

**"The greatest need was to be listened to":**

# **The importance of mental health and psychosocial support during COVID-19**

**Experiences and recommendations from the International Red Cross and Red Crescent Movement**



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The content was developed by an editorial team consisting of: Dick Clomén (MOMENT Project); Rebecca Horn (Consultant); Milena Osorio (ICRC); Melanie Powell (IFRC Reference Centre for Psychosocial Support); Anne Faigh Rydell (Danish Red Cross); and Zara Sejberg (Danish Red Cross).

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Cover photo: Red Cross volunteer and beneficiary during the COVID-19 pandemic in August 2020 in Bantul, Yogyakarta, Indonesia. Photo credit: Indonesian Red Cross.

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## Learning from COVID-19:

# Increased need for mental health and psychosocial support

COVID-19 is exacerbating the immense mental toll on the millions of people around the world already living through disasters, conflicts and emergencies, who are routinely exposed to distressing experiences such as losing loved ones, homes and livelihoods.

Early in 2020, as the world was beginning to realise the magnitude of the humanitarian and societal consequences of the COVID-19 pandemic, we began to see the huge psychological implications of the virus itself and the measures to prevent it. Worries and fears about losing loved ones, becoming sick or about health systems being over-loaded continue to be common among the people we support. Moreover, measures imposed by governments to prevent the spread of the disease, including lockdown restrictions, quarantines, physical distancing, and their economic and social consequences, further increase this distress and the risk of mental health problems.

The increase in psychological distress caused by the virus is demonstrated in a recent survey we conducted across various countries.<sup>1</sup> Key findings include:

- 51% of adults perceive that COVID-19 negatively affected their mental health;
- Almost two thirds of respondents across seven countries agree that taking care both of mental and physical health has become more important since the onset of the COVID-19 crisis.

**The strong stigma** associated with COVID-19 affects people who have contracted the virus and their families, and has serious consequences for people who are already marginalised because they live with mental health concerns. Combined, these factors prevent people from accessing mental health and psychosocial support services, and make it more difficult for service providers

to effectively access affected individuals, families and communities.

**Uncertainty about the disease**, how long it will last, and the long-term impacts on health and society is another aggravating factor for mental health. There are numerous myths and misconceptions about the disease – the importance of access to accurate and timely information cannot be overstated.

Red Cross and Red Crescent volunteers and staff providing mental health and psychosocial support often operate under difficult conditions, responding to multiple and complex needs. COVID-19 is now an additional challenge. The examples included in this report demonstrate this complexity and the importance of a holistic and integrated response that addresses the diverse mental health and psychosocial needs of people affected by the pandemic.

**Working closely with the affected populations** and involving them in the response is critical to understanding their needs and finding the most relevant and sustainable solutions. This is one of the main strengths of National Red Cross and Red Crescent Societies — our millions of local volunteers and staff are members of the very communities they serve. This proximity and long-term accompaniment give a unique understanding of context-sensitive approaches, and how to work with communities to strengthen resilience.

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<sup>1</sup> Ipsos, Sept 2020: This data was commissioned by the ICRC and carried out by Ipsos, across seven countries using a mixed methodology.



### **Preparedness and operational experience**

significantly improve readiness and capability to address mental health and psychosocial needs, particularly where conditions quickly change. Both are key elements in the two landmark resolutions that were adopted by the 33rd International Conference of the Red Cross and Red Crescent in December 2019; [“Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies”](#) and [“Time to act: Tackling epidemics and pandemics together”](#).

**COVID-19 has helped to focus public and political attention** on mental health and psychosocial needs in all societies. Increased attention to mental health and psychosocial support services is at least a very positive development which can help leverage the political support and additional resources required. The pandemic has also forced adaptation and innovation — such as the use of digital solutions and tools — so that critical services and care can be delivered. While these measures have contributed to making mental health and psychosocial support services accessible to hundreds of thousands

of people, those without access to the necessary digital tools are being excluded.

