parent
United Kingdom

"Together with other mums, we have been telling our children that at the moment the only contagion allowed is solidarity – solidarity with our loved ones and with everyone else in this country means 'stay at home' to protect others. This tale is the perfect way to express and 'animate' this concept..."

Parent
Italy

"The story might touch people's hearts regardless of race, culture, country and generation. A brave little girl is the main character who helps other children keep themselves safe, and there are many child characters with diverse ethnic backgrounds in the story. Children become friends with each other through an imaginary journey. I also see how the story is used in the children's daily lives: children spread their arms, mirroring Ario's wings, to stay physically distanced."

Professor in child & adolescent psychology and development
Republic of Korea

 **MORE INFORMATION**

Read more about the impact of the book: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/highlights-one-year-release-my-hero-you-april-2021>

CARING - HEALTH CARE WORKERS

Support for health workers in Malta – a multipronged approach

Promising approaches

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Mental health and the pandemic: living, caring, acting!

OWNER

Ministry for Health, Malta, in collaboration with Mater Dei Hospital, the COVID-19 Response Team, and the Superintendency for Public Health

LOCATION

Malta

MORE INFORMATION

<https://publicservice.gov.mt/en/people/ESP/Pages/Sector-Specific-inside-Workshop.aspx>



PURPOSE

To foster resilience and self-care mechanisms of front-line health care workers in the context of the COVID-19 pandemic.

The Resilient Front-liner:

“Put your own oxygen mask on first before assisting others”



A TWO-HOUR SELF-CARE WORKSHOP FOR NURSES AND DOCTORS WORKING IN ITU / ANAESTHESIA

This workshop draws on Positive Psychology and the science of wellbeing to bring to you a range of evidence-based self-care and resilience-building strategies that you can easily adopt to help you manage your own stresses and worries during this difficult time, and to sustain you in continuing to support your patients effectively through the COVID 19 crisis.

On Thursday 23rd April 2020 from 14:00 to 16:00 or on Tuesday 28th April from 14:00 to 16:00 at MDH Lecture Rooms 4 & 5

Facilitator - Dr Paul Daniel Micallef, Office of CEO





WHAT WAS DONE

'A small team of mental health experts within the Ministry for Health in Malta devised a multi-pronged response to meeting the needs of health professionals working under intense pressure. A web of initiatives and services spanning three basic levels of prevention were designed and delivered to boost holistic wellbeing of health care workers. Some were launched immediately after the COVID-19 pandemic hit Malta whilst others, which were already in place, were promoted more strongly. New efforts to boost resilience and offer tips on self-care were combined with complementary established measures to ensure a comprehensive approach spanning primary, secondary, and tertiary preventions mechanisms.

Helpline: The first line of response was the setting up of a national helpline on mental and emotional health issues. Health care workers and their family members were strongly advised to benefit from this 24/7 helpline which is free and specifically addresses emotional and mental well-being.

Video messages

A second step was to record a series of messages/short videos highlighting a whole range of resilience-building and self-care mechanisms which ranged from sleep, diet, exercise, social connections, nature, humour, self-reflexology, and breathing exercises to reduce anxiety, fear, anger, and isolation during lockdowns and periods of immense pressure.

Workshops

These two initiatives were followed by a self-care workshop for front-liners and critical services staff (entitled The Resilient Front-liner: Put your own oxygen mask on first before assisting others). This workshop was rolled out across the hospital and offered to different departments across public health (i.e. the COVID response team) and Mater Dei Hospital (e.g. pathology, intensive care and infection control). The two-hour intensive seminar featured specific tips on how one can boost resilience, manage one's holistic well-being, and reflect on the opportunities brought about by a global pandemic. The aim was for health care workers to reflect on the importance of taking care of themselves especially in light of their work duties and to become aware of the possibility of compassionate fatigue and how to manage it. This work led to another initiative which was made up of a series of six sessions focusing on Fostering Leadership Capacity and Resilience. This was designed for the COVID-19 National Response Team leads and co-leads who were running the swabbing hubs, the COVID-19 helpline, contact tracing, data management and case management.

