



PSYCHOSOCIAL CARE FOR FRONTLINE HEALTH CARE WORKERS

An Information Manual



PSYCHOSOCIAL CARE
FOR
FRONTLINE HEALTH
CARE WORKERS
DURING COVID-19

An Information Manual

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Brief Description: There are specific stressors that are particular to people within frontline worker fraternity. It is expected for affected (both directly and indirectly) individuals to feel stressed and worried. Some of these fears and behaviours are realistic while many are just borne out of lack of knowledge, rumours and misinformation.

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Foreword

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. Since then WHO has declared it as a Pandemic affecting more than 115 countries around the globe. India had seen its first COVID-19 case in Kerala on 30th January 2020. The National Institute of Mental health and Neuro-Sciences (NIMHANS) has been designated as the nodal institute for providing guidance to mental health and psychosocial interventions across the country by Ministry of Health and Family Welfare. In the process of prevention and care for those affected by COVID-19, a large number of community level workers from different Government sectors namely, welfare, education, health and also many Non-Government Organizations joined hands together and provided their support and services. The Frontline Healthcare Worker has the responsibility, the reach and the influence changes within the community.

Due to the nature, intensity and increased duration of the extreme work that the frontline healthcare workers have put in, several are prone to increased mental health risks due to the stress and burn out that accompanies this work. They have risked their own safety (and the safety of their loved ones) in order to ensure that adequate care is provided to all the stakeholders. At this juncture, it is very crucial to recognize the emotional needs and wellbeing of the frontline healthcare workers who work with those affected by COVID-19 and help them normalize their lives. The need is to equip the workers with tools to establish and maintain a harmonious work life balance.

To attend to this most crucial need, this manual "Psychosocial care for Frontline Healthcare Workers" has been developed to empower them to deal with their stresses with simple self-care and stress management techniques at personal, family and societal level. The manual has taken care to include even in sensitive and extremely relevant topics areas such as parenting, marital happiness, care for the elderly and social stigma arising out of COVID-19.

I sincerely appreciate the contributions of the authors and the support team from UNICEF that has made this possible.

I encourage as many persons as possible to be trained and make full use of this manual to ensure the well-being of the health warriors of the nation.

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22nd September 2020

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CHAPTER 1 - INTRODUCTION

BACKGROUND:

COVID 19 is a viral communicable disease. Fear has developed in the minds of community members because of the amount of suffering it causes, the amount of death it causes and, most importantly, how fast and widely it has spread. Entire governments have declared a war against this illness. This has led to a great deal of social disruption across the world. Therefore, it is only natural that healthcare workers on the frontlines of the war experience anxiety, fear, loneliness, ingratitude, and development of psychological stress. People with an already existing mental health condition may feel even more distressed and there can be an increase in their problems.

Psychosocial Care refers to comprehensive interventions aimed at addressing a wide range of psychosocial and mental health problems arising in the aftermath of the outbreak of COVID19. These interventions help individuals, families and groups to build human capacities, restore social cohesion and infrastructure along with maintaining their independence, dignity and cultural integrity. Psychosocial care helps in reducing the level of actual and perceived stress and in preventing adverse psychological and social consequences amongst those who are directly and indirectly affected by COVID 19.

NEED FOR PSYCHOSOCIAL CARE

There are specific stressors that are particular to people within frontline worker fraternity. It is expected for affected (both directly and indirectly) individuals to feel stressed and worried. Some of these fears and behaviours are realistic while many are just borne out of lack of knowledge, rumours and misinformation.

Traditionally, psychosocial and mental health consequences of pandemic outbreaks have been understood more in terms of mental illnesses/ disorders. The common mental health





disorders reported after such outbreaks are normal (or pathological) grief (Bereavement), acute stress reaction, depression, generalised anxiety disorder, Post Traumatic Stress Disorder (PTSD), alcohol and drug abuse, etc. Besides these clearly identifiable mental health and psychosocial problems, various psychological reactions and behavioural responses, falling within the spectrum of psychosocial well-being are also affected.

Steps are needed to prevent social stigma and discrimination associated with COVID-19. Care has to be taken to promote the integration of people who have been affected by COVID-19

targeting them.

While preventive and medical action is the most important at this stage, emergency psychological crisis interventions for people affected by COVID-19 are also critical. This includes direct interventions for health care professionals.

Emotional reactions such as guilt, fear, shock, grief, Hyper-vigilance, numbness, intrusive memories, and despair are universal responses in people experiencing unforeseen events beyond their coping capacity. Emotional reactions reported by the people are normal responses to an abnormal series of events. It is estimated that nearly 90% of survivors undergo these emotional reactions immediately after. However, it reduces to 30% over a period of time with psychological reactions to stress, leading to a change in behaviour, relationships and physical or other psychosocial situations. But frontline healthcare workers often do not have the luxury of just taking off. They have to return to their place of work ready for action at the very next moment. Therefore, the situation in which their anxieties are high continues. This leads to protracted behaviour changes and subsequently leads to an abnormal pattern and long-term mental illness if not attended to.

This document aims at the provision of proper guidance and counselling to these affected frontline healthcare workers that would be required to mitigate any problems associated with psychosocial

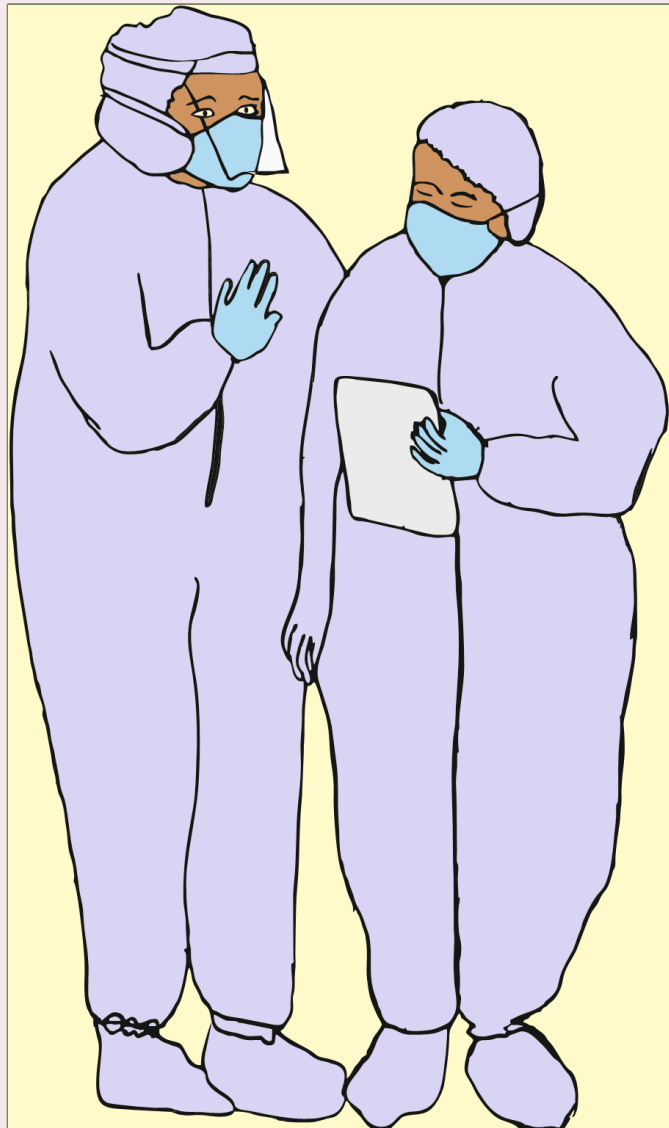
distress. There is a dire need to provide proper psychosocial care for the mental health and wellbeing in all the people in communities during the COVID-19 like a pandemic.

WHO CAN PROVIDE PSYCHOSOCIAL CARE?

This manual is intended to refresh and enhance the knowledge and skills of professional counsellors.

These include persons who have a minimum qualification of Masters in Psychology, Counselling, Social Work or similar fields with some counselling experience. However, Health care workers trained in counselling can also make use of this manual.

Individuals who wish to volunteer their services to support patients of COVID 19 and their family members, health professionals/workers, frontline workers and their family members and who have undergone adequate training in providing this psychosocial care may also benefit from this manual.



WHAT IS THE THEORETICAL MODEL THIS MANUAL IS BASED ON?

This manual is based on the following tenets

1. All those who are associated with COVID-19 pandemic are affected by it.
2. Frontline healthcare workers are susceptible to stress from various quarters.
3. Frontline healthcare workers require simple, time and cost-effective strategies to help them deal with their stress.
4. Frontline healthcare workers require psychosocial care to normalize their experiences related to COVID-19.
5. Frontline healthcare workers are amongst the most resilient of people within any community.

CHAPTER 2 – STRESS, VULNERABILITY AND RESILIENCE OF FRONTLINE HEALTHCARE WORKERS

STRESS

The word 'stress' has, of late become a fad in health and allied circles. It is usually used to indicate bad things. However, stress can be a result of both positive and negative experiences, and it is a necessary part of our daily lives. We all feel the pressure of our environment during times of transition (i.e., at the time of school graduation, preparing for professional course entrance exam, moving to a new study or work location, etc.) and in preparation for significant life events (i.e., in anticipation of a job interview, getting married, giving birth, etc). Although response to stress is often adaptive (i.e., feeling stress before an exam may be a critical motivator in studying for it), too much stress or an inability to cope with it can cause negative emotional and physical symptoms.



Stress is a part of our daily lives. In the family context, sources of stress include relatively trivial hassles such as getting the kids dressed in time for school, or deciding on what to cook for dinner, talking to spouse about a tiff with the in-laws, etc. They may even include some serious issues such as financial investments, health concerns of elderly, lack of intimacy between spouses, etc. Another source of stress includes 'work-related stressors.' This source of stress encompasses all the social and environmental conditions at the work place, such as noise, co-worker relationships, salaries, job satisfaction, job security, etc. In a multidisciplinary set-up like healthcare, these issues are not only serious, but also inevitable.

COPING

The responses to stressors are multidimensional that include behavioural, sensations, emotional, cognitive, biological and interpersonal responses. Folkman and Lazarus (1980) define coping as 'the cognitive and behavioural efforts made to master, tolerate, or reduce external and internal demands and conflicts among them'.

Generally, there are two kinds of coping strategies used by frontline healthcare workers.

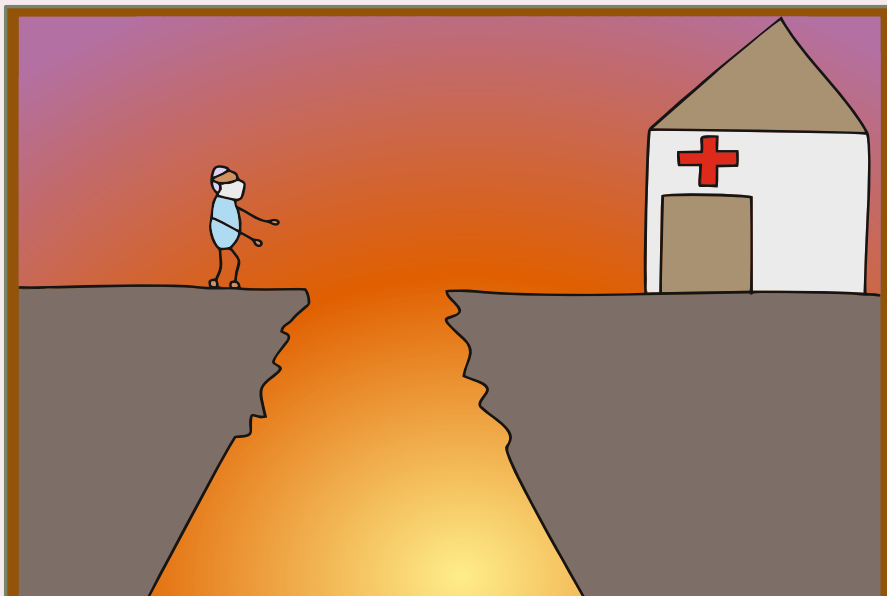
1. Problem-focused coping: These efforts are when a frontline healthcare worker attempts to change the person–environment realities behind the stress. e.g. wearing appropriate Personal Protective Equipment while working in high risk environments.
2. Emotion-focused coping: These can also relate to internal elements and try to reduce a negative emotional state, or change the appraisal of the demanding situation

Another way coping can be classified is as positive and negative coping where the negative coping leads to disorders and positive coping leads to wellness. Judging a process based on its outcome is rarely a wise idea but only useful in heuristic categorization. This wisdom based on hindsight is useful for prospective work but is seldom useful in making decisions at the moment. e.g. when a person is being ostracized by the society (and family members) for being a healthcare worker and being accused of spreading COVID-19 to his neighbourhood (and family), it seems appropriate that he steps into a bar and have a drink on the way back in order to have some human connect. On hindsight, one can probably say that taking to alcohol as a coping for stress due to social stigma was not an appropriate choice and that he has chosen a negative coping strategy. However, at the time, it was a way for him to mitigate the effects of social stigma on him.

