

Mental Health and Psychosocial Support for People on the Move during COVID-19

A REVISED MULTI-AGENCY GUIDANCE NOTE



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This brief guidance note provides advice on protecting and supporting the mental health and psychosocial wellbeing of people on the move globally during the COVID-19 pandemic. In this document, the term “people on the move” refers to *any refugee, migrant, and displaced person¹ that is transiting over a specific migration route,²* as opposed to refugees, migrants, and displaced people who reside in refugee, migrant, and IDP camps or who are settled in a specific country. It complements existing MHPSS Guidance and Resources for COVID-19 by describing key principles and appropriate interventions that should be used to guide the design and organization of services and/or the provision of direct assistance to people on the move.

Currently hundreds of thousands of refugees, asylum seekers, and migrants are on the move across Africa, Asia, the Americas and the Caribbean, Europe, and the Middle East due to COVID-19, including forced and irregular onward movement and returns.³ While overall mobility has decreased, people on the move remain in deeply precarious situations due to COVID-19. In addition to being a health crisis, the COVID-19 pandemic is widely considered to be a global *mental* health crisis for its **grave impact on the social-ecological environments of individuals, families, communities, and national systems**. As such, the pandemic has triggered three interlocking crises – health, socio-economic, and protection – that all exacerbate existing vulnerabilities among people on the move.⁴ Amidst considering the multiple and



¹ This definition includes asylum seekers and international or internal migrants.

² This definition refers to the route of a person who did not settle in the country of anticipated destination yet and has spent a relatively short amount of time in the transit location.

³ Global Protection Cluster (2020), Aftershock: Abuse, exploitation, & human trafficking in the wake of COVID-19, available at: <https://www.globalprotectioncluster.org/2020/11/19/aftershock-abuse-exploitation-human-trafficking-in-the-wake-of-covid-19/>.

⁴ United Nations Sustainable Development Group (UNSDG) (2020), Policy Brief: COVID-19 and people on the move, available at: <https://unsdg.un.org/resources/policy-brief-covid-19-and-people-move>.

complex needs of individuals and families among these populations, due attention must be given to the protection of their mental health and psychosocial wellbeing during this pandemic.

Challenges to Mental Health and Psychosocial Wellbeing for People on the Move during COVID-19

The COVID-19 pandemic deeply affects the wellbeing of people all over the world. People on the move are **disproportionately affected** due to weakened social support structures, bleak socio-economic prospects, unequal access to healthcare and social services, precarious housing, tenuous living and working conditions, misinformation and xenophobia, and increased risk of exploitation and abuse.⁵ Moreover, people on the move often already faced war, persecution, and other extreme hardships in their countries of origin. Many embark on dangerous travels and continue to experience displacement and hardship in transit countries. The lack of information, uncertainty about immigration status, hostility along the migration route, undignified and protracted detention, and restrictive movement policies that often characterise their journeys all add additional stress. In addition, forced migration can erode people's pre-migration protective supports – like those provided by extended family – and challenge or undermine core cultural, religious, and gender identity. Forced as well as voluntary migration also requires people on the move to swiftly adapt to a constantly changing environment in short periods of time.

The COVID-19 pandemic presents unique challenges for people on the move. For instance, they may **face stigma as a result of being perceived as potential carriers of the virus.**⁶ Women and children on the move, in particular, are at a **heightened risk of abuse, neglect, and gender-based violence**, exacerbated by pandemic-related confinement and lockdown measures.⁷ Subsequent increases in psychological distress can also aggravate pre-existing psychosocial and mental health conditions. Importantly, the way people are received and provided protection and assistance by service providers may also induce or aggravate problems by undermining their dignity, discouraging mutual support, or perpetuating dependency. Their acute sense of urgency and mobility through several countries may leave little time for people on the move to access necessary services, prompting them to instead take extreme medical or psychosocial risks.

For people on the move, COVID-19 further **complicates receiving accurate and up-to-date information on seeking legal status** in a destination country, which hinders necessary **access to healthcare**. During the migration journey, adequate communication networks are often absent or poorly functioning, meaning people on the move may not be privy to essential information required to contain the spread of the disease. Additionally, people on the move

⁵ International Organization for Migration (IOM) (2020), IOM Reiterates Importance Addressing Mental Health Impacts of COVID-19 on Displaced and Migrant Populations, available at: <https://www.iom.int/news/iom-reiterates-importance-addressing-mental-health-impacts-covid-19-displaced-and-migrant>.

⁶ United Nations International Children's Emergency Fund (UNICEF) (2020), Social Stigma associated with COVID-19, available at: <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>.

⁷ UN Secretary-General António Guterres (2020), Press Release Secretary General: Statements and messages, available at: <https://www.un.org/press/en/2020/sgsm20034.doc.htm>.

may come to further **distrust authorities** due to their fear of being reported, **which can impact compliance with appropriate health guidance as well as impede access to needed care.**

Steps taken to prevent transmission such as **closing borders** can unexpectedly strand people on the move during their migration journey. This can lead to some being held in transit and/or detention facilities where conditions make it **impossible to follow safe physical distancing or general hygiene guidance.**⁸ Furthermore, due to the strain placed on healthcare systems and economies as a result of the pandemic, **non-essential services are often no longer available** or more difficult to access for persons with no legal status in-country,⁹ leading to a **heightened risk of exploitation and distress.**

The pandemic's socio-economic consequences¹⁰ will continue to disproportionately affect migrant workers and refugees who work in low-wage, informal economies and have been excluded from **decent work and social protection** measures.¹¹ Estimates suggest that world trade will drop by up to 32% by end of 2020,¹² likely reducing essential income and livelihood opportunities for people on the move to an even greater extent. Altogether, these various factors cause people on the move to be more susceptible to the dangers of the COVID-19 pandemic.¹³

Common Mental Health and Psychosocial Impacts of COVID-19 (for People on the Move)

The impacts of the pandemic have led to an increase in psychological distress, including feelings of confusion, distress, experiences of prolonged or sudden outbursts of strong emotions such as fear, worry, anxiety, anger, and sadness. In general, increased psychological distress during the pandemic has been linked to the widespread suspension of services, reduced income, high levels of isolation, and feelings of hopelessness. Many are affected by multiple losses and are grieving for people, places, and life left behind, while also unable to attend funerals or other traditional gatherings to importantly grieve with and support one another. This may cause many to feel fearful or anxious, as well as numb or detached. Some people may also have reactions that affect their functioning and thinking capacities, which may undermine their ability to make decisions, care for themselves and their families, or cope with present dangers and risks. It is also important to realise, however, that these responses are normal ways in which the body and mind react to stress and should not be considered abnormal in these highly demanding circumstances.