Another line of response was to further strengthen and promote services which were already established, and which strongly complemented the wellbeing of health care workers. These included initiatives to strengthen medical/clinical leadership capacity and co-creating a future based on lessons learned and facilitated reflections. This training is available both for health care workers in managerial and leadership positions, as well as all postgraduate medical trainees. Hospital employees were fast tracked and prioritised when self-referring to the Psychology Department and the Employee Support Programme (ESP).

Lessons learned

A long-term vision is needed in which the emotional and mental wellbeing of all health care workers is given greater prominence in strategic plans and budgets. As medical professionals face stigma around the topic, it is key to build trust and be known and accepted by the medical staff. Incorporating it into their training and postgraduate development is critical.

It is also important to work with existing structures where possible, and to enhance leadership and management skills and values. In particular, emotional intelligence and social competence are vital to building better intra-personal and interpersonal communication. The pandemic has highlighted the importance of moving away from a siloed approach to training within the health sector. Fostering an interdisciplinary approach, and genuine inter-professional collaboration and trust are key elements of building a resilient frontline workforce.



MORE INFORMATION

<https://publicservice.gov.mt/en/people/ESP/Pages/Sector-Specific-inside-Workshop.aspx>



RESPONDING - PEOPLE WITH PRE-EXISTING MENTAL HEALTH NEEDS:
IMPACT ON PEOPLE AND SERVICES

MapaWsparciaPL – turning mental health systems into a community



OWNER

Human Foundation (NGO *Fundacja Człowiek*
Human-Foundation.eu)¹



LOCATION

Poland



MORE INFORMATION

MapaWsparcia.PL



PURPOSE

To provide a tool to create and stimulate interpersonal relations for mental health professionals and clients. This is especially important now, as communities are experiencing COVID-19 trauma. So far, users of mental health services can be confused when looking for information on where and how they can get help at a moment of mental health crisis.



WHAT WAS DONE

The Human Foundation developed a dedicated interactive map of facilities providing free psychological and psychiatric help. The tool provides an address, phone number, e-mail, website, social media accounts, and working hours of facilities operating under various programmes (national, European and regional).

All data in the website database have been derived from several projects driven by the European Union, Poland's Ministries, local authorities and from publicly available sources found on the Internet or provided by website users. All entries refer to medical units, associations, foundations, institutions, or other types of activities that help people after mental crises and their families.

Anyone may submit a proposal for a new record to the database in the form of a medical entity, association, foundation or institution.