VULNERABILITY

Mental health problems affect society as a whole, and not just a small, isolated segment. No group of people is immune to mental disorders; least of all, frontline healthcare workers. These frontline healthcare workers with prior susceptibilities are more vulnerable to the double stigma of mental illness as well as the stigma due to COVID-19. For all individuals, mental, physical and social health is closely interwoven vital strands of life. As health, mental health also lies in a continuum from mental health to mental illness.

Persons with mental and psychosocial disabilities or substance use disorders comprise a vulnerable



group as they are subjected to high levels of stigma and discrimination, due to widely held misconceptions about the causes and nature of mental health conditions. This group also experiences high levels of physical and sexual abuse. This can occur in a range of

settings, including prisons, open communities and hospitals. They often encounter restrictions in the exercise of their political and civil rights, largely due to the incorrect assumption that people with mental health conditions are not able to carry their responsibilities, manage their own affairs and make decisions about their lives.

The sad part is that, despite being part of the healthcare system, many of the frontline health care workers with psychosocial disabilities are not able to access essential health and social care. Frontline healthcare workers with severe mental and psychosocial disabilities are also much less likely to receive treatment for physical illnesses. They also face significant barriers in attending education and finding employment. Due to these factors, frontline healthcare workers with mental and psychosocial problems are much more likely to experience disability and die prematurely, compared with the general population.

RESILIENCE

Resilience has been broadly defined as a dynamic process where individuals display positive adaptation despite experiences of significant adversity or trauma. Resilience is often conceptualized as existing along a continuum with vulnerability and implies a resistance to mental illness. Resilience is seen as more than simple recovery from insult, rather it can be defined as positive growth or adaptation following periods of disruption. Resilience is the ability to bounce back after experiencing trauma or stress, to adapt to changing circumstances and respond positively to difficult situations. It is the ability to learn and grow through the positive and the negative experiences of life, turning potentially traumatic experiences into constructive ones. Being resilient involves engaging with friends and family for support, and using coping strategies and problem-solving skills effectively to work through difficulties.



This does not mean that the person will not suffer setbacks or go through difficulties. It just means that they are able to bounce back from them better. Often, the most resilient of people are

found in the most stressful of situations simply because of their resilience and ability to bounce back better. This is true for Frontline Healthcare workers too. They put themselves, repeatedly, in the line of danger for the sake of the greater common good. They always find a way to bounce back irrespective

of how dire the situation might seem. Take for instance, the war on COVID-19. At a time when the entire world is closing its doors to people outsiders, the frontline healthcare workers go out in search of risky situations, putting their own lives and safety at risk, and help people take better care of themselves.

Being resilient means being able to overcome challenges and setbacks and help promote social and emotional wellbeing. Resilient people are more caring, responsive to others and have better communication skills. They have a sense of empathy with other people and may have a good sense of humour. As a result, they tend to establish more positive relationships, including friendships with their peers. They may also be more willing to seek help from others when they do experience personal difficulties.

HOW DOES STRESS AFFECT FRONTLINE HEALTH CARE WORKERS?

As health care service providers, it is imperative that the frontline workers remain empathetic towards the suffering of their patients as well as stay focussed on task at hand. Some of this suffering may 'rub off' on the frontline worker by sheer virtue of them being human. It is important to stay focussed on the long-term goal of work and acquire skills and new learning from each patient one comes across.

In the context of COVID-19 it is possible that a frontline Healthcare worker would feel anxious about

having contracted the virus and the possibility of him/her infecting his/her family and loved ones as well. Independent of the current context, continuous exposure to critical work setting can instigate anxiety. This increase in anxiety may, in turn, lead to the worker finding it difficult to sleep. This is often accompanied by a deep sense of emotional exhaustion. Very often, this not seen as a break down, but as restlessness. This most evident in the



frontline healthcare workers personal and professional relationships which would witness a seemingly endless tussle.

Coupled with their own struggles, their family members' fears and anxieties add on to the pre-existing turmoil. The routines of the person within the family context would change. The frontline healthcare worker would be expected to work on a war footing and would get to spend very little time at home. This would lead to strains in the roles and responsibilities of all the family members. Some of the frontline healthcare workers would even have to stay away from the family (either due to work or due to



quarantine due to exposure). Child care becomes a huge burden especially when both parents are healthcare workers. Very often, the frontline health care workers, due to years of rigorous training, can adapt to the call of a crisis. However, the spouses of such persons,

especially if they are not similarly trained or from a similar background, find it extremely difficult to understand this level of work pressure. Marital relationships have been known to crumble under this pressure. Domestic abuse of every kind has seen a marked increase ever since the COVID-19 outbreak. Frontline health care workers too have been no exception to perpetrating; or being the victim of such violence. Very often, the extended family chips in to add to the stigma. They do not permit the healthcare worker to mingle with their own children or other relatives with whom they used to share close relationships earlier.

Much of the gratification of having this kind of a job stems from the social approval that one gets for doing a noble deed. However, in the context of COVID-19, frontline healthcare workers have been the target of ridicule and stigma. ASHA workers have been refused entry into entire hamlets, chawls and houses. People in the neighbourhood say that they have respect for the worker, but refuse to even open their windows in the direction of the houses of the frontline health care worker. The nobility in such a profession can be put to question especially when the gratitude that once drove the workers itself is now found lacking.

The commonest disabling mental health issue experienced by personnel in the front-line of any pandemic is “burnout”. Described classically as a triad of emotional exhaustion, depersonalization (loss of one's empathy, caring, and compassion), and a decreased sense of accomplishment. These may exist in varying degree or one symptom can predominate. Burnout can have a significant impact on competence and can impact health care delivery. This would lead them to some or all of the following results:

1. Take undue leave of absence and not perform their duties
2. Abscond from work.
3. Become unscrupulous with work and cut corners at every step.
4. Make medical errors
5. Loose loving relationships with friends, family and neighbourhoods permanently
6. Become terrible co-workers or bosses
7. Disbalance the ecosystem of the team working in the crisis situation
8. And so on...

It is certain that these issues need to be ‘nipped in the bud’ before matters spiral out of control.



CHAPTER 3 SO, WHAT TO DO?

Much of the world views *all* stress as bad, rather than viewing stress in its original meaning as non-specific. With this prevailing belief, many humans have become stressed about stress. This is because “stress” has become a synonym for “distress,” a state of ill-being in which happiness and comfort have been surrendered. Today, frontline healthcare professionals too often say that they are “stressed” when life feels chaotic, overwhelming, or tragic. An event like a heavy workload, a divorce, an accident, or COVID-19 can feel too stressful to comprehend.

Therefore, there is ‘eustress’ (or good stress) and ‘distress’ (or bad stress). If the distress becomes more either due to high intensity or prolonged duration, then, it can lead to a ‘disorder’ or a mental illness.

Some of the mental illnesses seen among frontline healthcare workers and its commonly observed symptoms are listed in the table below.

The common among them are:

- Expressing suicidal ideas
- Violent/aggressive behaviour
- Uncontrolled use of alcohol/drugs
- Crying or expressing uncontrollable distress
- Unexplained bizarre behaviour like talking or smiling to self
- Significant deterioration in occupational functioning

Illness	Symptoms
Adjustment Disorder	<ul style="list-style-type: none"> • Sadness of mood, anxiety or worry, fear of contracting an infection (or a combination of all these). • Persistent preoccupation with illness worries. • Inability to cope (giving up) and some degree of dysfunction. • Sleep and Appetite disturbances. • In adolescents, these symptoms might be associated with oppositional behaviour or truancy.
Depressive disorders	<ul style="list-style-type: none"> • Low mood • Decreased or loss of capacity to enjoy things • Decreased energy • Sleep and appetite disturbances • Marked tiredness after even minimum effort (not due to any medical cause including COVID-19) • Reduction in activity or feeling restless • Lowered attention/ concentration- complaints of poor memory • Loss of self-esteem and self-confidence • Ideas that one is worthless, or has done something wrong • Feeling of helplessness (no help will be available), and that there is no hope for the future. • Death wishes, suicidal thoughts or attempts

<p>Substance Use Disorder (Alcohol/tobacco)</p>	<ul style="list-style-type: none"> • Increased use with some dysfunction in daily activities • Continued use despite physical, social or mental harm • Strong desire to drink/smoke, • Difficulties in controlling the use, • Persistence of drinking or smoking despite obvious harmful consequences • Higher importance given to use of substance than to other activities • Increased tolerance or smoking or drinking more to get the same effect. • Physical withdrawal state. Or strong physical symptoms when stopping to take it
<p>Generalized Anxiety Disorder</p>	<ul style="list-style-type: none"> • Persistent nervousness, tension • Restlessness or feeling on edge • Irritability • Muscles feeling tense and tight • Poor concentration • Sleep disturbances • Physical symptoms such as excessive sweating, feeling light-headed, palpitations, dizziness and stomach discomfort.
<p>Panic Attack</p>	<ul style="list-style-type: none"> • Recurrent unexpected attacks of severe anxiety (panic attacks) that reach a peak within a few minutes and last for a few more minutes. • There is associated fear of having more attacks (anticipatory anxiety) or avoidance of triggers of panic attacks. • Many of them might feel that they are about to die or lose control or go mad, and will end up in a medical emergency setting.
<p>Phobias</p>	<ul style="list-style-type: none"> • Irrational excessive fear of crowds in the wake of COVID-19 (due to fear of infection). • In certain cases, if there is excessive avoidance of crowds to the point of being house-bound it is called agoraphobia • Anxiety symptoms heighten around the situation causing phobia accompanied by avoidance.
<p>Obsessive Compulsive Disorder (OCD)</p>	<ul style="list-style-type: none"> • Repetitive, distressing, intrusive thoughts that are not in keeping with persons standards of knowledge • Associated actions that seemingly relieve the tension <p>A common example among frontline health workers is that they are contaminated (contamination obsessions) and wash repeatedly to reduce anxiety (compulsions). They often recognise that these thoughts are senseless but cannot control them. Due to fear of contracting COVID-19 through fomite transmission, such a persistent fear is likely to predispose to severe OCD in some otherwise vulnerable individuals, and in these cases, washing can persist for many hours in a day, with significant distress and dysfunction.</p>
<p>Severe Mental Disorders</p>	<ul style="list-style-type: none"> • Unexplained irritability/aggressive behaviour • Talking or smiling to self • Unreasonable suspiciousness • Hearing voices when nobody is around (hallucination) • False beliefs (delusions) • Poor self-care