⁸ IOM (2020), Mental Health and Psychosocial Support in the COVID-19 Response: Guidance and Toolkit for the Use of IOM MHPSS Teams.

⁹ Ibid.

¹⁰ International Labour Organisation (ILO) (2020), Protecting Migrant Workers During the COVID-19 Pandemic: Recommendations for policy-makers and constituents, available at: https://www.ilo.org/global/topics/labour-migration/publications/WCMS_743268/lang--en/index.htm.

¹¹ United Nations (UN) (2020), The Sustainable Development Goals Report 2020: Finding transformative pathways in turbulent times, available at: <https://unstats.un.org/sdgs/report/2020/finding-transformative-pathways-in-turbulent-times/>.

¹² Ibid.

¹³ Refugees International (2020), Covid-19 and the Displaced: Addressing the threat of the novel coronavirus in humanitarian emergencies, available at: <https://www.refugeesinternational.org/reports/2020/3/29/covid-19-and-the-displaced-addressing-the-threat-of-the-novel-coronavirus-in-humanitarian-emergencies>.

For most people on the move, adverse events from the past are not the only or even the most important source of psychological distress. Alternatively, most emotional suffering is directly related to current external stressors in addition to worry or uncertainty about the future. People on the move are not inherently more vulnerable to mental health problems, rather they are often exposed to complex stress factors now compounded by the pandemic that influence their mental health and wellbeing.¹⁴ In fact, people on the move who respond with adaptive coping mechanisms linked to the migration process may still be adversely affected by the number of unprecedented, ongoing stressors. On the other hand, some people on the move may develop a mental health condition (e.g., depression, anxiety), while those who already have pre-existing, chronic, or severe conditions may become especially vulnerable or dependent on access to care.

The pandemic also has a direct and unique impact on the mental health and wellbeing of children and adolescents on the move, including increased fear and worry about their family members or friends becoming ill and the effects of being isolated from friends and unable to attend school. There is also a secondary impact on family systems, namely the loss of family income and access to services, which may reduce adults' capacity to care for young children, increase the burden of care on older siblings, or pressure children into child labour or even human trafficking.¹⁵ For many children and their families, concerns about their right to asylum and immigration status can also be exacerbated as governments take strict measures to secure borders and protect populations from COVID-19.¹⁶ Furthermore, these COVID-19 restrictions may cause children on the move to end up stuck in transit or detention centres where they are exposed to additional risks and harm.

Although the effects of stress can be mitigated by basic services, safety, and social support, the COVID-19 pandemic severely impacts access to previously relied on in-person MHPSS services. The transition to social distancing, isolation, remote, and online work instead of in-person communication has diverse implications for those who are not digitally included. In order to ensure safety, many services are now offered remotely and virtually, which also has implications on equity of access as well as connectivity and online safeguarding risks.

Key Principles for Promoting Mental Health and Psychosocial Wellbeing

In the May 2020 update of the COVID-19 Global Humanitarian Response Plan (Global HRP), Mental Health and Psychosocial Support (MHPSS) was identified as an essential, basic need as well as a cross-cutting issue relevant to all strategic priorities of humanitarian response.¹⁷ As such, there is no single way or model to provide MHPSS support to people on the move, but the following good practice principles applicable to all actors (e.g., individuals, communities, humanitarian actors, local and national authorities) have been agreed upon by

¹⁴ UNSDG (2020), Policy Brief: COVID-19 and people on the move, available at: <https://unsdg.un.org/resources/policy-brief-covid-19-and-people-move>.

¹⁵ IOM (2020), What Works to Protect Children on the Move: Rapid evidence assessment (July 2020), available at: <https://reliefweb.int/report/world/what-works-protect-children-move-rapid-evidence-assessment-july-2020>.

¹⁶ Save the Children (2020), COVID-19: Operational Guidance for Migrant & Displaced Children, available at: <http://www.healthonthemove.net/knowledgebase/covid-19-operational-guidance-for-migrant-displaced-children/>

¹⁷ UN Office of the Coordination of Humanitarian Affairs (OCHA) (2020), Global Humanitarian Response Plan, available at: https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf.

organisations with significant experience in this field to guide the response to COVID-19 in order to prevent inadvertently doing harm in complex humanitarian crises and/or emergencies and in other migratory contexts.

1. Respond to people on the move as human beings and not as cases¹⁸

It is imperative to always treat and support all people on the move with dignity and respect. Helpers may be tempted to focus solely on what they think needs to be done, without sufficiently considering how their activities may be perceived or experienced by people on the move. How programs are designed as well as the language used are crucial to ensuring the populations being served are treated with dignity and respect.

For instance, language associated with COVID-19 case identification and other surveillance procedures that focuses on “cases” rather than “persons” risks further exacerbating existing stigma associated with COVID-19. For people on the move, this is all too familiar as they are already often referred to according to their migratory and legal status, or discriminated against based on their ethnicity or nationality, rather than just treated as human beings. Everyone, including children, people with disabilities, and minority groups, has the right to be treated equitably and without discrimination. Using language that reinforces the humanity of people on the move and persons with mental health conditions or psychosocial distress is fundamental.