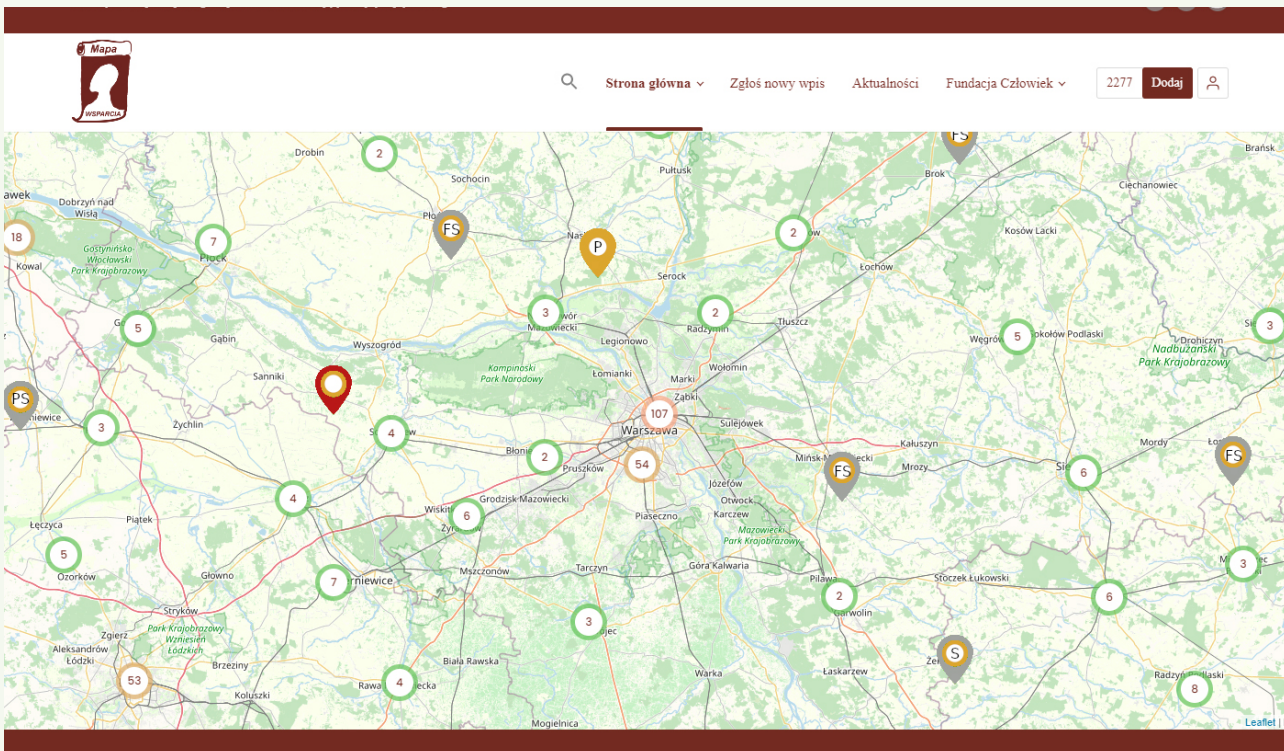
HOW IT WORKS

The Interactive map shows the facilities providing free help to people in mental health crisis (centres, therapy, peer support, residential, dual diagnosis, peer support, survivors' hospitals, centres for children and adolescents and many other categories). It allows users to search for information by category, localisation (directories included), and keywords. It also allows the sharing of opinions/feedback.

The tool is expected to be further developed with a chat function, emergency hotline, testimonials, and advocacy section. The map can be used by anyone, but it is thought to be especially valuable for people with pre-existing health problems and vulnerable groups.

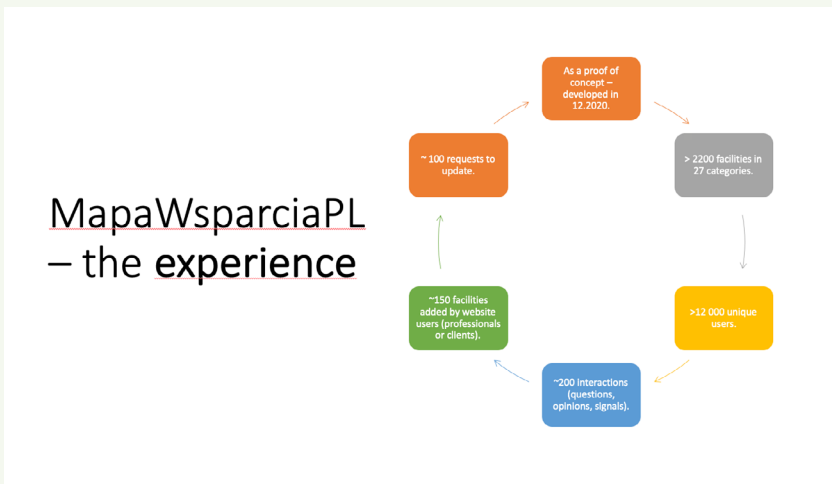
(¹) The Human Foundation is an organisation whose goal is to work for the benefit of people excluded and stigmatised due to mental illness.