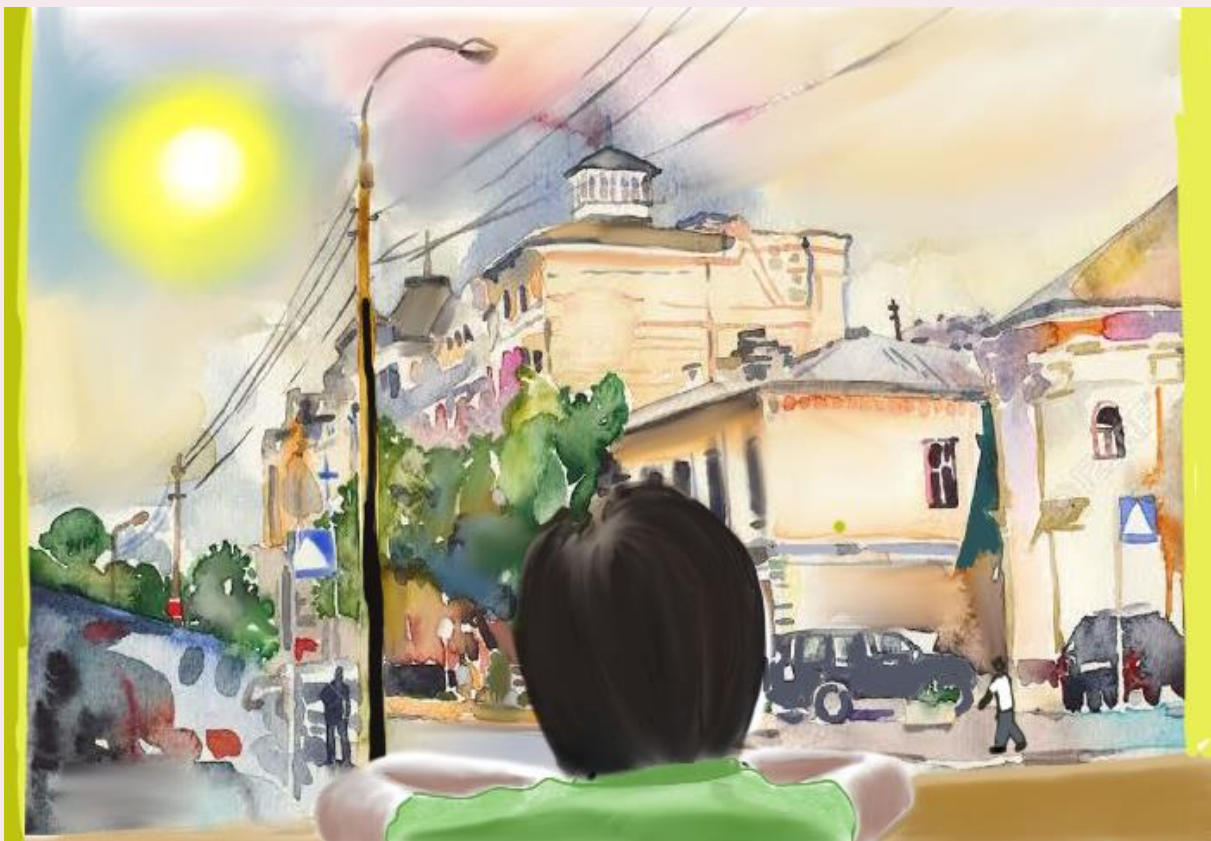
In most cases, mental health issues are self-limiting. But it is not uncommon for some frontline healthcare personnel to show more severe and persistent mental health symptoms which may require immediate assessment and specialised intervention. It becomes a full-blown mental illness when the following three criteria are fulfilled.

- a. Symptoms or abnormal behaviour persist for more than 2 weeks
- b. The symptoms are troublesome to self or others
- c. The symptoms cause one to not function appropriately in daily life.

If they meet the criteria, please do not try to counsel or advise the person to get better. Reassure them that help is on the way and connect them with a trained mental health professional at the earliest

SPECIFIC ISSUES IN PANDEMICS

MEDICAL PERSONNEL IN QUARANTINE



There is an increased risk of health-care workers themselves being infected or quarantined. In addition to stress-related to quarantine, most experience increased concern that their absence will create more understaffing issues. They may also experience guilt and fear that they may have infected their team, family and other patients. A sudden separation from their team also means an increased likelihood of experiencing more social isolation. It is essential that staff in quarantine feel supported by their immediate colleagues. Team leaders should ensure that staff under quarantine are kept in regular social contact.

LIFE AND DEATH DECISIONS

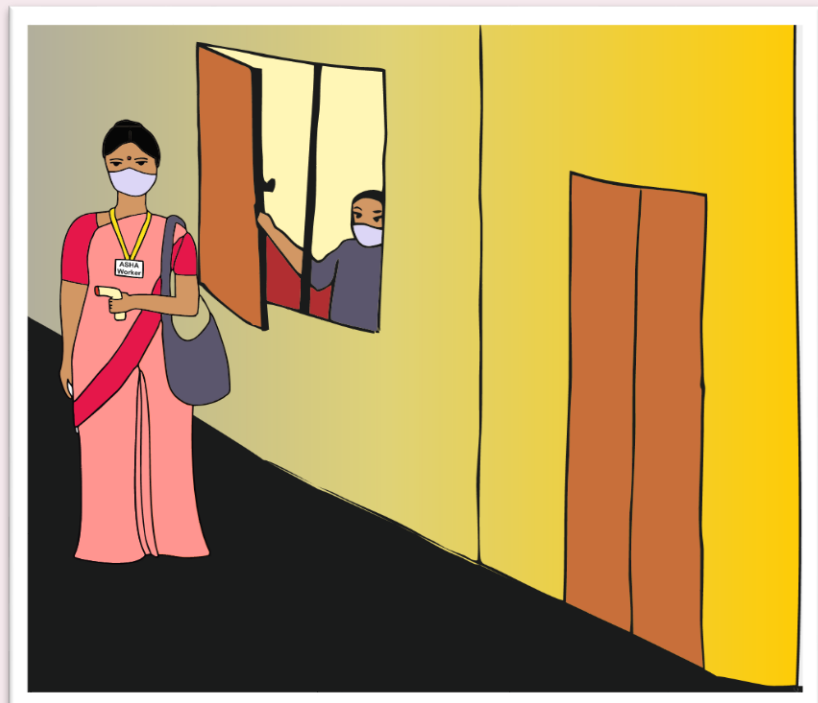


Doctors and team heads working in the frontline of pandemics often have to make difficult and consequential choices. This may include issues related to withdrawal of care or differential allocation of sparse resources like ventilators and having to explain the decisions to affected families. Frontline health care workers making these choices may be better served to discuss these decisions in a group or with colleagues. On occasions, professionals may be alone and if

they are feeling overwhelmed, then discussing their emotions with a close friend or family may help. At all times, professionals must remain aware of the legal and ethical obligations of protecting patient confidentiality.

STIGMA

Personnel working in hospitals in times of pandemic often experience stigmatising attitudes from the general public. Most may experience hurtful social distancing at their place of residence, local groceries or place of worship. Friends and relatives may show reluctance to interact with them. There have been instances of landlords denying residential accommodation to healthcare workers. In rare cases, there can be concerns about physical safety.



All staff should be sufficiently informed on means to access mental health and psychosocial support services if required.

All interventions for health-related issues include three parts. This chapter is also divided along similar lines into three parts:

- Assessment
- Generic interventions
- Specialist interventions

ASSESSMENT

The beginning of any good intervention starts with a comprehensive assessment. It is important to understand that not all stress is bad and that not everything bad in the mind is mental disorder. In order to get an objective evaluation of that, the [perceived stress scale](#) is a useful tool to help one understand it. As discussed earlier, Anxiety and Depression are the most likely mental health issues to affect health workers. Anxiety is common experience among frontline healthcare workers. This appears in various forms such as common fear of contamination or dealing with breaking the bad news to the patients and their families. The [GAD-7](#) is a useful tool to assess anxiety. Depression usually sets in when otherwise minorly stressful events do not seem to subside or there is an overwhelming event that changes the trajectory of the life of a frontline healthcare worker. The [Patient Health Questionnaire](#) (PHQ-9) is a tool that helps assess Depression.

Sleep is a good indicator to assess mental health and functioning of a person. It is a factor that quite easily gets affected when a frontline healthcare worker burdens themselves too far or has any other underlying mental health issue that is slowly surfacing. The [Insomnia Severity Index](#) helps people assess the extent of their sleeping troubles.

The [Self Reporting Questionnaire](#) is a general tool that helps people understand whether or not they are healthy or require specialist services. This tool must be used in tandem with other clinical parameters like day-to-day functioning of a person in order to decide whether one needs specialised services or not.

Whereas the scoring and the interpretations of the scales are given in the rest of this chapter. The actual scales are appended to the manual for ease of taking print outs or photocopies of the same for later use.

SCORING AND INTERPRETATION OF PERCEIVED STRESS SCALE

The scale is an indicator of what a person perceives his/her stress level to be at the time. It is not be judged whether or not the stressors are real or not. It is just so that a trained psychosocial care worker may be able to objectively assess the person's perceived stress.

The perceived stress scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. The template for the calculation has already been given in the scale provided.

There is no cut-off score with this scale. However, it can be interpreted that a person who scores more on the scale, perceives more stress in his/her life over the past 1 month.

This means that a person who perceives no stress in his/her life may score a minimum of zero (0). And, a person who perceives more stress in his/her life may score a maximum of forty (40).

- Scores ranging from 0-13 = Low stress
- Scores ranging from 14-26 = Moderate stress
- Scores ranging from 27-40 = High perceived stress

In general, most people tend to score between 11 and 15 during moderately stressful times.

SCORING AND INTERPRETATION OF GENERALIZED ANXIETY DISORDER 7-ITEM (GAD-7) SCALE

The scale is, usually, around 85% accurate in measuring anxiety in persons who have used this scale.

The scores are obtained by summing across all scale items. The template for the calculation has already been given in the scale provided.

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

This means that if a person has scored more than 10, then, there is a good chance that the person needs specialized interventions. A sensitive referral may be warranted.

SCORING AND INTERPRETATION OF PATIENT HEALTH QUESTIONNAIRE (PHQ 9)

The scale is, usually, around 85% accurate in measuring depression in persons who have used this scale.

The scores are obtained by summing across all scale items. The template for the calculation has already been given in the scale provided.

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

This means that if a person has scored more than 10, then, there is a good chance that the person needs specialized interventions. A sensitive referral may be warranted.

SCORING AND INTERPRETATION OF INSOMNIA SEVERITY INDEX

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score.

If you get a total score between 0 and 14, it means that there may be some trouble, but it does not require any specialised interventions. However, if you have a score of 15 or above, then, it is best to start some specialised interventions. And, if the score is above 21, the person definitely needs to be referred to for even further specialised services.

SCORING AND INTERPRETATION OF SELF-REPORTING QUESTIONNAIRE

Each item is scored on a yes or no point with yes being score 1 and no being scored 0. Therefore, a person may have a maximum of 20 and a minimum of zero. However, it has been seen that if a person scores above 8, then the person is required to be referred to a specialist. Most people score below 4 during non- stressful times. However, this number can go up till about 6 or 7 during stressful times. Therefore 8 is a cut-off score for referral to specialist services.

GENERIC INTERVENTIONS

It can be safely assumed that all frontline health care workers have been affected adversely during the COVID-19 pandemic outbreak. The mental health of all the workers need to be kept at optimal levels in order to continue to effectively disperse their duties and responsibilities.

The following are interventions that need to be provided to all the frontline healthcare workers.

At Individual Level

- Breathing Exercises
- Mindfulness Meditation
- Progressive muscle relaxation
- Loving Kindness Meditation
- Some tips for selfcare

At the familial level

- Taking care of Children
- Taking care of Elderly
- Quality Time with loved ones
- Nurturing Marital Relationships

At the broader societal level

- Dealing with stigma
- Mental health practices in the workplace

We shall go through each of these in slightly more detail in the following pages of this manual.

AT INDIVIDUAL LEVEL

BREATHING EXERCISES

The first one on the list may seem like a downer but its efficacy in calming a person's nerves and helping people manage their anxiety have been proven. Breathing exercises don't have to take a lot of time out of the day. It's really just about setting aside some time to pay attention to one's breathing. Start with the following:

- Begin with just 5 minutes a day, and increase your time as the exercise becomes easier and more comfortable.
- If 5 minutes feels too long, start with just 2 minutes.
- Practice multiple times a day. Schedule set times or practice conscious breathing as is the need.