It is important to provide MHPSS as well as other services in dignified ways that respect the autonomy, safety, and privacy of all people and avoid exposing them to further harm. Wherever possible, people should be able to choose how they would like to address the risks and challenges they are facing in order to maintain a sense of personal control. Importantly, this means first consulting with people on the move to identify their needs and capacities before building assistance based on their suggestions. This requires participatory approaches to design and evaluation at the outset of programmes as well as their inclusion in community engagement and accountability practices. Though these approaches are prerequisite for good psychosocial support, they can be difficult to realise for highly mobile people during the COVID-19 pandemic.

- Applying Humanitarian Standards to Fight COVID-19. These standards provide guidance on information sharing, community engagement, and the provision of humanitarian services with respect to promoting dignity and human rights.¹⁹
- The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Endorsed by more than 35 organisations involved in humanitarian assistance, the IASC Guidelines on MHPSS provides essential guidance for multi-sector responses to protect

¹⁸ Sphere (2020), Applying Humanitarian Standards to Fight COVID-19, available at: <https://spherestandards.org/resources/humanitarian-standards-covid19/>.

¹⁹ Sphere (2020), Applying Humanitarian Standards to Fight COVID-19.

and improve people’s mental health and psychosocial wellbeing in the middle of an emergency.²⁰

- MHPSS in the COVID-19 Response: IOM Guidance and Toolkit. This toolkit compiles existing material related to MHPSS for the COVID-19 crisis with other applicable resources. The toolkit also provides programmatic guidance on surge support and staff-care considerations.²¹
- UNICEF Community Based Guidance for Mental Health and Psychosocial Support. An operational framework that emphasizes co-creation in the design and implementation of MHPSS programming to restore, strengthen, and mobilise family and community supports and systems.²²
- IFRC PS Centre Talking and Writing about Psychosocial Support in Emergencies. This guide targets media, communication personnel, and humanitarian responders and provides key advice on how to sensitively communicate with and about persons in distress.²³
- Community Engagement and Accountability Guidance. This website includes guidance and toolkits for working with communities, including specific resources for COVID-19.²⁴

2. Coordinate and cooperate with others - do not work in isolation

Many people are involved in the provision of assistance to people on the move. Some are part of large organisations while others work alone or in small informal networks. It is important that organisations and helpers connect with and learn from each other in order to ensure programmes do not overlap or leave major gaps and to facilitate referral and information sharing. To advance coordination and collaboration in certain countries, mental health professionals such as psychologists, psychiatrists, and counsellors assisting people on the move should participate in existing MHPSS coordination mechanisms, for instance an MHPSS Technical Working Group, in order to connect with existing organisations and provide professional services as part of a supportive organisational environment and government endorsed structure.

- Mental Health and Psychosocial Support Network. This website includes a global platform for connecting people and organizations as well as sharing resources and knowledge in MHPSS.
- MHPSS Technical Working Group Coordinators Handbook (IASC, *in development*).

²⁰ IASC (2007), The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

²¹ IOM (2020), Mental Health and Psychosocial Support in the COVID-19 Response: Guidance and Toolkit for the Use of IOM MHPSS Teams.

²² UNICEF (2018), UNICEF Community Based Guidance for Mental Health and Psychosocial Support.

²³ International Federation of Red Cross (IFRC) (n.d.), IFRC PS Centre Talking and Writing about Psychosocial Support in Emergencies.

²⁴ IFRC (2020), Community Engagement and Accountability Guidance.

3. Provide clear and simple information about COVID-19 and other services through appropriate risk communication and community engagement

A major source of stress for people on the move is the lack of information, making it imperative to provide “clear, transparent, and understandable information.”²⁵ Provision of factual, up-to-date information about where and how assistance can be obtained can greatly reduce distress in a constantly changing situation. This is especially important during the pandemic as misinformation can be rife, resulting in poor hygiene and harmful practices, a lack of access to general and mental health services and protection, as well as the reduced engagement of and accountability towards people on the move.

Such information can be provided through physical access points, leaflets, radio, TV, telephone, and the Internet. Helpers need to be able to provide adequate facts and refer people to places where they can obtain more information. Access to information technology, telephones, and phone charging services is vital to help people find information and contact others. Information must be translated into relevant languages and formats in addition to being understandable and accessible to all diverse groups on the move, including children, people with physical or intellectual disabilities, and older people.

- Remote Psychological First Aid during COVID-19. Psychological first aid (PFA) is a method of helping people in distress feel calm and supported so they can cope better with major challenges. This guidance provides key considerations for the remote adaptation of PFA.²⁶
- Practical Guidance for Risk Communication and Community Engagement (RCCE) for Refugees, Internally Displaced Persons, Migrants and Host Communities Particularly Vulnerable to COVID-19 Pandemic. This practical guidance is designed to assist programme specialists in implementing COVID-19 RCCE activities for and with refugees, IDPs, migrants, and host communities that are particularly vulnerable to the pandemic.²⁷
- COVID-19: How to Include Marginalised and Vulnerable People in Risk Communication and Community Engagement. Developed by the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific led by UN Women and Translators without Borders, this guidance highlights key vulnerable populations and important considerations for reaching them through RCCE initiatives.²⁸

²⁵ Sphere (2018), The Sphere Handbook, available at: <https://spherestandards.org/handbook-2018/>.

²⁶ IFRC (2020), Remote Psychological First Aid during COVID-19.

²⁷ UNICEF (2020), Practical Guidance for Risk Communication and Community Engagement (RCCE) for Refugees, Internally Displaced Persons, Migrants and Host Communities Particularly Vulnerable to COVID-19 Pandemic.