Iterative map of centres providing mental health support



Promising approaches

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 **MORE INFORMATION**
MapaWsparcia.PL

Anyone may voluntarily subscribe to the quarterly newsletter, e-mail notifications about the service and new, highlighted records in the website database

The map was developed in December 2020 as a proof-of-concept project. By April 2021, the map featured over 2,200 facilities in 27 categories. Since then, it has been visited by over 12,000 unique users. The team received about 200 questions, opinions and other signals from users. 150 facilities have been added on request of users (professionals or clients) and over 100 requests to update the map have been received.

Mental health and the pandemic: living, caring, acting!



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LIVING - OLDER PEOPLE AND VULNERABLE GROUPS

Measures to support mental health of migrants and refugees in times of COVID-19

Promising approaches



OWNER

ARQ Knowledge Centre Migration



OTHER PARTNERS

GZA Healthcare, Corona Status Holders Action Committee (CAS Helpdesk), Parnassia Groep and Pharos
GezondheidsZorg Asielzoekers (gzasielzoekers.nl)



LOCATION

The Netherlands



MORE INFORMATION

ARQ Kenniscentrum Migratie | Psychische ondersteuning vluchtelingen



PURPOSE



To reduce the psychological impact of the COVID-19 pandemic on refugees, (former) asylum seekers and migrants. The pandemic has a major impact on public health and quality of life. Due to growing economic damage, social isolation and social changes, the pandemic also has a significant impact on the psychological functioning of many inhabitants of the Netherlands. For migrants and refugees, the consequences of the pandemic could be even greater.



WHAT WAS DONE

Three complementary initiatives were launched to address the mental health needs of migrants/refugees in the context of COVID-19

1. A dedicated helpdesk on COVID-19, run by volunteers from refugee community (CAS)
2. A structured 'psychoeducation' intervention aimed at refugees via peer approach which proved helpful during the pandemic
3. Guidelines for professionals in health and social care on how best to support migrants/refugees/asylum seekers' mental health needs during the pandemic.



HOW IT WORKS

The 'Corona helpdesk for refugees'

Corona Status Holders Action Committee (CAS) is a partnership between various organisations that have started a telephone Corona Helpdesk. The initiative supports refugees (with residence permits) in their own language, helping to overcome the confusion that asylum seekers and migrants can face if they do not understand the Dutch language well.

The Corona Helpdesk helps migrants by answering all questions related to the COVID-19 pandemic, including questions about health, family, crisis measures, (home) education or work and income, as well as the accessibility of government agencies such as social services. The Helpdesk is staffed by trained volunteers who work from home. The volunteers have a refugee background themselves and speak Tigrinya and/or Arabic, the two most common languages among refugees. They can use a digital knowledge base to answer people's questions. If complex questions arise or help is needed (including health care-related help), they refer to second-line specialists who offer support and call people back.

 **More information at** <https://www.cashelpdesk.org/>

The 'Mind-Spring' psycho-education' intervention

Mind-Spring is a preventive group intervention focused on psychoeducation and parenting support for and by refugees. Asylum seekers often come from conflict situations and have had to endure many hardships during their journey. Because of these experiences, uncertainty about the future, the loss of identity and their reception in the Netherlands, they run an increased risk of developing psychological complaints. At the same time, it is known that this group experiences a high barrier to professional psychological assistance.

Eight two-hour sessions are delivered by two trainers: one mental health professional and one trainer with a refugee background. This use of trainers with a refugee background (peer educators) brings significant value by translating content to ensure it meets the language and cultural needs of participants. Central themes include stress, depression and listlessness, trauma, grief and guilt, displacement and acculturation, loss of achievements in one's own country and the daily worries.