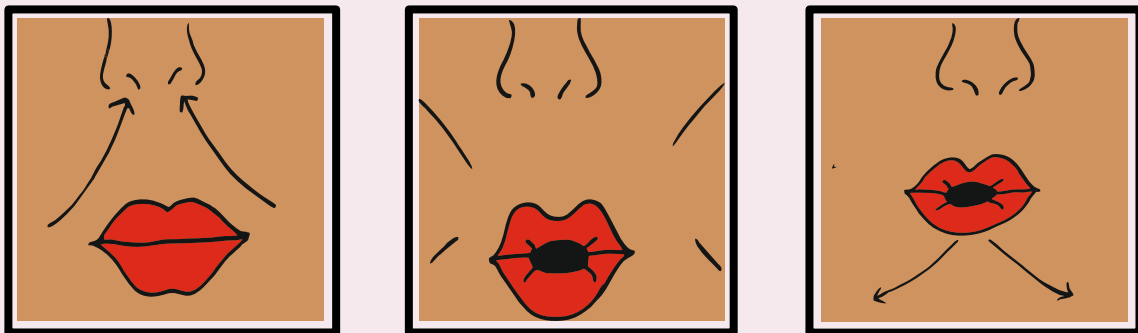
Below are three breathing exercises in increasing complexity. One may try any or all of the following and continue to practice what appeals to one best.

PURSED LIP BREATHING

This simple breathing technique makes you slow down your pace of breathing by having you apply deliberate effort in each breath. You can practice pursed lip breathing at any time. It may be especially useful during activities such as bending, lifting, or stair climbing. Practice using this breath 4 to 5 times a day when you begin in order to correctly learn the breathing pattern.

To do it:

- Relax your neck and shoulders.
- Keeping your mouth closed, inhale slowly through your nose for 2 counts.
- Pucker or purse your lips as though you were going to whistle.
- Exhale slowly by blowing air through your pursed lips for a count of 4.

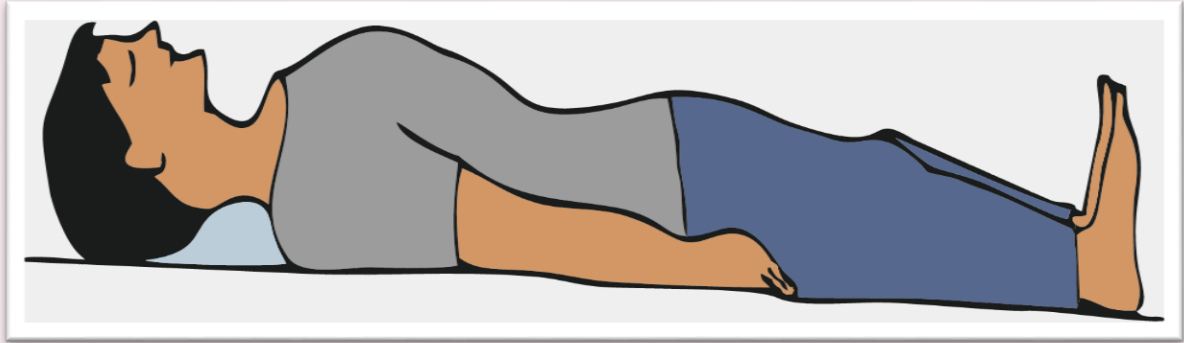


DIAPHRAGMATIC BREATHING

Belly breathing can help you use your diaphragm properly. Do belly breathing exercises when you're feeling relaxed and rested. Practice diaphragmatic breathing for 5 to 10 minutes 3 to 4 times per day. When you begin you may feel tired, but over time the technique should become easier and should feel more natural.

To do it:

- Lie on your back with your knees slightly bent and your head on a pillow.



- You may place a pillow under your knees for support.
- Place one hand on your upper chest and one hand below your rib cage, allowing you to feel the movement of your diaphragm. The other hand on your abdomen.
- Slowly inhale through your nose, feeling your stomach pressing into your hand.
- Keep your other hand as still as possible.
- Exhale using pursed lips as you tighten your stomach muscles, keeping your upper hand completely still.

You can place a book on your abdomen to make the exercise more difficult. Once you learn how to do belly breathing lying down you can increase the difficulty by trying it while sitting in a chair. You can then practice the technique while performing your daily activities.

BREATH FOCUS TECHNIQUE

This deep breathing technique uses imagery or focus words and phrases.

You can choose a focus word that makes you smile, feel relaxed, or that is simply neutral to think about. Examples include peace, let go, or relax, but it can be any word that suits you to focus on and repeat through your practice. As you build up your breath focus practice you can start with a 10-minute session. Gradually increase the duration until your sessions are at least 20 minutes.

To do it:

- Sit or lie down in a comfortable place.
- Bring your awareness to your breaths without trying to change how you're breathing.
- Alternate between normal and deep breaths a few times. Notice any differences between normal breathing and deep breathing. Notice how your abdomen expands with deep inhalations.
- Note how shallow breathing feels compared to deep breathing.
- Practice your deep breathing for a few minutes.
- Place one hand below your belly button, keeping your belly relaxed, and notice how it rises with each inhale and falls with each exhale.

- Let out a loud sigh with each exhale.
- Begin the practice of breath focus by combining this deep breathing with imagery and a focus word or phrase that will support relaxation.
- You can imagine that the air you inhale brings waves of peace and calm throughout your body. Mentally say, “Inhaling peace and calm.”
- Imagine that the air you exhale washes away tension and anxiety. You can say to yourself, “Exhaling tension and anxiety.”

Please note:

There are several breathing exercises available online. Please feel free to use these or any of the ones that have been found to be useful.

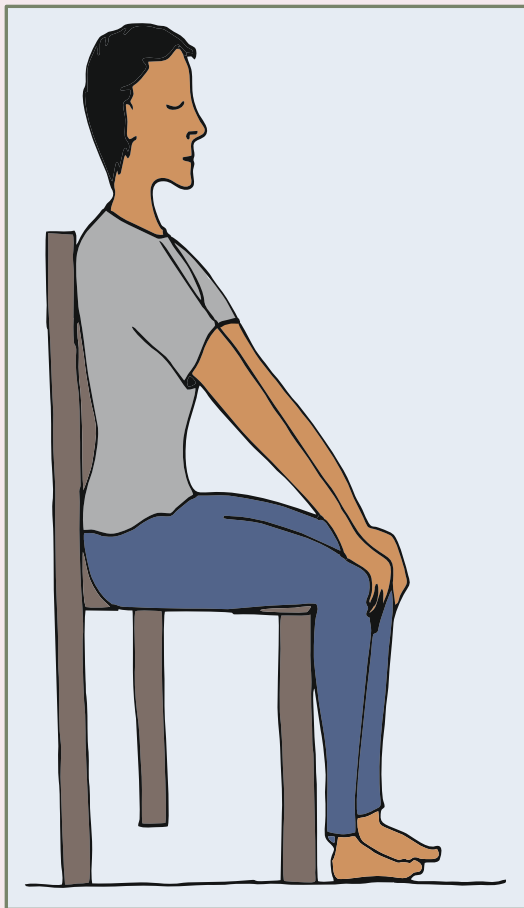


MINDFULNESS MEDITATION

Mindfulness. It's a pretty straightforward word. It suggests that the mind is fully attending to what's happening, to what one is doing, to the space one is moving through. That might seem trivial, except for the annoying fact that ever so often, one veers from the matter at hand. One's mind takes flight, and lose touch with our present. Very soon, one is engrossed in obsessive thoughts about something that just happened or fretting about the future. And that makes us depressed or anxious.

Yet, no matter how far one drifts away, mindfulness is right there to snap back to where one is and what one is doing and feeling. This is best achieved through the practice of meditation. There are several variations to this. This manual presents the most elementary script to be followed while practicing a simple sitting mindfulness meditation.

MINDFULNESS SITTING MEDITATION SCRIPT



This guides you through a sitting meditation with breath as the primary object of awareness... Arranging to spend this time in a comfortable but attentive posture, preferably sitting up without leaning back for support, if that's possible for you, and at a time and in a place where you won't be disturbed. Sitting in a dignified posture, head balanced on shoulders, arms and hands resting in a comfortable position. This is a time for allowing ourselves to switch from our normal mode of doing and moving and reacting to one of simply being. Just being attentive to what's happening within your own awareness, right here and right now.

And as you sit, just noticing sensations of breath. Just noticing how your abdomen moves on each in-breath and out-breath, the movement of air through your nostrils, a slight movement of chest and shoulders. Just bringing your awareness to whichever part of your breath cycle and wherever it is the most vivid, whether it be your tummy, your chest or your shoulders, or the movement of air through your nostrils...

Noticing the entire cycle of breath, from the movement of the air coming in, and filling the lungs, and extending the abdomen slightly, the movement of air going out, and being aware of the pause, the stopping point, in between the in-breath and the out-breath, and the outbreath and the next in-breath. It's all one movement, even though the changing of direction; just notice where that pause is... seeing to what degree you can be aware of your whole entire cycle... recognizing that each part of the cycle is different from the other part... and this time through maybe different than the last time through, and each one is absolutely unique in its own way, if you pay attention.

You'll notice your attention from time to time shifting away from breath. The mind may wander into fantasies, or memories, thoughts of the day, worries that you might have, things you need to do... and without giving yourself a hard time when you notice that that's happened, gently but firmly bring your awareness back to the sensations of breathing... the actual physical sensations of breath as it moves through your body.

Being aware of where the mind goes... gently shifting your awareness to sensations of breath... And notice the tendency to want TO CONTROL your breathing... Letting the quality of attention be light and easy... one of simply observing and noticing... just as if you were on a float on a gently undulating sea... where you're up with one wave and down with the next... you don't control the duration of the wave, or the depth between the waves; you're just riding...

And just gently coming back to sensations of breathing... You may notice that there are SOUNDS in addition to the sounds that come from this... sounds of traffic or movement, or something else going on... and just noticing that your attention has moved to that perception of sound... just staying with it long enough to notice the quality of the sound... sound is vibration, tone, volume or intensity... being aware of the mind to label sound, as traffic, or as voices, or as music... coming closer to the actual experience of the sound as it hits your ear drums... qualities or pitch or rhythm or intensity... separating out the actual reception of sound from the labels we put on it... And if you've been paying attention to sound or noticing that you've gotten off to noticing the perception of sound, bring your attention once again back to breath... letting your breath be your anchor of awareness... so that each time your awareness goes somewhere else, just gently coming back to breath, without judgment or any upset if you can do that. If you see that my attention has gone somewhere else, just coming back to breath... And noticing the tendency TO HAVE AN OPINION about things... about liking the way things are going right now... not liking it, finding it uncomfortable; that too can be an object of awareness... just noticing that you have an opinion about things often. So, that's my liking mind; it's liking this. So that's my critical mind that would rather have things be different than they are... and that too can be noticed... building the capacity to notice liking or disliking... and not to have to do anything about it... how freeing that is! And as you notice that happening, just bringing your awareness to the physical sensations of breath... wherever it's most vivid for you... just riding the entire cycle, one cycle after another.

You may notice your attention shifting to BODY SENSATIONS, of achiness or discomfort... of tension... and as you notice these sensations of discomfort that happen for you, there's several things which can be done with just the sensation, and one is to, if it's one that can be remedied by shifting a little bit, one way to deal with the sensation is to allow yourself to shift, but in doing that, first becoming aware of the sensation, noticing precisely where the tension or the achiness might be, and once you're aware of where that is, developing an intention to move, and moving mindfully, and with full intent to make that motion. That's one way to deal with strong sensation. A second way, and neither one is better than the other is, as long as full awareness is brought to all parts, is to notice that sensation... noticing it in its fullness... being curious about the extent of it... how your experience of it is at the moment... the actual physical sensations of tension or of throbbing, or of tightness, or of pulling, or tingling. And the second way of dealing with it is just to notice that it's possible to stay for a moment longer with that sensation,

experienced as pure sensation, without the labels of discomfort, or of tension, or of achiness; just noticing just where it is... noticing your experience of it... and staying with it, without having to react to it, just for the moment...

And if your attention keeps getting called back to that area of intense sensation, knowing you have those 2 choices; of forming an intention to do something about it, and mindfully doing it, but forming intention first; or bringing your attention and intention right in to it. Be curious about it: How big is it? How long is it? What quality does it have? How is it changing over time? And wherever the mind goes, in terms of thoughts, to liking or disliking, perceptions or sensation, or hearing of sound, or feelings of peace or of sadness, or frustration, or of anticipation; just noticing these raw thought forms, and bringing awareness to sensations to the movement of breath...