²⁸ UN Women (2020), COVID-19: How to Include Marginalised and Vulnerable People in Risk Communication and Community Engagement.

- People on the Move & COVID-19. This website examines both the short-term and long-term impact of the pandemic on people on the move.²⁹
- Impact of COVID-19 on Migrants. This factsheet provides clear information about the impact and continued risk of COVID-19 on exacerbating vulnerabilities in migrant communities.³⁰
- Different. Just Like You: A Psychosocial Approach Promoting the Inclusion of Persons with Disabilities. This guidance aims to raise awareness of the importance of psychosocial support and inclusion in promoting the wellbeing of persons with disabilities. Practical resources for inclusive psychosocial activities in all kinds of settings are provided.³¹



4. Make interventions culturally relevant and ensure adequate interpretation

Mental health and psychosocial support programmes must be tailored to the background and needs of the people they serve. MHPSS helpers should therefore familiarise themselves with the context and culture of the people they work with. Where possible, interventions should also be designed, planned and implemented with input from people with lived experience related to the situation or circumstances.

Trained interpreters, ideally from the countries of origin of migrants, should also be used instead of community or family members. With training and supervision, some interpreters can

²⁹ Assessment Capacity Project (ACAPS) (2020), People on the Move during COVID-19.

³⁰ IOM (2020), Mental Health and Psychosocial Support in the COVID-19 Response: Guidance and Toolkit for the Use of IOM MHPSS Teams.

³¹ IFRC (2015), Different. Just Like You: A Psychosocial Approach Promoting the Inclusion of Persons with Disabilities.

have a more comprehensive role as “cultural mediators.” A cultural mediator or community mobiliser serves as an intermediary between a person and a service provider through their knowledge of the values, beliefs, and practices custom to their own cultural group as well as different care systems in the host context. These roles are common within refugee and migrant care and can be accessed through existing professional associations and networks.

Misinformation and rumours that sometimes originate from spurious cultural interpretations have been widespread during the COVID-19 pandemic, resulting in dangerous practices and ineffective hygiene behaviours. It is important to be aware of the specific rumours and misinformation that spread among people on the move and the countries in which they are transiting. An understanding of cultural nuances and realities can help to explain why people on the move might believe certain misinformation, which can in turn inform the development of appropriate and effective messaging with accurate information.

- Global COVID-19 Situation Reports by Region.³²
- Understanding the Info-demic and Misinformation in the Fight Against COVID-19: Department of Evidence and Intelligence. A factsheet outlining the COVID-19 outbreak and response as an “infodemic” and how this contributes to misinformation.³³
- Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians³⁴ / of Somali Refugees.³⁵ A review for MHPSS staff working with refugees affected by armed conflict.
- COVID-19: How to Include Marginalised and Vulnerable People in Risk Communication and Community Engagement. Developed by the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, led by UN Women and Translators without Borders, this guidance highlights key vulnerable populations and important considerations for reaching them through RCCE initiatives.³⁶

5. Provide relevant psychoeducation for COVID-19

It is important to increase people on the move’s understanding of the sometimes-overwhelming feelings that naturally arise from the many stressors amounting from COVID-19, particularly the impact of confinement and isolation. For example, people on the move may experience changes in sleep and eating habits or find themselves feeling tearful or easily irritated. Basic psychoeducation can be provided in these situations to reassure people of the normality of many of these reactions and to recommend simple ways to cope with distress and negative feelings.

³² UNHCR (2020), Global Situation Reports by Region.

³³ WHO PAHO Office of the Assistant Director (2020), Understanding the Info-demic and Misinformation in the Fight Against COVID-19: Department of Evidence and Intelligence.

³⁴ UNHCR (2015), Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians.

³⁵ UNHCR (2016), Culture, Context and the Mental Health and Psychosocial Wellbeing of Somali Refugees.

³⁶ UN Women (2020), COVID-19: How to Include Marginalised and Vulnerable People in Risk Communication and Community Engagement.

Given the high mobility of this population and nature of the pandemic, providing brief and practical information in their preferred language is helpful, especially when using remote platforms. Information should also use everyday language and avoid clinical terms such as “traumatised,” “psycho-trauma,” and “PTSD” to denote a whole population.

- Doing What Matters in Times of Stress: An Illustrated Guide. A stress management guide for coping with adversity.³⁷
- Coping with Stress during the 2019-nCoV Outbreak. A short infographic with basic psychoeducation on coping with stress during COVID-19.³⁸
- Tips for Parents and Caregivers during COVID-19 School Closures: Supporting Children’s wellbeing and learning. Advice and activities for caregivers to support psychosocial wellbeing and learning in children.³⁹

6. Provide basic psychological support to people on the move in distress in a humane and supportive way

All those involved in supporting people on the move should know how to assist and support the wellbeing of those in acute distress and alleviate their adverse stress responses when possible, while paying heed to the unique impact and challenges of remote support during COVID-19. Moreover, basic psychological support such as Psychological First Aid (PFA) and Basic Psychosocial Skills (BPS) are sets of simple action principles and techniques that help non-professionals and professionals in any sector learn how to appropriately respond to and support the wellbeing of people in distress, including their peers. Conducting half- or two-day PFA workshops or one-day BPS orientations, for instance, can be an effective way to foster specific interpersonal skills in volunteers, government officials, police officers, border guards, health professionals, or any other crisis responders. When in-person attendance is not feasible, remote training should be considered to ensure that everyone interacting with people on the move are sensitised to PFA. Furthermore, PFA and BPS techniques can also be delivered remotely, for instance, through hotlines, social media groups, or messaging, in order to provide needed emotional support during a pandemic such as COVID-19.

- The Remote Psychological First Aid for COVID-19 guideline can be used to support the development of remote PFA services for COVID-19 response.⁴⁰
- The Basic Psychosocial Skills: A Guide for COVID-19 Responders helps demonstrate how COVID-19 responders can include psychosocial skills into their daily work.⁴¹

³⁷ WHO (2020), Doing What Matters in Times of Stress: An illustrated guide.