Mind-Spring currently has four programmes: Mind-Spring for adults; Mind-Spring junior for children from 8 to 12 years old; Mind-Spring junior for young people from 13 to 18 years old; and Mind-Spring parenting support, which is carried out in combination with the child and youth groups. In addition to the Netherlands, it is currently also deployed in Belgium, Germany and Denmark.


 **More information at** <https://migratie.arq.org/mind-spring>

Guidelines developed for mainstream professionals in health and social care

ARQ, together with Parnassia Groep and Pharos, has developed a guide aimed at psychosocial support for migrants, refugees and asylum seekers during the pandemic. This guide is intended for professionals who are involved in the psychosocial support of migrants.

The guide pertains to migrants who, due to their cultural, social and personal background, could benefit from additional improvements in health care due to the COVID-19 crisis. Specifically, this concerns asylum seekers, refugees (status holders), undocumented migrants, victims of human trafficking, and regular migrants who came to the Netherlands in the context of work or family formation.

The guide was disseminated by our network and through social media. Many professionals were grateful for the recommendations, and it helped them to pay more attention to cultural differences and to break through the cultural taboo to talk about mental health issues.

 **More information at** <https://migratie.arq.org/oog-voor-diversiteit-ten-tijde-van-corona-crisis>



CARING - WORKERS IN SOCIAL AND RESIDENTIAL CARE, INFORMAL CARERS

'Team reflection' to support professional teams in nursing homes in The Netherlands



OWNER

Dignity and Pride in the Region



OTHER PARTNERS

Dignity and Pride in the Region is a programme funded by the Dutch Ministry of Health and executed by Vilans, the National Centre of Expertise for long-term care in the Netherlands



LOCATION

The Netherlands



MORE INFORMATION

<https://www.waardigheidentrots.nl/>

All the materials required to organise and deliver this training is available: a trainer's manual, an accompanying PowerPoint presentation and a workbook for employees.



PURPOSE

To provide support to health care professionals at the earliest possible stage and to prevent drop out in the longer term.



WHAT WAS DONE

The Dignity and Pride Programme devised a new approach, 'Team Reflection', to support professional teams to stay healthy. The COVID-19 pandemic, besides seriously affecting vulnerable elderly people in nursing homes, also had an enormous impact on health care professionals that experienced a lot of stress and work pressure.

The approach is founded on the idea that health care professionals in the familiar environment of their own team, together with colleagues who have experienced the same challenges, have the greatest chance of managing stress. The team reflection method is based on the debriefing approach which has been widely used to deal with stress in the military.



HOW IT WORKS

The team meets in two sessions. In the first, experiences are shared and all participants are given guidance on what stress is and how to deal with it. Participants also receive tools to translate stress-related complaints into concrete actions to take, so that they can deal with their complaints effectively themselves. They also receive an explanation of the buddy approach (colleagues serve a buddy for a certain period during which they take extra care of their teammate). In the second session, in addition to sharing experiences and reflection on the acquired knowledge, the effectiveness of the buddy approach is reviewed and adjusted where needed.



Each session is supervised by two supervisors. Very often this is an external supervisor and a supervisor from the organisation. A train-the-trainer module has been set up for this purpose from the Dignity and Pride in the Region programme.



There are three central features of the Team Reflection approach:

1. Normalising stress: response to a stressful period (for example being easily distracted, moody or sad) is normal in certain circumstances and may vary from person to person
2. Providing guidance to make stress manageable: everyone in the team is dealing with this stress in their own way. The goal is to recognise and manage the signs of stress together
3. Continuing to support each other in the team in dealing with stress (the buddy approach)

During the entire period, there is scope to go deeper to address signals that require more attention. There is also a safety net available for those who need further care.



LESSONS LEARNED



A pilot experience in the Central Brabant region (the first and most affected region at the beginning of the pandemic) showed that team reflection is well suited to the needs of health care workers. Work is now being done in many more regions where there are hundreds of teams that use the team reflection approach.