And being curious about breath... observing that no 2 breaths are exactly the same... And seeing if it is possible to have a FRIENDLY ATTITUDE toward whatever comes into your awareness... how if your mind has gone off on a fantasy or a thought, or a judgment, or a worry, or a sensation, or a sound, just in a friendly way notice that this is happening and coming back to breath. Recognizing that the entire cycle of awareness is important to this experience, including the movement from breath, and including the coming back... And nothing to do but ride the waves of breath...

Seeing if it is possible in those moments when your awareness is gone somewhere else... noticing how that flicker of attention happens, that moment when you realize it is somewhere else, somewhere other than breath, and at that moment seeing if it is possible of having an attitude of CELEBRATION, of congratulation, of recognition that this is a moment of awareness. You acknowledge yourself for noticing you've gone somewhere else. And just easily bring your attention back to breath... in a friendly and a non-judgmental way.

As this meditation comes to an end, recognize and congratulate yourself that you spent this time intentionally aware and took care of yourself.

And when you're ready, allowing the eyes to let some light in, if you've had them closed, and permitting yourself to shift or stretch in whatever way feels comfortable, as this sitting meditation ends.

PROGRESSIVE MUSCLE RELAXATION

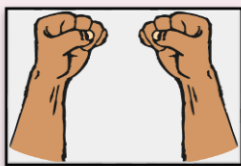
Progressive muscle relaxation is a method that helps to handle physiological arousal that tension. In progressive muscle relaxation, you tense a group of muscles as you breathe in, and you relax them as you breathe out. The technique involves alternating tension and relaxation in all of the body's major muscle groups. You work on your muscle groups in a certain order. This is based on the theory that when your body is physically relaxed, you feel less anxious.

TO DO THIS:

- Make sure you are in a setting that is quiet and comfortable.
- When you tense a particular muscle group, do so vigorously without straining, for 7-10 seconds. You may want to count "one-thousand-one," "one-thousand-two," and so on, as a way of marking off seconds.
- Concentrate on what is happening. Feel the build-up of tension in each particular muscle group. It is often helpful to visualize the particular muscle group being tensed.
- When you release the muscles, do so abruptly, and then relax, enjoying the sudden feeling of limpness. Allow the relaxation to develop for at least 15-20 seconds before going on to the next group of muscles.
- Allow all the *other* muscles in your body to remain relaxed, as far as possible, while working on a particular muscle group.
- Tense and relax each muscle group once. But if a particular area feels especially tight, you can tense and relax it two or three times, waiting for 20 seconds between each cycle.

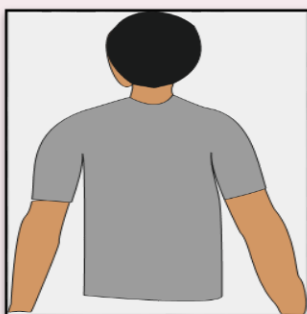
Once you are comfortably supported in a quiet place, follow the detailed instructions below:

1. To begin, take three deep abdominal breaths, exhaling slowly each time. As you exhale, imagine that tension throughout your body begins to flow away.



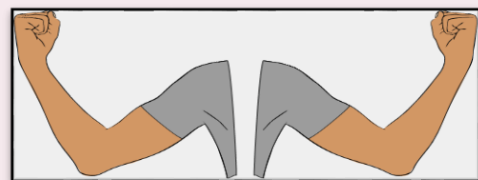
2. Clench your fists. Hold for 7-10 seconds and then release for 15-20 seconds. *Use these same time intervals for all other muscle groups.*

3. Tighten your biceps by drawing your forearms up



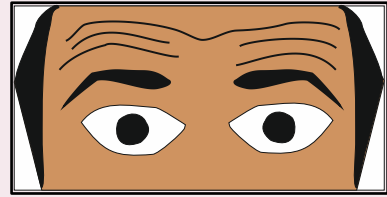
toward your
shoulders and
"making a muscle"

with both arms. Hold... and then relax.



4. Tighten your *triceps*--the muscles on the undersides of your upper arms--by extending your arms out straight and locking your elbows. Hold ... and then relax.

5. Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold ... and then relax. Imagine your forehead muscles becoming smooth and limp as they relax.



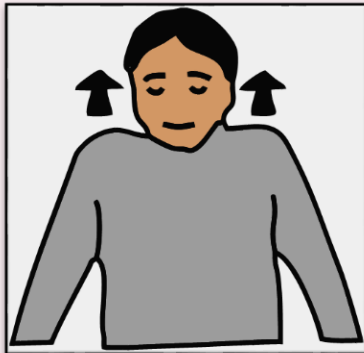
6. Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold... and then relax. Imagine sensations of deep relaxation spreading all around them.

7. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw.

Hold ... and then relax. Let your lips part and allow your jaw to hang loose.



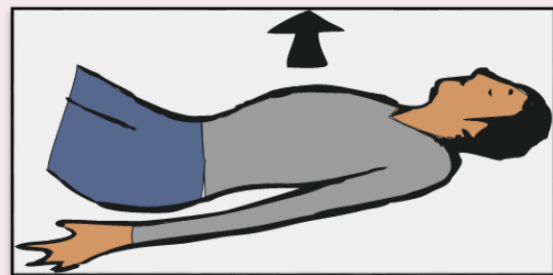
8. Tighten the muscles in the back of your neck by pulling your head way back; as if you were going to touch your head to your back (be gentle with this muscle group to avoid injury). Focus only on tensing the muscles in your neck. Hold ... and then relax. Since this area is often especially tight, it's good to do the tense-relax cycle twice.



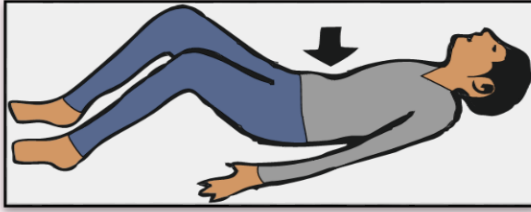
9. Take a few deep breaths and tune in to the weight of your head sinking into whatever surface it is resting on.

10. Tighten your shoulders by raising them up as if you were going to touch your ears. Hold ... and then relax.

11. Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades ... and then relax. Since this area is often especially tense, you might repeat the tense-relax sequence twice.



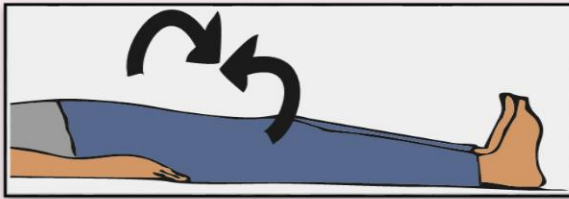
12. Tighten the muscles of your chest by taking in a deep breath. Hold for up to 10 seconds ... and then release slowly. Imagine any excess tension in your chest flowing away with the exhalation.



13. Tighten your stomach muscles by sucking your stomach in. Hold ... and then release. Imagine a wave of relaxation spreading through your abdomen.

14. Tighten your lower back by arching it up. (You should omit this exercise if you have lower back pain.) Hold ... and then relax.

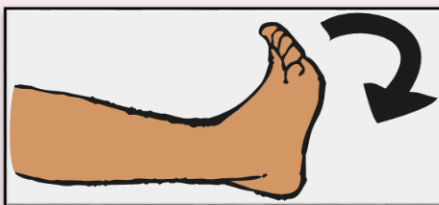
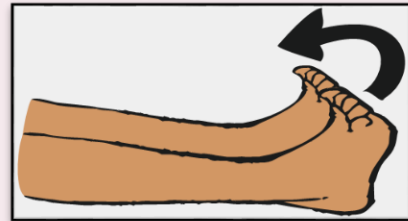
15. Tighten your buttocks by pulling them together. Hold ... and then relax. Imagine the muscles in your hips going loose and limp.



16. Squeeze the muscles in your thighs all the way down to your knees. You will probably have to tighten your hips along with your thighs, since the thigh muscles attach at the pelvis. Hold ... and then relax. Feel your thigh muscles smoothing out and relaxing

completely.

17. Tighten your calf muscles by pulling your toes toward you (flex carefully to avoid cramps). Hold ... and then relax.



18. Tighten your feet by curling your toes downward. Hold ... and then relax.

19. Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax cycles for that group of muscles.

20. Now imagine a wave of relaxation slowly spreading throughout your body, starting at your head and gradually penetrating every muscle group all the way down to your toes.

The entire progressive muscle relaxation sequence should take you 20-30 minutes the first time. With practice you may decrease the time needed to 15-20 minutes. You might want to record the above exercises on an audio cassette to expedite your early practice sessions. Or you may wish to obtain a professionally made tape of the progressive muscle-relaxation exercise. Some people always prefer to use a tape, while others have the exercises so well learned after a few weeks of practice that they prefer doing them from memory.

LOVING KINDNESS MEDITATION

This kind of meditation enables the frontline healthcare worker to reorient themselves to their purpose of doing the work that they do. Given below is a script of a practice of simple loving kindness meditation that enhances the positive regard the frontline worker has for themselves and others

LOVING KINDNESS MEDITATION SCRIPT

Start with yourself. Sit quietly and focus your attention on your breath moment by moment. As you continue to breathe in and out gently, repeat silently phrases such as:

May I be Happy
 May I have ease of well-being
 May I be free from negative emotions
 May I be safe



Take your time with each one. Do not rush the process. Dwell on each of these statements.

May I be Happy
 May I have ease of well-being
 May I be free from negative emotions
 May I be safe

Then, when you are ready, perhaps when you have begun to feel the effect of the practice, widen the circle outward to include someone else, beginning with the person closest to you, breathing in and out, dwelling with the same phrases, but now for his/her sake: e.g.

May Rakesh be Happy
 May Rakesh have ease of well being
 May Rakesh be free from negative emotions
 May Rakesh be safe

Place the person's name in the blank and repeat

May be Happy
 May have ease of well being
 May be free from negative emotions
 May be safe

The practice can be extended in the same way to a friend, a "neutral" person (someone you don't know well), and more challengingly, to an enemy someone whom you find disturbing to even think about

Radiate the same intentions towards all beings.

SOME TIPS FOR SELFCARE

All personnel in the front line should be made aware of the principles of self-care. Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness. These include the following:

Have a routine

Ensure breaks and adequate sleep

Keep in touch with relatives/friends

Carry out some activities and hobbies unrelated to work

Exercise regularly and have a healthy diet

Practice relaxation exercises like those mentioned above or yoga

Religious activities (if you are a religious person)

Make time for yourself and your family

AT THE FAMILIAL LEVEL

TAKING CARE OF CHILDREN

Here are some ways that you can support your kids during these difficult times. Just **REMEMBER!**

Reassure them:	Stick to the facts and let them know that you will keep them safe and be there for them. Fortunately, available information at this time suggests that children have milder illness if they contract the disease and fatalities are rare.
Empower them:	They have an opportunity to learn values of caring for others and thinking about their community. Have them write gratitude (thank you) notes to e.g. your team members, other notable frontline healthcare workers and leaders (can be sent later). Let them make calls to family to check in on them in this difficult time.
Maintain your own calm:	Self-care is important for managing your own stress and subsequently theirs. Take your own pulse first and stay calm! Children will imitate what you do not what you say.
Engage them:	Make lemonade out of lemons. Take this as an opportunity to spend time with your family at home! Keep kids busy, play board games, watch movies or cook meals together, maybe some arts and crafts as well do some indoor stretches to stay active.
Manage their emotions:	Give them the opportunity to ask questions, discuss their feelings about the pandemic and how it affects them. This is even more important as they are isolated from their friends and usual routines due to school closures. You do not need to always have an answer but being there to listen can go a long way. This may also be an opportunity to teach them relaxation techniques like deep breathing and meditation.
Beware:	Filter and limit. Media exposure can be overwhelming for children and may not always have accurate information. Parents can regulate kids from spending excessive time on social media or internet regarding the virus.
Educate them:	This could be an opportunity to educate them about good habits like hand washing and covering one's cough. Maybe an opportunity to interest them in science or helping careers like "how amazing it would be for a scientist to discovery a vaccine for this illness?". "What an amazing job nurses are doing caring for the ill?" "Can you imagine how important the work of cleaners is in keeping us all safe these days?".
Routines:	Try to practice as much normality as possible. Carry on with things like family dinners, bedtime stories, home movie nights. Don't forget to also have them get some exercise at home and regularly hydrate. Get some fresh air in your home or backyard if you can! A sample Routine is given on the next page

SAMPLE ROUTINE FOR CHILDREN DURING COVID-19

COVID-19 DAILY SCHEDULE		
Before 9:00 am	Wake up	Eat Breakfast, Make your bed, get dressed and put PJs in the laundry
9:00 to 10:00	Morning Walk	Family walk with the dog Yoga if it is raining
10:00 to 12:00	Academic time	Electronics OK School online classes, educational apps or videos
12:00 to 01:00	Creative time	Drawing, Painting, building blocks, Music, cook or bake
01:00	Lunch	
1:30	Chore time	A- Wipe the kitchen table and chairs B- Wipe all the door handles, light switches and other tables C- Clean the bathrooms, sink and toilet.
2:00 to 3:30	Quiet time	Reading, Puzzles, Nap
3:30 to 4:30	Academic time	NO Electronics. Completing homework, revision, etc. any other books, sudoku, crosswords, etc.
4:30 to 5:30	Evening Fresh Air	Cycle, walk, play outside
5:30 to 6:00	Freshen - up	Wash hands and legs, Snacks, change clothes.
6:00 to 7:30	Free TV time	Kid's shows
7:30 to 8:00	Dinner	
8:00 to 8:30	Bed time routine	Toilet, brush teeth, bed time story
8:30	Bed Time	
9:30	Bed Time	If you have followed the schedule and didn't fight

TAKING CARE OF ELDERLY

The elderly rely on social connection more than most and they need it now more than ever. The elderly and retired sometimes need a helping hand and they also often need to have people around them. When India was practicing a nation-wide lock down and social distancing vulnerable seniors could be feeling more alone than usual.