³⁸ WHO (2020), Coping with Stress during the 2019-nCoV Outbreak.

³⁹ MHPSS Collaborative & Save the Children (2020), Tips for Parents and Caregivers during COVID-19 School Closures: Supporting Children’s wellbeing and learning.

⁴⁰ IFRC (2020), Remote Psychological First Aid for COVID-19.

⁴¹ IASC (2020), Basic Psychosocial Skills: A Guide for COVID-19 Responders.

- The Basic Psychosocial Skills Presentation is an easy-to-use PowerPoint presentation that helps conducting brief orientations on BPS.⁴²
- The Online PFA Training for COVID-19 is a guide developed to support trainers to run an interactive online training on PFA. The training package includes videos, worksheets and PowerPoint slides and can be adapted according to context.⁴³
- The Psychological First Aid. Guide for Field Workers is a simple guide for providing humane, supportive, and practical help to adults and children suffering from serious crises.⁴⁴ This guide also includes a *pocket guide of key principles* and is translated into a number of languages, all available on the website.⁴⁵
- The Psychological First Aid for Child Practitioners manual aims at developing skills and competences to reduce the initial distress of children who have recently been exposed to stressful events. Here is an accompanying 90-minute self-guided orientation.⁴⁶
- Hotline in a Box is a set of tools, case studies, and tip cards on the set-up and management of different types of channels that can be used to communicate with communities during humanitarian crises.⁴⁷

7. Identify and protect persons exposed to particular risks

Whether for short stays or longer periods of confinement due to COVID-19, particularly vulnerable people should be identified and referred to health (including mental health), protection, and social services. People who may be at particular risk include unaccompanied minors, older people, people with disabilities, persons with chronic or severe mental health conditions, persons with chronic disease, pregnant women, victims of torture, victims of trafficking, survivors of sexual and gender-based violence (SGBV), children living in the street, irregular migrants stranded in difficult-to-access areas (especially upstream of border areas), migrant child workers (living precariously due to societal responses to the virus), and persons with diverse sexual orientation and gender identity. Compounded by their lack of access to food or shelter and other basic resources, all individuals in these groups are at a heightened risk of suffering from deteriorating health after contracting the virus as well as various forms of violence or exploitation. Therefore, paying close attention and working towards preserving the dignity and safety of those most at-risk could save many lives.

To identify and guide the most vulnerable people on the move, in-person or remote participatory feedback mechanisms should be developed. For example, equipping available support or reception spaces with digital equipment and supporting the development of virtual spaces that enable information flow can increase connectivity between people on the move and

⁴² IASC (2020), Basic Psychosocial Skills Presentation.

⁴³ IFRC (2020), Online PFA Training for COVID-19.

⁴⁴ WHO (2011), Psychological First Aid, Guide for Field Workers.

⁴⁵ Canadian Mental Health Association Calgary (2020), PFA: Pocket guide.

⁴⁶ Save the Children (2013), Psychological First Aid for Child Practitioners.

⁴⁷ IFRC (2020), Hotline in a Box.

link the most vulnerable to needed services. These innovative solutions also represent good opportunities to mobilize the family and community environments of at-risk people on the move. Finally, these solutions constitute ways to improve participation and accountability by providing platforms to safely and securely express and share opinions and ultimately improve services.

- COVID-19: Resources to Address Gender-based Violence Risks. This guide provides practitioners with key resources to support the integration of GBV risk mitigation into COVID-19 response. It will be frequently updated as the crisis unfolds.⁴⁸
- IASC Guidance on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic. This document contains a wealth of MHPSS related operational information and practical approaches that can be used for humanitarian programming in health, SGBV, community-based protection, nutrition, camp management, and camp coordination; Please refer to chapter two, page six (continuation of comprehensive and clinical MHPSS in humanitarian settings during the COVID-19 pandemic) and chapter five, page 36 (addressing substance use and addictive behaviours during the COVID-19 pandemic).⁴⁹
- Implications of COVID-19 for Older Persons: Responding to the Pandemic. This technical brief emphasises the humanitarian imperative of addressing older persons' specific needs within preparedness and response to the COVID-19 pandemic. It highlights relevant initiatives underway in offices worldwide.⁵⁰
- Suicide Prevention during COVID-19. This resource is relevant to those implementing suicide prevention initiatives for the first time or adapting existing activities in suicide and harm prevention to the specific challenges of COVID-19.⁵¹

8. Recognise and provide appropriate support for people coping with grief and loss

People on the move often face situations in which their capacity to cope is significantly challenged. Displacement inevitably results in significant, multifaceted loss, including “external loss” of a home or homeland, job, language, familiar food, friends, family members, or community as well as “internal loss” of social identity, control, or one’s imagined future. For instance, leaving one’s home or one’s country under duress can be extremely distressing and, in some cases, lead to “cultural bereavement.” As such, even in the absence of death, such loss and sacrifice can deeply affect the wellbeing of people on the move.

During the current crisis, the increased fragility of already precarious living conditions may contribute to and further complicate the experience of loss and grief. For instance, people

⁴⁸ IASC GBV Guidelines Knowledge Hub (2020), COVID-19: Resources to Address Gender-based Violence Risks.

⁴⁹ IASC (2020), IASC Guidance on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic.

⁵⁰ UN Fund for Population Activities (UNFPA) (2020), Implications of COVID-19 for Older Persons: Responding to the pandemic.

⁵¹ IFRC (2020), Suicide Prevention during Covid-19.

confined in detention centres due to lockdown measures may lose their liberty; those already struggling in their new host countries may lose necessary income; and those obliged to go back to where they came from to survive may lose all remaining hope. A heightened fear of dying, and in particular, of dying away from home or losing loved ones travelling with them or still living at home, may naturally lead to severe stress reactions. Experiencing the death of a loved one under these circumstances is especially difficult and may result in prolonged grief.