**Increased investments** in promoting good mental health and addressing mental health problems are essential to enable individuals, families and communities to cope effectively with the challenges they face due to the pandemic. This should include integrated measures to address mental health and psychosocial needs across humanitarian response, alongside long-term investments in local and community-based mental health and psychosocial support capacity and systems-building. Early and effective access to mental health and psychosocial support is key to creating sustainable and healthy local communities.

In this report we shed light upon real-life experiences and insights from our global work with mental health and psychosocial support during the pandemic. Let us build on these important learnings from the current pandemic, so we can respond even better to mental health and psychosocial needs in the future – and leave no one behind. ○



A volunteer from Indonesia Red Cross providing psychological first aid to a local female citizen impacted by the COVID-19 pandemic in August 2020 in Bantul, Yogyakarta, Indonesia. Photo credit: Indonesian Red Cross 2020

# Living without answers:

## Supporting families of the missing

**Double uncertainty:** Families with missing relatives do not know whether or when they will find out what happened to their loved ones. The ICRC and Red Cross and Red Crescent National Societies find creative ways to support families of the missing during the pandemic.

During lockdown in Mexico, Marita (not her real name) began growing and tending plants in a small garden near her house. It was important for her to maintain a connection with the earth, because Marita's life prior to lockdown had been dominated by her search for her missing son, which included physically searching the ground in an attempt to locate his body. In Mexico, as in other countries, people are missing due to violence related to gangs and narcotics, as well as the actions of state forces.

### **The pandemic increases the pressure on families of the missing**

For the families of the missing – relatives of individuals whose whereabouts are unknown or who have been reported missing as a consequence of armed conflict or internal violence or disturbance – the global coronavirus pandemic had particularly severe emotional consequences. These families were already living with the uncertainty of not knowing what had happened to their loved ones, and whether they were still living or not. Once states began to suspend services and impose restrictions on movement, these uncertainties were exacerbated:

'The central questions for families of the missing are always 'what happened?' and 'where is my relative?'. In the COVID-19 situation, a new question for them is 'when?'. And this question does not have an answer' (Silvana Del Pilar Claro La Rotta, ICRC psychologist, Colombia).

Elderly relatives of the missing were particularly badly affected. As they were more vulnerable to the virus, they began to fear that they would die before discovering what had happened to their loved one and being able to bury their remains.

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Silvana Del Pilar Claro La Rotta,  
ICRC psychologist, Colombia

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Lockdown also brought an end to important coping strategies. In many countries, the ICRC supports families of the missing to organise themselves into 'family associations' and support groups, which are a crucial source of emotional and practical support. Once restrictions on gatherings came into force, family support groups could no longer meet.

### **Solidarity during lockdown**

August 30th is an important day for families of the missing; the International Day for the Victims of Enforced Disappearances is the one day of the year that the families have the opportunity to commemorate their missing relative and to gather with others in solidarity. This year, the traditional mass gatherings were not possible. However, the ICRC identified creative ways of ensuring that the day remained special for the families. In Ukraine, the ICRC sent a postcard to every family on August 30th which read 'Like every year, on August 30th we mark



A woman from a local community near Cox's Bazar, Bangladesh, is talking about her situation in the light of the pandemic, 2020.  
Photo credit: Bangladesh Red Crescent Society (BDRCS) 2020

the International Day of the Disappeared. On this day, we want to say it again: you are neither alone, nor forgotten. We cherish the names of your loved ones and their stories. We are thinking of you, as you matter to us. Please remember that we are close – just a call away'. They also organised for the leaders of different faith communities to record a message of support and a blessing for the families, which were broadcast on TV and widely publicised. In Eurasian countries there was a strong feeling amongst families of the missing of being forgotten during the COVID-19 outbreak. A mother of a missing son in Ukraine explained to a member of ICRC staff: 'You are the first person who is interested in whether I was alive during this epidemic and how I feel. I live alone and besides you, nobody cares about me, the old woman'. The public messages of support from religious leaders let families know that they were seen and heard in these difficult times.