Het buddy-gesprek datum _____

Voor het buddy-gesprek met elkaar. Gebruik de onderstaande punten als gespreksonderwerpen. Noteer wat belangrijk is om te onthouden. Dan kun je daar in het volgende gesprek met elkaar weer op terug komen.

Energielevel
Vul in hoe het op dit moment is met jouw energie-niveau. Vergelijk het met je score zoals je die de vorige keer hebt gegeven.

Wat is het verschil?

Wat ben je anders gaan doen?

Welk effect heeft dat op jou?

Andere gespreksonderwerpen

- Bespreek de aangevinkte klachten uit het lijstje van defensie op pagina 20 en vergelijk dat eens met hoe je die klachten nu ervaart.
- Bespreek wat je doet om effectief met de stress om te gaan en om actief te herstellen.
- Bespreek waar je buddy jou mee kan helpen.

Notities



MORE INFORMATION

<https://www.waardigheidentrots.nl/>

RESPONDING - HEALTH SYSTEMS FIT TO MEET FUTURE MENTAL HEALTH NEEDS

Essential mental health service delivery during the COVID-19 outbreak - restructuring of services



OWNER

Hospital Universitario de la Princesa



LOCATION

Madrid



MORE INFORMATION

<https://www.comunidad.madrid/publicacion/ref/50142>

<https://www.ccomsuam.org/>



PURPOSE

Reorganisation of mental health services in Madrid during the first months of the pandemic. COVID-19 caused sudden problems related to the accessibility of services (including primary care services) and had a considerable impact on patient support networks. In Spain, providers expanded home visits and developed a patient support network, while adopting new measures to identify those most vulnerable and transitioning to telemedicine.



WHAT WAS DONE

With the first wave of infections and government lockdown, there was a major disruption in mental health services provision. Regional health authorities in Madrid developed an action programme for mental health in May 2020. The goal was to ensure the continuity of mental health service provision and to properly address new mental health challenges arising from the COVID-19 outbreak and the policies to prevent its spread.

The lockdown in Spain was one of the most restrictive in Europe. The action programme was implemented immediately, remained in force for 2020, and was then extended. It proved to be helpful for service managers to adapt mental health services to a context where accessibility and continuity of care were severely disrupted by the imposition of social distancing measures, limitations on mobility, and the cancellation of non-essential in-person care.

One of the first steps was the recognition that mental health services were identified as essential (protecting most from freeing up staff for physical COVID-19 care) and there was an increase in the total number of psychiatrists and psychologists working on the public mental health services.

Services for the most vulnerable users could continue by expanding home visits. This was especially important as visits to community

mental health centres were limited and day hospital and psychosocial rehabilitation centres were closed or operating at reduced capacity. To address the increase in severe cases among the adolescent population, day hospital services covering this age range were expanded.

Primary care centres were not able to play their pivotal role in the identification and management of mental health problems because they were overwhelmed with physical COVID-19 care. Some new care pathways were established to ensure accessibility, particularly for three recognised groups: patients who had been admitted with COVID-19, health care workers, and bereaved relatives of patients who died of COVID-19. Additional measures included the reinforcement of the general hospital psychiatric teams and of the emergency psychiatrist services, and the scaling up of psychological support programmes. Finally, there was a clear shift towards telemedicine, which also implied ensuring remote access to electronic clinical records.



LESSONS LEARNED

There is a clear need to better prepare mental health services, including infectious disease preparedness training for mental health staff. In addition, it proved important to revise pathways of care and procedures for continuity of care implemented in the first wave of the pandemic, which helped services to cope better in the second and third waves. Having centralised decision-making

mechanisms, including on resource allocation, was critical for this success. Finally, the situation also called for an urgent need to scale up telemedicine in mental health care. These general lessons also contribute to addressing how best to (re)shape health systems to accommodate the future need for mental health services which is expected to increase.



MORE INFORMATION

<https://www.comunidad.madrid/publicacion/ref/50142>