In addition to ensuring their protection and basic rights, support provided to this at-risk population must take into consideration their particular vulnerabilities and needs, which now more often includes facilitating possibilities for mourning and rituals attuned to their culture and belief systems. When families experience the death of a loved one during their journey, assisting safe, secure, and dignified burials attended by religious leaders or as many people from the same religious background as health authorities allow, may be most helpful and appropriate, even if done remotely.

- Psychological First Aid: Loss and Grief in the COVID-19 Outbreak Response. A basic PowerPoint training in PFA for COVID-19 response around the world.⁵²
- Communicating with Children About Death, and Helping Children Cope with Grief. Brief guidance available in multiple languages on how to talk about death, grief, and loss with children.⁵³
- Children Mourning for a Loved One When They Cannot Attend Funeral Services. Advice sheet available in multiple languages on how to facilitate mourning among children without funeral services during COVID-19.⁵⁴
- WPA Guidance on Mental Health and Mental Health Care in Migrants.⁵⁵
- Grief, Loss and Mourning in Displaced and Refugee Communities.⁵⁶
- Grief, Loss and Accompanying Rituals in COVID-19. An interactive conversation about some of the opportunities, challenges, and promising practices for meaningful engagement with communities in the pandemic context. Webinar Notes by the CB-MHPSS Working Group of the IASC Reference Group on MHPSS.⁵⁷

9. Strengthen family and community support

MHPSS response to individual and family challenges associated with emotional distress, protection risks, and even survival while on the move should aim to include family and social

⁵² IFRC (2020), Psychological First Aid: Loss and Grief in the COVID-19 Outbreak Response.

⁵³ MHPSS Collaborative & CP AoR (2020), Communicating with Children About Death, and Helping Children Cope with Grief.

⁵⁴ MHPSS Collaborative & CP AoR (2020), Children Mourning for a Loved One When They Cannot Attend Funeral Services.

⁵⁵ Bhugra D. et al. (2011), WPA Guidance on Mental Health and Mental Health Care in Migrants, *World Psychiatry* 10(1): 2-10. doi: 10.1002/j.2051-5545. 2011.tb00002. x.

⁵⁶ Jones L (2020). Grief and Loss in Displaced and Refugee Families. In: Song S., Ventevogel P. (eds), *Child, Adolescent, and Family Refugee Mental Health*. Springer, Cham. https://doi.org/10.1007/978-3-030-45278-0_8.

⁵⁷ Samaratunga (2020), Grief, Loss and Accompanying Rituals in COVID-19.

support. Therefore, it is crucial to identify, support, strengthen, and promote family and community care mechanisms, social cohesion and peer-to-peer solidarity, as well as citizen initiatives to help people on the move in the face of COVID-19.

The most important family-related factor that promotes the mental health and psychosocial wellbeing of people on the move is the ability to travel together with family, extended family, or closely related community members and connect with supportive communities along the way. However, the pandemic also triggers circumstances that increase the risk of family separation. For instance, lockdown-related border closings and expulsions may prevent already planned movement, create sudden grounds for departures in restricted settings, or result in detention. The first priority is to keep families together and do everything possible to prevent separation and support reunification.

It is essential that children be kept with their parents or designated caregivers in all circumstances. However, family and community connections are crucial for all people, including elders, persons with disabilities, and adults of all genders. Where reunification services are available, separated family members should be connected with those services. Where such services are not available, it is important to support families and community members in identifying any missing persons among those travelling with them so the Red Cross or other involved agencies can initiate a search. In addition, it is helpful to support individual and collective efficacy by empowering families and communities among the people on the move and host population to play an active role in disseminating information, identifying people at risk, and referring them to operational support services.

In addition, the lockdown context weakens employment and reduces livelihoods and other public, private, and community support measures, impacting everyone at the individual, community, and family level. These factors can increase the likelihood of violence, exploitation, and xenophobia directed at people on the move and subsequently weaken their supportive ties. These factors can also increase tensions within families and communities on the move, as well as between migrant and host communities. Including messages in social media, radio, and television announcements about COVID-19 that denounce xenophobia and advocate for social inclusion and family and community strengthening can facilitate greater social cohesion. Engaging young people to create and spread such messages can also be an effective and empowering means of strengthening families and communities during lockdown.

- Guidance Note on Community-Based MHPSS. This guidance is a short reminder for key considerations in community-based MHPSS extracted from the IASC MHPSS guidelines and based on practitioner experience, that can be applied to assessment, planning, implementation, and evaluation.⁵⁸

⁵⁸ IASC (2019), Guidance Note on Community-based MHPSS.

- Quick Tips on COVID-19 and Children on the Move. Concise document highlighting the key recommended prevention and response actions to take NOW to support and ensure health, safety, and protection for all children on the move during COVID-19.⁵⁹
- Broken Links: Psychosocial Support for People Separated from Family Members. This 40-page field guide outlines possible causes of separation, discusses the psychosocial impacts of being separated (e.g., loss and grief), and provides guidelines on how to support those who have been separated from family members (e.g., delivering difficult news to loved ones, basic helping skills, interviews, on-going support and referrals, and reunification).⁶⁰
- Mental Health and Psychosocial Support in the COVID-19 Response: Guidance and Toolkit for the Use of IOM MHPSS Teams (IOM, 2020) page 13, ‘Burial Rituals’. This brief document compiles the best and most promising materials, practices, and tools, identified through consultations and engagement with partners, related to MHPSS for the COVID-19 crisis, as well as other resources that may be applicable to the context.⁶¹



10. Prioritise protection and mental health and psychosocial support for children and adolescents on the move

All children, especially those unaccompanied, separated, or with disabilities, are at a heightened risk of violence, abuse, and exploitation during the COVID-19 pandemic. When working with children, it is critical to encourage child-friendly hygiene practices and communicate appropriately about COVID-19. This ensures that children are provided with

⁵⁹ UNICEF CoM Task Force (2020), Quick Tips on COVID-19 and Children on the Move.