Sleeplessness, feeling anxious, boredom, panic attacks, nightmares, feeling of emptiness, fear of contracting COVID-19, fear of spreading the infection to others, health anxiety, feeling of imprisonment, anxiety related to uncertainty about future, anxiety about death and dying in unnatural circumstances without access to other relatives are some of the psychological issues that can occur in older adults.

Most frontline healthcare workers are worried about their loved ones that are older and living far away from them. Even when they are living closeby, the anxieties continue to be there. They might face anxiety because they live alone, are on a fixed income or pension, no longer drive and cannot take public transport, their routine health checkups are delayed. They could also have un-diagnosed or poorly managed depression. For millions of elderly COVID-19 has amplified their already- existing worries.

TIPS TO TAKE CARE OF THE ELDERLY

1. Have a plan:

The most important step that you can take for yourself and your loved one is to have a plan in the event that you or they contract the virus and need to self-isolate. This plan should ensure that if you are unable to care for your elderly parent or grandparent, friend or neighbour, that there is someone else who can take your place in providing them with the support that they need. Reach out to friends and neighbours if you don't have a wide circle of relatives to call upon. For those living on their own, it's doubly important to be clear about how you as a family will respond.

2. Check-in daily

Perhaps one of the most crucial things we can do to help our loved ones through this trying time is to check in with them every day. Younger family members could start a roster ensuring daily calls or video calls with their elderly loved one to ensure they feel connected, cared for and offer the opportunity for them to reach out for any help or assistance that they may need. Remember some of our older generation may not be connected to the online world so ensuring there is a clear line of communication is essential to maintain a connection.

3. Offer assistance

Whether it's doing the shopping, collecting prescriptions, cooking and preparing meals, walking the dog, managing money and paying bills there may be a number of things you can help your older loved one with. Ask them what they need help with and do it as safely and hygienically as you can.

4. Give them purpose

For some of our older family members, the trip to the milk store might provide them with a sense of accomplishment. So, you want to be careful that by eliminating chances of exposure to the virus you're not taking away their reason to get up in the morning.

Some things they can consider doing;

- Exchanging letters with younger family members
- Gardening – significantly reduces depression
- Writing – a book or a short story, or maybe now is the time to pen that memoir they keep talking about!
- Volunteering from the comfort of their own home. Service providers like SAHAY are desperate for caring volunteers with a phone connection at this time
- Passing on a skill (via video call or the phone) or learning a new skill

By creating a daily task for your elderly loved one, you're not only helping to reduce negative feelings such as depression, but many studies have proven that seniors with a sense of purpose in life are less likely to develop diseases such as Alzheimer's or dementia as well as reducing their stress levels which can lead to dangerous inflammation.

5. Help them stay active

Physical fitness is always important, particularly as we get older. If we're not able to leave our homes to join in on our regular activity, we need to ensure that our physical wellbeing is not compromised. Helping your older family members with a daily activity plan that keeps them moving within their homes or gardens is beneficial.

While we're still encouraged to get out and walk, this is not always possible for some and we need a home plan to keep their bodies moving. You may use some of the breathing and relaxation exercises shared in this manual to help get started.

6. Keep their minds busy

Self-isolation can be boring and while most of us are tech savvy many of the older generation may not be and we need to ensure that we're keeping their minds active too.

Activities to keep the brain active:

- Art therapy – drawing, painting, colouring, collage. If you can, facilitate the children and grandparents to do something together.
- Reading and writing
- Learning a language
- Sudoku or chess (if they haven't played it regularly before)

- Cooking with new recipes
- Puzzles
- Learning how to play an instrument
- Online games or apps (for the more tech savvy)
- Doing the daily quizzes – available on many online platforms such as mindfood.com

We need to continue challenging the brain with mental exercise to activate processes that help maintain individual brain cells and stimulate communication among them.



QUALITY TIME WITH LOVED ONES

Frontline Healthcare Workers and their children are spending less time interacting with each other because of the busy schedule in the current context of COVID-19. As a result, many children are getting less personal love and attention from their parents. Hence, lockdown period can be used more meaningfully by catching on family time. Family time is an essential factor that helps to create strong bonds, love, connections with the family members, and strengthening relationship among the family members. Spending quality time with family does help in coping with boredom, and dealing with sense of loss, instil a feeling of security, inculcate family values, and much more. Spending time together should be fun and enjoyable for all family members. Research findings shows that there are multiple reasons why spending quality time together as a family is important; the benefits are for both parents and children, include increased happiness, wellbeing and sense of belonging, as well as having an impact on children's life choices and their development goals.



1. **Work as a Team:** A simple and efficient way to make cleaning more fun is to do some of it in teams.
2. **Turn off your mobiles:** rule of switching off all your electronic gadgets should be mandatory for family time. Taking calls should be the last thing you should do when you're spending time with your family.
3. **Eat together and listen to each other:** during lockdown period you have more time at home. Most children today don't know the meaning of a family dinner time, as parents are busy with their work and the work schedule differ for both parents. Sharing a meal together allows the

opportunity to talk about each other's lives. This is a time for parents to listen, as well as to give advice and encouragement.

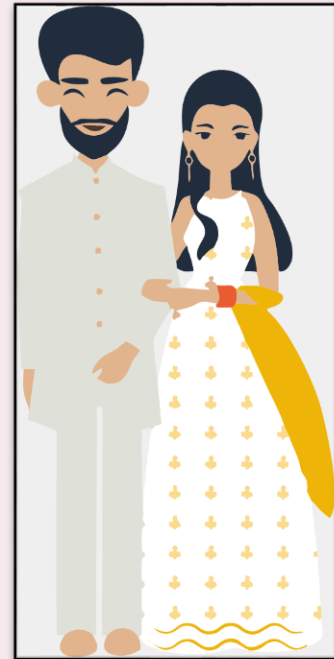
4. **Look for books that your child would enjoy reading:** Read often with your child. Research indicates that reading to your children cultivates an interest for knowledge and stimulates language development. It also increases their attention span and helps them to be curious and light a fire of learning.
5. **Do chores together:** during lockdown, engage family work together, functional family life depends on the contribution of everyone in the family. Assigning chores is the most productive way of teaching responsibility and accountability to your children.
6. **Start a hobby or project:** during long lockdown choose a fun activity that your child is interested. Activities like cooking, crafts, collection of cartoon, etc., will make great hobbies in future.
7. **Play games:** New technology has made video games/mobile games more popular. Parents should play with their children, and also spark an interest in family-oriented contests such as board games or card games. It is opportunity bring older generation and new generation together.
8. **Exercise or Workout together:** workout/exercise not only strengthens the body, but also builds character and determination. Morning physical exercises, indoor cycling, is important for a child's emotional and physical development and also for maintaining fitness among adults. This is a great opportunity for a family to interact.
9. **Create a Family Time calendar:** Since many parents have lot of time during lockdown, make different calendars like, things to cook with limited resources, watching different movies with timings, playing times for a week, craft and extracurricular activities for a week etc., as a family commit yourself to keeping these schedules.
10. **Plan activities as a matter of solidarity:** Nothing is more special than taking a few minutes each day for an activity as matter of solidarity. Activities like praying as a family, or appreciating some of the work of some other frontline workers before bedtime can be a good example for an activity of solidarity.

NURTURING MARITAL RELATIONSHIPS

Marriage is always been a foundation for the Family in Indian society. Families define roles for each member for the smooth functioning. During lockdown, the frontline healthcare workers are busy with their work, not able to concentrate much on the families, neglecting their spouses nor supporting them. During lockdown, other family members (who are staying at home) have more time to spend with each other. This often diffuses the boundaries between various members of the family. This, in-turn, leads to arguments between them, paving the way for family discord and affects their quality time with each other during the humanitarian crisis

SOME TIPS

1. **Creating healthy boundaries:** Just like every beautiful home needs a wall, every marital system needs a protective limit which cannot be intruded by other family members during the pandemic as they all like to be at one place during crisis. This means some decisions and discussions must remain within the couple subsystem. The frontline healthcare worker needs to provide time for the spouse, use technology in contacting the spouse during their free time
2. **Handling own Emotions in relationship:** being able to regulate own oneself in a relationship is crucial. As the couple does not spend time together due to work pressure, the couple might have differences of opinions, anger and frustration. Partner's likes and dislikes should be respected and express your respect. Emotional support, validation, and compliments are required in relationship.
3. **Sharing feelings constructively:** along with discussing regular issues, sharing feelings enhances relationships. Describing how you feel and sharing positive feelings of love, warmth, joy needs to be expressed verbally and non-verbally.
4. **Taking responsibilities for actions:** recognize one's own mistakes in the relationship and be accountable for the same. Take responsibility to correct own mistakes makes the whole family more respectful.
5. **To forgive and seek forgiveness:** This can be instilled as a marital ethos where each couple, seeks forgiveness for the mistakes done. The other member's response should be empathetic to accept the "sorry" and work towards a bond of trust and companionship.
6. **We time:** Joint activities that keep the couple together enhance bonds whenever back at home. For example, having meals together, going out for walks, family meetings, prayers etc., have huge role in bringing people closer.



7. **Love and Intimacy:** Love, intimacy, romance and sex are important components of marital relationships. These are the cornerstones of any loving relationship. As there is less time during this hectic period, one has to designate time and space for expressions of love, intimacy, romance and sex. There has to be a desire to be together as a couple.
8. **Establish a family ritual or routine:** Don't limit family rituals to holidays or special events like birthdays and anniversaries. Taking time to create a unique tradition gives couples a way to express and feel emotion during different phases of life, and it can help re-establish your connection with each other. Routines and rituals makes a sense of identity and help establish important values. These can include a meal time together, some shared exercise time, or even a prayer together as a family.
9. **Shut down your mobile/ judicious use of mobile when at home:** Shut down your mobile device and have conversations with your spouse and children. Time with spouse is more pleasurable than browsing internet and playing with mobile.
10. **Play together:** Make the time to play with the children and with your spouse. You need not be an expert in sports, art and craft, find some time to be with your child. Simply sharing in some parenting tasks can relieve a lot of pent up emotions in the spouse. Simply find something that you can involve the entire family. Completing a puzzle, playing a board game, riddle, or even setting up a chalkboard. All this activities are simple and non-expensive way for the family members to get involved and have fun.
11. **Eat meals together:** Eating together as a family when you come back from hospital or work can be challenging because of different work timings. But, always try to organize your day in such a way that at least one meal is eaten together as a family. It is a ritual which would create a platform for the members to have a conversation with each other.



