

GUIDANCE NOTE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IMPLICATIONS OF EPIDEMICS

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PREPARED BY: Shona Whitton, MHPSS Advisor & Augustin Lambert, MHPSS in Emergencies Intern.

This document provides an overview of the psychosocial consequences of epidemics and outlines key considerations for MHPSS programming.

This guidance note is intended for Red Cross Red Crescent Movement components who may be responding to epidemics in their country, or region. It includes guidance on:

- common reactions and behaviors in epidemics
- integration of MHPSS considerations for into health responses
- links to existing relevant materials

FACTS ABOUT EPIDEMICS

During health emergencies, rumors and misinformation are common. It is important that volunteers and staff have clear, relevant, and accurate information about the disease and local responses. Volunteers and staff should be provided with regular, updated, fact-based information to share with people they are supporting in their work.

COMMON REACTIONS AND BEHAVIOURS IN EPIDEMICS

It is expected that people may be fearful of the disease causing the health emergency. This is a helpful response as it alerts people to changes that they may need to make to their behaviors to protect their health. Some common reactions include:

- fear of being sick, and of the way in which one dies
- fear of symptoms and diseases that are easily treated
- fear of falling ill and dying may prevent people from approaching health workers or health facilities
- fear of losing livelihood, not being able to work during isolation, and of being fired because the employer is afraid of contamination etc.



- feelings of helplessness and sadness due to being isolated
- mistrust and anger of people associated with the disease

Behaviors that are common in health emergencies include:

- stigmatization and fear of patients, healthcare workers and caregivers
- refuse approaches by volunteers and medical workers; threatening them verbally or physically
- refuse to care for unaccompanied or separated minors due to fear of contamination
- belief that prayer is the only thing that will save people.

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviors are also borne out of lack of accurate information, rumors, and misinformation. It is important to correct misconceptions, at the same time as acknowledging that the feelings and subsequent behaviors are very real, even if the underlying assumption is false.

SPECIFIC STRESSORS FOR RESPONDERS

Emergencies are always stressful, but specific stressors particular to epidemics affect the population as well as responders. The stressors include:

- risk of being contaminated and contaminating loved ones and others
- strict bio-security measures:
 - physical strain of protective equipment
 - physical isolation and adhering to a no touch policy
 - constant awareness and vigilance required
 - strict procedures to follow leaving out spontaneity
- the tension between the public health priorities and the wishes of patients
- stigmatization of those working with sick patients
- consequences of the outbreak in communities and families: deterioration of social network, local dynamics and economies, surviving patients rejected by their communities, possible anger and aggression against government and health structures, staff and volunteers etc.

INTEGRATION OF MHPSS CONSIDERATIONS INTO HEALTH RESPONSES

Where possible, MHPSS activities should be integrated into responses to health emergencies. Activities will differ depending on the context, type of disease, and impacts of the epidemic. Ongoing assessments



and monitoring will inform which MHPSS activities are the most appropriate at any given time. The following outlines some recommended minimum actions for the integration of MHPSS consideration into health responses.

Minimum actions for health/emergency teams:

- Add key messages relating to mental health and wellbeing impacts of epidemics.
- Ensure frontline workers are briefed on sensitization messages relevant to the disease causing the health emergency so that they can provide correct information to the community. This can increase calm, promote a sense of safety, and trust in epidemic responders and their efficacy.
- Ensure access to care for people with mental health conditions.
- Train frontline workers and community leaders in basic psychosocial support skills.
- Add MHPSS assessment questions to ongoing assessments.

Minimum actions for MHPSS teams:

- Advocate for integration of MHPSS activities and for access to care for people with mental health conditions.
- Support health/emergency teams to integrate key messages mental health and wellbeing impacts of outbreaks.
- Support health/emergency teams to integrate MHPSS assessment questions to ongoing assessments.
- Support health/emergency teams with analysis of assessment results and planning for MHPSS activities, as needed.
- Support health/emergency teams to develop, adapt, and distribute clear, relevant, and accurate information, education and communication materials that includes both physical and mental health information.
- With your HR function, ensure that staff and volunteers support activities are being implemented and if not, advocate to your HR department to implement staff and volunteer support including peer support.
- Basic training in psychological first aid and supportive communication for volunteers, health, and community workers.