⁶⁰ IFRC Reference Centre for Psychosocial Support (2014), Broken Links: Psychosocial Support for People Separated from Family Members.

⁶¹ IOM (2020), Mental Health and Psychosocial Support in the COVID-19 Response: Guidance and Toolkit for the Use of IOM MHPSS Teams.

adequate information in a manner that is safe and supportive, including through online environments. When providing PFA training to staff, volunteers, and/or community members during COVID-19, it is essential to emphasize the broader protection needs of children, especially children who are separated, unaccompanied, living with disabilities, pregnant, or mothers. Referral pathways to and between appropriate services in protection, health, and education, should be clarified to ensure relevant support and case management structures are in place and ongoing. Importantly, staff should be adequately trained in providing appropriate psychosocial support to children in distress and in supporting children to return back to school when education facilities reopen. Moreover, identifying and registering new children on-arrival at a centre or school can promote protection and life-saving support. Offering assistance adapted to children's specific needs, such as help with contacting family members, guidance on their options, legal advice, and finding shelter, can also encourage unaccompanied or separated children to register. Along with nutrition, clean water, rest, play, and warm clothes, this assistance can be provided through central child and family support hubs. When family reunification is not possible, all alternative care arrangements should be in the best interest of the child and prioritize options that return children to their immediate or extended family.

- The Online PFA Training for COVID-19: Additional Module on PFA for Children is child-focused and developed for people who have taken part in the basic PFA training and thus have foundational knowledge of PFA and how it can be applied in the response to the COVID-19 crisis.⁶²
- My Hero is You: Storybook for Children on COVID-19 is a fictional book developed by and for children, together with global, regional and country based experts from Member Agencies of the IASC MHPSS RG, which aims to help families understand and cope with COVID-19.⁶³
- These adaptable key Youth Mental Health COVID-19 Messages were developed by mental health experts and young people for adolescents and youth struggling to take care of themselves and their relationships and for caregivers to better support their teens during the pandemic.⁶⁴
- RIDE ON: Remote Self-Guided or Accompanied Curriculum That Supports Adolescents feeling anxious, insecure, or disconnected with others during the COVID-19 pandemic. The objectives of this offline curriculum are to “Increase capacities and resources of children and youths to alleviate the negative mental health and psychosocial effects of COVID context by doing self-guided exercises and engaging her/him and her/his peer in support action.”⁶⁵
- The Risk Communication and Community Engagement for COVID-19 - Engaging with Children and Adults with Disabilities presents a set of key considerations for addressing

⁶² IFRC (2020), Online PFA Training for COVID-19: Additional Module on PFA for Children.

⁶³ IASC (2020), My Hero is You: Storybook for Children on COVID-19.

⁶⁴ UNICEF (2020), Youth Mental Health COVID-19 Messages.

⁶⁵ Tdh (2020), RIDE ON: Remote Self-Guided or Accompanied Curriculum That Supports Adolescents.

barriers that children and adults with disabilities face when accessing information, care, and support.⁶⁶

- Back In School After COVID-19 and Let's Talk About It: Welcome Back Check-In Guidance suggest age-appropriate sessions for teachers and facilitators to support children's adjustment and return to school, clubs, sports, and leisure activities. They also assist children in reflecting on their experiences during the pandemic and supporting each other upon return to school or social activities.⁶⁷
- Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic, version 3 and related resources specific to Children on the Move during COVID-19.⁶⁸
- The COVID-19 Guidance for Interim Care Centres supports staff and partners running Interim Care Centres (ICCs) on how to continue doing so during the Covid-19 pandemic.⁶⁹
- This Advocacy Brief: Prioritizing the Safety of Children Online During the COVID-19 Pandemic calls on national governments, supported by multilateral institutions, to develop specific COVID-19 online safety programs for children.⁷⁰
- The Caring for Child Survivors of Sexual Abuse guideline provides a practical approach to helping child survivors and their families recover and heal from the impacts of sexual abuse.⁷¹
- The Field Handbook on Unaccompanied and Separated Children provides interagency technical guidance to support the implementation of the Guiding Principles on Unaccompanied and Separated Children (UASC) and to strengthen capacity building in programming for UASC.⁷²

11. Provide treatment for people with severe or chronic mental health conditions

The COVID-19 pandemic has made it more difficult for people on the move with mental health conditions to access basic mental health services or to receive essential psychotropic medications.⁷³ During the pandemic it regularly happened that psychiatric wards in hospitals

⁶⁶ UNICEF (2020), Risk Communication and Community Engagement for COVID-19 - Engaging with Children and Adults with Disabilities.

⁶⁷ IFRC (2020), Back in School After COVID-19; MHPSS Collaborative and Save the Children (2020), Let's Talk About It Welcome Back Check-In Guidance.

⁶⁸ Child Protection (CP) Alliance (2020), Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic, version 3; CP Alliance (2020), Children on the Move.

⁶⁹ Save the Children (2020), The COVID-19 Guidance for Interim Care Centres.

⁷⁰ CP Alliance (2020), Advocacy Brief: Prioritizing the Safety of Children Online During the COVID-19 Pandemic.

⁷¹ UNICEF (2012), Caring for Child Survivors of Sexual Abuse.

⁷² CP Alliance (2017), Field Handbook on Unaccompanied and Separated Children.