12. **Have a weekly programmes:** Designate a separate night during the week to engage in something oriented around having fun together like watching movies, watching recorded matches etc.,
13. **Laugh together:** Laughter has an incredibly positive effect on our relationships with one another. Be comfortable laughing with one another. And don't hesitate to make laugh and laugh with them and be humorous.

AT THE BROADER SOCIETAL LEVEL

DEALING WITH STIGMA

Over last few weeks media has been reporting about instances of carers of COVID 19 being stigmatized, and also reported about racial discrimination for north east citizens of India. Health professionals in the frontline of duty treating COVID-19 patients are now facing social stigma. Doctors and hospital support staff are now being distanced as people fear that they will get the infection from them. There are cases where health care professionals are being harassed by their landlords to vacate their homes and now are on the streets. Some of them are also victims of physical abuse for coming on the streets during the lockdown period of COVID-19. One needs to realize that people who are stigmatized tend to experience loss of their identity, ultimately affecting their self-esteem.

FEW TIPS FOR DEALING STIGMA RELATED TO COVID 19

1. Understand that stigma related to COVID 19 is due to ignorance. It is easy to react to the derogatory comments, you would not achieve anything, instead take this as an opportunity for educating people about the COVID 19 Virus and importance of social distance and staying away from people.
2. Don't take things personally: if you react to derogatory comments, people feel that you are threatened and become easy prey for their comments.
3. Tell your story/ document your experience of being stigmatized, which would help you in ventilating your negative feelings.
4. If you are frustrated, lock yourself for few minutes, to escape from a dialogue or conversation where you would end up reacting to their comments.
5. Share your feeling, frustrations with trusted friend using social media/mobile/ rather than meeting physically/personally.
6. Don't give it up and encourage negative thoughts, always remember that our body has the ability to cope with the Virus, possible to recover and lead normal life.
7. Read more about COVID 19 from reliable sources, do not believe in all WhatsApp or Facebook messages. Check for its authenticity before forwarding such messages.
8. Do not recognize nor address the person through COVID virus, always believe that person has an identity and recognition, hence, address person always with their personal identity.

MENTAL HEALTH PRACTICES IN THE WORKPLACE

In most emergencies the work schedule is hectic, and hence carrying out all activities may not be possible but team leaders should ensure that at the least, health workers get their breaks and facilitate regular contact with friends/family.

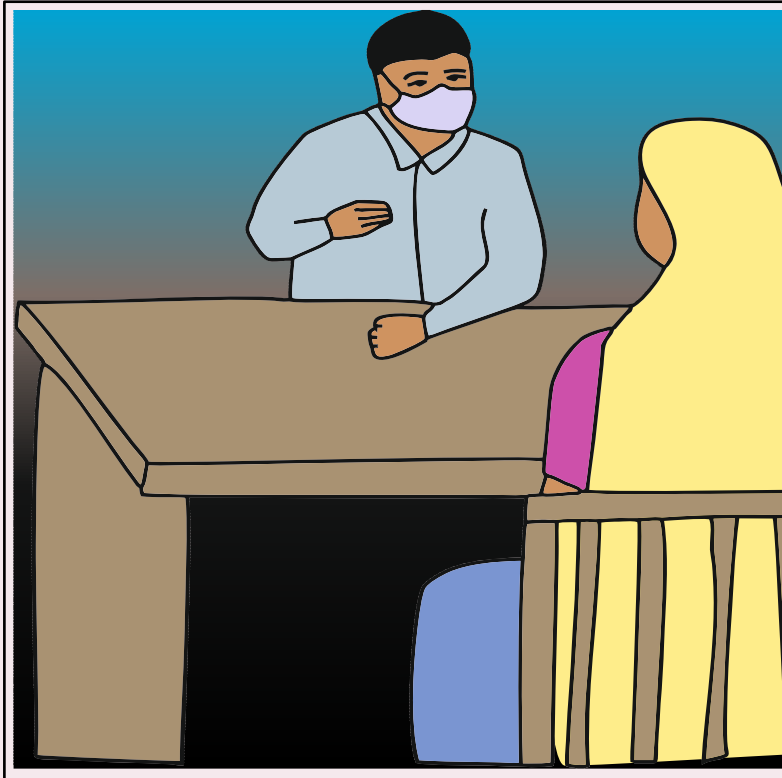
TIPS FOR TEAM LEADERS/SUPERVISORS

To reduce the stress of the health care workers, team leaders are encouraged to:

1. Focus on the long-term, ensure as much as training for their staff to fulfil roles
2. Mix and match, ensure that juniors with limited experience work with their senior colleagues
3. Ensure staff rotation from jobs of higher stress to lower stress and vice-versa
4. Duty/shift breaks/holidays to be agreed within the team and ensured as far as possible
5. Ensure good quality communication with accurate information updates
6. Have regular team meetings even if its brief. It helps to develop a 'bond' and to also sort out issues that may emerge because of working in stressful situations
7. Team meetings may also be used to discuss common mental health issues that arise out of working under difficult circumstances (stress, burnout, anxiety, fear, etc.) and simple steps for psychological 'self-care'
8. In the event of unfortunate outcomes like death, ensure that the team has an opportunity to "debrief". In addition to the factual aspects related to the event, team members may be encouraged to share their emotions which may include guilt, anxiety, and distress.
9. A flexible schedule may be considered for any person who has been directly impacted in some way or has an affected family member
10. If a team member is experiencing mental health difficulties, provide for a 'buddy'. The 'buddy', can be a senior colleague/workmate, who may be expected to talk and listen and provide common sense suggestions for mental health care. They can also be asked to report back if things deteriorate. 'Buddy' should be made aware that all matters discussed are strictly confidential and to be shared only on a 'need to know' basis.
11. All staff to be made aware of the nearest specialist mental health service and access to its services.
12. Lastly, refer to any staff member who appears to have uncontrollable distress for assessment and intervention to the nearest specialist mental health service.

SPECIALIST SERVICES

Dealing with the pandemic would have a significant negative impact on the mental health of healthcare workers. This unremitting stress on medical health-care workers could trigger psychological issues of distress, anxiety, fear, panic attacks, posttraumatic stress symptoms, stigma and avoidance of contact, depressive tendencies, sleep disturbances, helplessness, interpersonal social isolation from family social support and concern regarding contagion exposure to their friends and family. Counsellors need to promote calm, build resilience and instill hope in the frontline healthcare workers. During this global pandemic, healthcare workers can use all the emotional support/professional counselling possible to



get past a hard time. This includes some basic counselling and psychosocial first aid that can be provided to frontline healthcare workers and their family members if necessary. This is to be provided by a trained counsellor alone.

Successful counselling is aimed at enhancing the coping skills of the frontline healthcare worker by bringing change in the decision making and behaviour changes specific to the crisis like COVID-19 pandemic.

GOALS OF COUNSELLING

- 1. Encouraging safety, health and hygiene:** There is a lot of confusing information available to the public right now. As a part of counselling, the counsellor can check what are some measures of safety the client is taking and help them with correct and reliable information along with its rationale. Secondly, the counsellor can emphasize on client focusing on taking care of the health of all family members by exploring first the methods the family is adopting and suggesting some options if needed.
- 2. Reducing immediate distress:** Clients might come to the counsellor with high distress levels. It is helpful when a counsellor is calm, patient, introduce self and the purpose for counselling, listen attentively, paraphrases and summarizes the concerns to the client. A counsellor can also use active listening and ask open-ended questions to explore the concerns more. In high distress situations, refrain from quickly jumping to provide a solution or move away from the topic.

3. **Normalize the worry and developing healthy ways of addressing worry:** Help frontline healthcare worker understand that feeling negative emotions are natural and that they are not alone in this can help normalize the worry. Few statements like “Understandably, you are overwhelmed with the situation”, “I can see that you have been dealing with a lot of worries about safety”. Counsellors can help clients identify healthy ways of addressing these worries in the following ways:
 - a. Identify what are some specific aspects of life when they worry more and see what makes other aspects less worrying.
 - b. Explore if there are times when worry is more than during other times and what brings the difference?
 - c. Help them identify what are some steps they have taken in the past to deal with worries and which ones have worked more than others. Also, explore if they know of some methods their loved ones use to take care of worrying
 - d. Highlight that all emotions like worry are transient and that it shall pass.
 - e. Suggest them to practice methods that have worked for them and create more ways that are possible for them in their life context and based on their belief system.
 - f. Suggest some research evidence-based methods like deep breathing, relaxation, mindfulness.
4. **Take constructive steps towards solving life problems:** Frontline Health Care workers who come with worries about life problems can also be helped with identifying more realistic, doable strategies that can help them solve the problem. Identifying what the problem is, some possible solutions, testing the pros and cons of each and identifying the most probable option can be an effective way.
5. **Increase supportive communication in relationships:** Help frontline healthcare workers identify the importance of open and supportive ways of communication in the family. Encourage them to acknowledge efforts over outcomes, reduce critical feedback and help them use more supportive words.
6. **Help individuals cope better** with their life challenges and suggest some appropriate ways to enhance coping.
7. **Generate a sense of realistic hope:** This can be done carefully without silver-lining any conversation. It helps when a counsellor is realistic, calm and supportive especially during difficult conversations.

COUNSELLING SKILLS

Counselling is a helping approach that highlights the emotional and intellectual experience of a frontline healthcare worker such as how a client is feeling and what they think about the problem they have sought help for. Effective counselling would need the following skills:

1. **Attending:** It is very helpful for a family when they are attended to patiently, their concerns are heard and they are spoken to gently and with respect. Statements like “I am here to listen to you”, “I would like to know more about what your concerns are”.

2. **Active and careful listening:** to what the person is saying with the intent to first understand their challenges holistically.
3. **Using open-ended questions:** like “What is going on in your mind?”, “What about this situation brings worries to you?”, “What are some things that you find helpful in dealing with this situation” help elicit worker’s information in a more detailed manner and helps them express themselves well. Additional close-ended questions with yes or no responses can be asked to seek clarity on specific issues.
4. **Demonstrating empathy:** Helping frontline healthcare workers feel supported in these difficult and isolating times is an important aspect of counselling. A counsellor can demonstrate their empathy through statements like “I notice that this is an extremely challenging time for you and your family”, “I notice your care and concern for your family through these steps you have taken”. Through this, the counsellor can connect with the clients and provide emotional support.
5. **Assuring confidentiality:** Providing frontline healthcare workers a clear idea of how counselling is a safe space where their conversations will stay confidential helps frontline healthcare workers open up about their worries better. It must be explained to the frontline healthcare worker that their conversations will not be shared, recorded or used for any purpose with anyone by the counsellor. Only in times of risk to their life or life of another person will the counsellor, with the consent of the client, share only the required details to an emergency contact person or required authorities.
6. **Using simple language:** Counselling is more effective when the counsellor can communicate in a simple language with the frontline healthcare worker, use examples relevant to their life, provide strategies that are possible in exercise by the frontline healthcare worker and explain concepts in the language suited to the client.
7. **Psycho-educating:** This involves providing basic facts, information and reliable resources to the frontline healthcare worker regarding their concerns. For COVID related information, they can be directed to resources like WHO, CDC, United Nations and Government of India. Ensure that you share information clearly, without any conflicting messages and politely check if the client has understood the information.
8. **Assessing risks** to safety and crisis management if required (through referral): Assessing if the frontline healthcare worker is experiencing any thoughts about harming themselves, wishing that things were over, or has any suicidal ideations or plans, also checking if there are risks due to violence or abuse, any use of substances that might put the client in the way of risk in any way. Based on the risk assessment ensuring that the safety of the frontline healthcare worker is prioritised.
9. **Addressing issues of stigma and discrimination** if any
 - a. Identify what kind of response do the neighbours have towards the person and their family members.
 - b. Provide them with correct information about COVID spread and resources that they can take home and show to relatives and friends