COMMUNICATION CONSIDERATIONS

It is extremely important to communicate in a supportive way when visiting and talking to people affected by epidemic outbreaks as they may be scared and mistrustful. Staff and volunteers should be well briefed about the disease, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication, and active listening.

Every crisis is personal, and reactions will vary depending upon previous experiences, and what an affected person says may differ from what they are experiencing inside. Acknowledgement of the experiences can relieve built up anxiety, provide an opportunity to establish a supportive relationship, and enable people to start helping themselves.

When interacting consider and acknowledge the needs of every person and group:

- age, as children need things explained in simpler language.
- gender e.g. women may prefer to talk to women and men to men.
- culture e.g. some groups may prefer not to hold eye contact.
- faith e.g. when people need to pray or what they can eat.
- needs and disabilities where assistance may be required.

Key psychosocial phrases conveying interest and empathy:

- I hear your concerns ...
- You have the right to be (sad, angry ...)
- I hear what you are saying ...
- I am hearing that you are worried ...
- In this situation, your reaction is to be expected ...
- Maybe we can discuss possible solutions ...
- What we can offer is ...
- I am concerned about you ...
- With your consent, we would like to ...

COORDINATION OF MHPSS ACTIONS & MHPSS ASSESSMENT

Effective MHPSS programming requires close **coordination** among all aspects of the emergency response. It is recommended that MHPSS teams ensure they are coordinating with stakeholders inside



their National Society as well as with external partners. In health emergencies, external partners may be different to organisation partnered with in other types of disasters. During VBDs outbreaks response, it is important to collaborate with communication teams so that public messaging includes MHPSS considerations.

In terms of MHPSS assessment, it is important to assess needs to guide planning for potential MHPSS activities. MHPSS assessments should be coordinated. This may include with other departments within the National Society, with partner National Societies, the IFRC, the ICRC and/ or with external stakeholders.

The following are suggested assessment questions that can be used to determine MHPSS needs and capacities.

For rapid assessment (usually desk-based):

- How have the consequences of the disaster affected communities' ability to cope post disaster (considering the pre disaster context)?
 - What are the prior/existing stressors and/or traumatic events?
 - Existence of poverty, conflict, climate risks, inequality, and discrimination etc.
 - Communities' level of autonomy.
- Are there sufficient and appropriate MHPSS resources to cope with the demand for MHPSS support?
 - Are there sufficient MHPSS responses being provided/or planned (by any actor, nationally or internationally)?
 - Does the current NS have the capacity to respond to MHPSS needs?

For initial assessment:

- What is the severity of the disaster's impact on people's mental health and ability to cope?
 - Since the event, what changes have you noticed in yourself and others?
 - Do you know of someone who has or is at risk of a mental health or psychosocial difficulty and how to respond?
 - In the community, how is mental health perceived, do people support each other (how?) and what resources are there?



RELEVANT MATERIALS

Caring for staff and volunteers

- [Caring for staff and volunteers \(video\), IFRC Psychosocial Centre](#)
- [Caring for Volunteers: A Psychosocial Support Toolkit, IFRC Psychosocial Centre](#)
- [Guidelines for Caring for Staff and Volunteers in Crises, IFRC Psychosocial Centre](#)

Integrating MHPSS

- [An engagement tool for introducing MHPSS, Working Group 1 of the MHPSS Roadmap](#)
- [Key messages to support the integration of MHPSS across 4 specific sectors, Working Group 1 of the MHPSS Roadmap](#)

Basic PSS and PFA

- [Mapping of basic psychosocial support courses, Working Group 1 of the MHPSS Roadmap](#)
- [A Short Introduction to Psychological First Aid, IFRC Psychosocial Centre](#)

Psychoeducation

- [Psychological Coping during a Disease Outbreak For families, friends, colleagues of those in quarantine or self-isolation, Hong Kong Red Cross and Japanese Red Cross](#)

MHPSS assessment

- [Rapid Assessment for Psychosocial Support and Violence Prevention, International Federation of Red Cross and Canadian Red Cross](#)
- [Lessons learnt: MHPSS Assessments, Working Group 4 of the MHPSS Roadmap](#)
- [Assessment Monitoring Tools and Preparedness Plan for MHPSS, Working Group 1 of the MHPSS Roadmap](#)
- [Multi-sectoral MHPSS Needs and Resources Assessments Toolkit, IASC MHPSS Reference Group](#)