⁷³ WHO (2020) The Impact of Covid-19 on Mental, Neurological, and Substance Use Services: Results of rapid assessment, available at: <https://www.who.int/publications/i/item/978924012455>.

were converted to COVID-19 treatment centres.^{74,75} Especially vulnerable are persons with severe, chronic, or pre-existing mental health conditions. This includes people who are unable to function, at-risk of harming themselves or others, relapsing or in-crisis, experiencing psychotic symptoms, or being in withdrawal from addictive substances due to the crisis.

When possible, refer people with mental health conditions to appropriate services and provide additional assistance and access to these services as needed (e.g., providing information and transport, covering costs, and addressing cultural and language barriers). For persons who are likely to change locations in the near future, consider prescribing medication that is likely to be available in other countries, such as those from the WHO list of essential medicines.⁷⁶ It is important to provide a list of essential medicines at health posts in arrival and transit areas. A pharmacological prescription should include the name of the medication and its composites to make identification easier. It is recommended to also provide a written text about the prescription to show at border checks if needed. Another recommendation is to use simple health travel cards to enable refugees and migrants to carry information about their medical problems and recommended treatment with them.

In addition, it is imperative to help persons with mental health conditions and their families access information about available services and supports. Do not use single-session, trauma-focused interventions, including but not limited to critical incident stress debriefing. Do not inadvertently harm the person by encouraging them to talk about difficult experiences outside a stable, clinical context. Multiple session psychological interventions should be offered if the person can be engaged long enough to complete all of the sessions. Remote service provision can be considered in the context of continued challenges with mobility, security, and infectious disease outbreaks such as COVID-19. Given the transitory nature of people on the move, however, it is recommended that such sessions focus on proactive coping strategies and stress management and are only provided if appropriate safeguards are in place, such as access to a confidential platform.

- Suicide Prevention During COVID-19. This resource provides guidance on suicide and harm prevention, relevant to those who may be implementing suicide prevention initiatives for the first time and to those who may be adapting existing harm prevention activities to challenges of COVID-19.⁷⁷
- mhGAP Humanitarian Intervention Guide - Clinical Management of Mental, Neurological, and Substance Use Conditions in Humanitarian Emergencies. The mhGAP Humanitarian Intervention Guide contains first-line management recommendations for mental,

⁷⁴Mwesiga, E. K., Nakasujja, N., Muhwezi, W. W., & Musisi, S. (2021). The COVID-19 pandemic has reinforced the need for community mental health-care models in Uganda. *Lancet Psychiatry*, 8(5): 362. doi: 10.1016/S2215-0366(21)00070-5.

⁷⁵ Adorjan, K., Pogarell, O., Streb, D., Padberg, F., Erdmann, C., Koller, G., ... & Falkai, P. (2021). Role of psychiatric hospitals during a pandemic: introducing the Munich Psychiatric COVID-19 Pandemic Contingency Plan. *BJPsych open*, 7(2): e41. doi: 10.1192/bjo.2020.167.

⁷⁶ WHO (2019), WHO Model Lists of Essential Medicines, available at: <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>.

⁷⁷ IFRC (2020), Suicide Prevention During COVID-19.

neurological and substance use conditions for non-specialist health-care providers in humanitarian emergencies where access to specialists and treatment options is limited.⁷⁸

- WHO Model List of Essential Medicines. Amended list of the minimum essential medicines for basic health-care systems recommended by WHO.⁷⁹
- Personal Health Record' Handbook can be used to document information that will assist health professionals in obtaining a comprehensive view of the migrants' health status, needs, and medical history.⁸⁰
- Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes During the COVID-19 Pandemic. Chapter two, page six (continuation of comprehensive and clinical MHPSS in humanitarian settings during the COVID-19 pandemic) and chapter five, page 36 (addressing substance use and addictive behaviours during the COVID-19 pandemic).⁸¹

12. Supervise and manage the wellbeing of staff and volunteers

Staff and volunteers providing assistance to people on the move may be repeatedly exposed to tales of terror and personal tragedy. They may live and work in physically demanding and unpleasant conditions characterised by heavy workloads, long hours, and a lack of privacy or personal space. Helpers might experience indecision or anguish due to the ethics of decisions they are forced to make. These stressors may have adverse consequences such as anxious or depressive feelings, psychosomatic complaints, over-involvement with beneficiaries, apathy, callousness, negative coping strategies (e.g., alcohol or substance abuse), and interpersonal conflicts.

Humanitarian workers should be alert to signs of stress within themselves and colleagues. Team managers should monitor their staff through informal observation and periodic routine inquiry or by organising informal or formal group sessions to evaluate stress. A supportive, inclusive, and transparent organisational climate is the best protection for staff and volunteers.

- Supportive Supervision During COVID-19 to Volunteers. This resource includes an overview of key considerations for supervision with volunteers, implementing supportive supervision, and relevant qualities and competencies for supervisees and supervisors.⁸²

⁷⁸ WHO (2015), mhGAP Humanitarian Intervention Guide - Clinical Management of Mental, Neurological, and Substance Use Conditions in Humanitarian Emergencies.

⁷⁹ WHO (2015), WHO Model List of Essential Medicines.

⁸⁰ IOM (2020), Personal Health Record' Handbook.

⁸¹ IASC (2020), Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes During the COVID-19 Pandemic.

⁸² IFRC (2020), Supportive Supervision During COVID-19 to Volunteers.

- Wellness and Resilience for Frontline Workers and Managers, Online 2hr Session. This course will assist frontline workers or managers in understanding the impact that stress can have on their lives and how to build personal and organisational resilience.⁸³
- Managing Stress in Humanitarian Workers. Guidelines for good practice.⁸⁴
- Psychological First Aid for Children (Section C). One-day training on stress management for staff.⁸⁵



⁸³ Humanitarian Leadership Academy (n.d.), Wellness and Resilience for Frontline Workers and Managers, Online 2hr Session.

⁸⁴ Antares Foundation (2012), Managing Stress in Humanitarian Workers.

⁸⁵ Save the Children (2013), Psychological First Aid for Children (Section C).