- c. Provide them with emergency contact numbers in case of incidence of attack or violence from the neighbourhood
10. **Making suitable referrals and connecting with other support services:** Counsellors can keep contacts of the following authorities in case of emergency and provide them to clients if needed:
 - a. Police /Medical / Women /Deaddiction Support Centre/ Child /Geriatric Helpline Number /Mental Health Helpline Numbers.
 - b. Counsellors can also identify specific needs of the frontline healthcare workers and support them in identifying local support services for the same. These could include medical and grocery delivery numbers.
11. **Problem-solving:** Frontline healthcare workers reach out to counsellors with many different problems. Counsellors can take them through a process of problem-solving through following steps:
 - a. Identification and creating a problem statement.
 - b. Explore since when the problem has existed and how severe it is
 - c. Identify who all are a part of the problem
 - d. The different steps that the frontline healthcare worker took to solve the problem before coming for therapy
 - e. Identify which steps were most effective
 - f. Assess the pros and cons of those steps and provide additional steps from your side if needed
 - g. Explore how the frontline healthcare worker wants to try the steps again by focusing on the pros and reducing the cons
 - h. Identify what are the expected and realistic outcomes of these steps
 - i. Help the frontline healthcare worker visualize the expected and realistic outcomes
12. **Generating realistic hope and bolstering strengths:** Every individual has an inherent ability to deal with life's challenges and cope with them. Providing false hopes can do more damage to a person than a difficult reality. Counsellors can also help frontline healthcare worker identify their strengths, resilience and help them tap into their support systems. Statements like, "We can try our best to stay safe and take all precautions to keep ourselves healthy", "I am not sure of the answer to your question but I can look up reliable resources and get back to you", "What are some things you do or remember when you feel very low or beaten down" are hope generating yet realistic statements.
13. **Activity scheduling:** Counsellors can help frontline healthcare workers create a healthy routine by mapping their day. The following aspects can be ensured in the day:
 - a. Sleep hygiene- ensuring time for adequate routine sleep cycle of 7-8 hours.
 - b. Avoid using electronic devices such as mobiles, laptops at least 2 hours before bedtime. The blue light from screens can interfere with melatonin (sleep producing hormone) production—making it difficult to fall asleep. If the use of the device is unavoidable, work in 'night light' mode.

- c. Destress before bed by taking a relaxing bath, reading or deep breathing.
- d. Physical activity in the form of exercise or yoga
- e. Deep breathing or progressive muscle relaxation
- f. Fun family time and connecting with loved ones over phone calls
- g. Scheduled time for work

QUALITIES OF AN EFFECTIVE HELPER

Effective counselling occurs only when there is a mutual understanding between the counsellor and the client which is brought about by information sharing and exchange of ideas. The qualities of a good counsellor as following go hand in hand with good counselling skills:

- **Warmth:** Being able to offer a nurturing environment is an essential need for a frontline healthcare worker to share their deepest fears and worries about what's happening outside and within.
- **Acceptance:** Offering complete acceptance is needed to be able to create a space of unconditional positive regard and be able to take in a person's whole story without passing any need for requirements or judgments on it.
- **Flexibility:** The ability to adapt to a frontline healthcare worker's needs and requirements from the session and the capacity to shift their perspective is essential to fully understand the frame of reference.
- **Updating oneself:** In the specific circumstances of this counselling requirement, it is most essential that a counsellor is aware of the daily happenings, any medical or psychological research or resources that could support the frontline healthcare worker and any events they should know about.
- **Contextual understanding:** The location of a person's socioeconomic, cultural and present-day background changes their needs in counselling, without which the work can often feel disconnected or removed from the immediate need.

BASIC RULES:

- **Asking open-ended questions** that require an explanatory response would be useful. This encourages the frontline healthcare worker to do most of the talking while counsellor listens and encourages further dialogue.
- It would be important to **affirm and support** the frontline healthcare worker's statements of understanding and intention to change and sustain protective and hygienic behaviours.
- **Focus on** the frontline healthcare worker's **strengths**, efforts, patience, and other attributes. Subsequently link and summarise the discussion that would help frontline healthcare worker to realise his/ her strengths to cope with quarantine, protection, test and care.
- **Discuss** behaviours and situations that he/ she would find difficult during this period.
- **Develop a strategy** that helps to guide the frontline healthcare worker towards change by eliciting and reinforcing his/ her statements about it and helping in resolving uncertainties.

- **Work towards change:** Once rapport is established, attributes are understood, using the theory of change, take step towards desire, ability, reasons and need to change.
- The counsellor reinforces these statements through **reflective listening** and supportive statements.
- Finally, the counsellor is **careful to communicate** acceptance and reinforce the frontline healthcare worker's self-expression throughout the session.

PRINCIPLES OF COUNSELING

Counselling is an iterative process, and the counsellor has to necessarily determine at every point in the encounter with the frontline healthcare worker whether it is important to re-address and emphasize a given principle:

1. The counsellor will adopt and communicate a **non-judgmental attitude**, respecting that every individual has their views and perspectives and can make their own choices. Avoiding imposing personal beliefs, views and evaluations on to the person seeking help.
2. **Confidentiality and safe space:** The counsellor will attempt to provide a space where an individual is not worried or concerned about the possibility of any distressing information or their identity being shared with another party or with anyone outside the counselling space. Any limitations to confidentiality will be shared with them.
3. **Empathy:** The capacity to understand the feeling experienced by the client and communicating that is essential to being able to establish a counselling relationship and facilitating the counselling process.

DON'T FOR COUNSELLORS

- **Being inattentive and distracted in the session:** A counsellor must ensure minimal distractions in conversations by talking in a quiet space, with no other people around, focusing only on the client and taking notes. Some ways to communicate attentive listening is through regular nods, gestures and eye contact.
- **Using medical jargon:** Counsellors must ensure that they use simple language to explain things to the frontline healthcare workers. By doing this, they will ensure that the client feels respected, understood and counsellor's message is received well.
- **Misinforming the frontline healthcare worker (by providing wrong information):** It is always better for a counsellor to say that they do not know and will find out that provide half or wrong information. The counsellor must also ensure that their sources of information are valid and reliable and should not depend upon hearsay, popular opinion or inauthentic sources.
- **Giving false hope or make false promises:** A counsellor must refrain from providing assurances for aspects that are beyond their control or knowledge just to minimize immediate distress. Statements like "everything will be fine", "things will fall into place", "I am sure you will be okay and all the troubles will go away" must not be used.
- **Imposing personal views or decisions on the client:** The counsellor can tentatively provide hypothesis and options but the choice of exercising them lies with the client. The counsellor must not reprimand or show themselves being upset to the client in case their suggestions are not followed.

CONSIDERATIONS FOR PHONE COUNSELLING

The section below throws light on special considerations for providing counselling services over the phone and also for adapting counselling skills to suit the medium of the telephone.

BEFORE INITIATING THE TELEPHONE COUNSELLING SERVICE:

- Laying out the scope of the service
- Design protocols for issues such as call duration and call back and follow up policy
- Develop protocols for sharing client confidentiality within the team members or within the supervisory context
- Develop protocols for breaching confidentiality in crisis cases
- Develop formats for documenting call details
- Ethical framework for the service (confidentiality, anonymity, call recording, boundary management, counsellor competence, crisis management, counsellor self-care etc)
- Design flow of the call which elaborates upon the entire process of telephone counselling, starting from picking up the call to ending the call. Develop appropriate verbiages for different stages of this process.
- Prepare referral directories and referral policies

CONSIDERATIONS FOR PROVIDING COUNSELLING SERVICES OVER THE TELEPHONE:

- Familiarize yourself with the technology and its features before offering counselling services. Assess if the frontline healthcare worker needs familiarization with the phone, he/she is using.
- Clarify the scope of the helpline and your role to the caller
- Assure the caller of confidentiality of the service
- Practice two-way confidentiality with the client and counsellor identities being anonymous and confidential. Do not share your contact details with the frontline healthcare worker.
- Inform the frontline healthcare worker about norms of shared confidentiality
- Learn about assessing risks in case of frontline healthcare workers who present with crises and also about protocols for crisis management and referrals
- Be knowledgeable about the laws that apply to frontline healthcare worker's concerns presented over the helpline
- Learn to adapt your skills of offering face to face interventions over the medium of technology
- In case of prank, sexual or nuisance calls, politely clarify the scope of the service and set limits with the caller
- Do not offer diagnosis or medical advice
- Follow ethical guidelines
- Watch for signs of fatigue, stress and burn out and practice-self care

APPENDICES

Appendix 1: - PERCEIVED STRESS SCALE

Source: Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behaviour*, 24, 386-396.

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Sl. No	Statement	Never	Almost Never	Sometimes	Fairly Often	Very Often
1	In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3	In the last month, how often have you felt nervous and “stressed”?	0	1	2	3	4
4	In the last month, how often have you felt confident about your ability to handle your personal problems?	4	3	2	1	0
5	In the last month, how often have you felt that things were going your way?	4	3	2	1	0
6	In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7	In the last month, how often have you been able to control irritations in your life?	4	3	2	1	0
8	In the last month, how often have you felt that you were on top of things?	4	3	2	1	0
9	In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4
Add the score for each column						
Total Score (add your column scores)						

**Appendix 2: - GENERALIZED ANXIETY DISORDER 7-ITEM (GAD-7)
SCALE**

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all sure	Several days	Over half the days	Nearly every day
1	Feeling nervous, anxious, or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it's hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column					
Total Score (add your column scores)					

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Appendix 3: - PATIENT HEALTH QUESTIONNAIRE (PHQ 9)

Source: Kroenke, K. & Spitzer, R.L. (2002). *The PHQ-9: A new depression and diagnostic severity measure. Psychiatric Annals, 32, 509-521.*

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Poor appetite or overeating	0	1	2	3
4	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
5	Feeling tired or having little energy	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Add the score for each column					
Total Score (add your column scores)					

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Appendix 4: - INSOMNIA SEVERITY INDEX

Source: Morin CM, Belleville G, Bélanger L, Ivers H. *The Insomnia Severity Index: psychometric indicators to detect insomnia cases and evaluate treatment response.* Sleep. 2011;34(5):601-608.

This questionnaire has seven questions. For each question, please circle the number that best describes your answer. Please rate the current (i.e. Last 2 weeks) severity of your insomnia problem(s).

SI No	Statement	Response					Question score
1	Difficulty falling asleep	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4	
2	Difficulty staying asleep	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4	
3	Problems waking up too early	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4	
4	How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?	Very Satisfied 0	Satisfied 1	Moderately satisfied 2	Dissatisfied 3	Very dissatisfied 4	
5	How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?	Not at all noticeable 0	A little 1	Somewhat 2	Much 3	Very much noticeable 4	
6	How WORRIED/DISTRESSED are you about your current sleep problem?	Not at all worried 0	A little 1	Somewhat 2	Much 3	Very much worried 4	
7	To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?	Not at all interfering 0	A little 1	Somewhat 2	Much 3	Very much interfering 4	
Total Score (add your question scores)							

Appendix 5: - SELF-REPORTING QUESTIONNAIRE

Source: Beusenber, M, Orley, John H & World Health Organization. Division of Mental Health. (1994). *A User's guide to the self reporting questionnaire (SRQ / compiled by M. Beusenber and J. Orley. World Health Organization.* <https://apps.who.int/iris/handle/10665/61113>

The self-reporting questionnaire is a tool that helps people understand whether or not they are healthy or require specialist services. The following questions deal with some aches, pains and some problems that can happen with some people. Please think about the past month and respond with a yes if you have had these troubles in the past month or not. If you have not had the trouble, then respond with a no. If you are not sure how to respond, please respond as best as you can.

Item	Question	Yes (1)	No (0)
1	Do you often have headaches?		
2	Is your appetite poor?		
3	Do you sleep badly?		
4	Do your hands shake?		
5	Are you easily frightened?		
6	Do you feel nervous, tense or worried?		
7	Is your digestion poor?		
8	Do you have trouble thinking clearly?		
9	Do you feel unhappy?		
10	Do you cry more than usual?		
11	Do you find it difficult to enjoy your daily activities?		
12	Do you find it difficult to make decisions?		
13	Is your daily work suffering?		
14	Are you unable to play a useful part in life?		
15	Have you lost interest in things?		
16	Do you feel that you are a worthless person?		
17	Has the thought of ending your life been on your mind?		
18	Do you feel tired all the time?		
19	Do you have uncomfortable feelings in your stomach?		
20	Are you easily tired?		
Total Number of Yes responses			