Similarly, the ICRC and National Societies worked together to find solutions to some of the other challenges experienced by families of the missing during the COVID-19 outbreak. In normal times they support community organisations to provide services for families of the missing, but many of these were suspended during the outbreak. ICRC staff, in partnership with the National Societies, increased their direct support to families of the missing, providing psychological services to individuals and groups through the phone and technologies such as Skype and Zoom.

For many elderly relatives, these platforms were entirely new, and they had to be guided through the process of accessing and using them. Some were uncomfortable with the new technology, but others embraced it enthusiastically and participated in online support sessions with psychologists, group support sessions and even webinars focusing on how to stay physically and emotionally healthy during the pandemic.

### **Remote support cannot replace face-to-face services**

As COVID-19-related restrictions ease, some of these new initiatives are likely to continue. However, the ICRC mental health and psychosocial support teams recognise that they are not an adequate replacement for face-to-face services for victims of armed conflict and violence. Milena Osorio, Mental Health and Psychosocial Support Programme Coordinator for the ICRC, reminds us that 'We do not yet know how effective remote therapeutic support is for different types of people, and need to take care that those who have experienced multiple distressing events in addition to COVID-19 receive the quality mental health services they need to recover and thrive'. The physical presence of another person plays an essential role in regaining the sense of safety which is crucial to recovery. The ICRC staff, National Society staff and volunteers, and the family associations themselves, will continue to have a crucial role to play in providing the face-to-face support that families of the missing need. ●

## Kenya:

# Young men in Nairobi's informal settlements lead the way in promoting good mental health

**Successful partnerships:** The "Young Men's Champions" project in Nairobi's informal settlements has proven to be a great success in enabling communities to cope with the mental health challenges that arose during the COVID-19 outbreak. Together with government and mental health actors, the Kenya Red Cross worked with volunteers to build local capacity and reduce psychological distress.

When the COVID-19 outbreak hit Kenya, volunteers came to play a critical role in the Kenya Red Cross's mental health and psychosocial support provision. The Government of Kenya designated the Kenya Red Cross as their official partner in mental health and psychosocial support early in the pandemic, which gave the Kenya Red Cross a key role in coordinating and providing services to promote good mental health and to support those experiencing psychological distress. They worked in close partnership with the Government and other mental health and psychosocial support actors, but their partnerships with community volunteers across the country were key to reaching the more difficult-to-access sections of the population.

### **Community members were ready to respond when COVID-19 hit**

In 2017 the Kenya Red Cross identified 20 young men living in six informal settlements within the Nairobi area, and offered them the opportunity to become 'Young Men's Champions'. The approach was based on the Young Men's Resilience Programme materials developed by the Palestine Red Crescent Society, with the Kenya Red Cross integrating additional elements important in the context of life in the informal settlements of Nairobi.

These efforts to strengthen community capacity paid dividends once the COVID-19 outbreak hit Kenya. Life in the informal settlements is precarious in normal times,

but these communities have been particularly hard-hit by the social and economic effects of COVID-19. Peter Mutinda, a Young Men's Champion in the Mukuru Ruben informal settlement, explained that 'Mukuru is a densely populated area with so many youths around, most of them are jobless and the few opportunities we used to get as casual labourers in the nearby industries disappeared once COVID-19 came. This affected their lives, some got back into drugs, some got back into crime'.

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Peter Mutinda, a Young Men's Champion in the Mukuru Ruben informal settlement

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Volunteers from Kenya Red Cross and the “Young Men’s Champions” project campaigning on World Suicide Prevention Day, 10th of September 2020, in the informal settlement of Mukuru, Nairobi, 2020. Photo credit: Kenya Red Cross Society 2020

The Champions in Mukuru immediately organised themselves to engage with the youth and others. Peter says the main aims were to ‘tell them the reality about COVID-19, the factors that lead to its spread, the measures they should take, and eliminate the myths and misconceptions around. Because in a place like this, it’s where myths and misconceptions tend to take over’. And it’s these myths and misconceptions that can contribute to high levels of anxiety and frustration, as well as risky behaviour.

### **Community-based volunteers access the most hard-to-reach people**

In other parts of the country, the Kenya Red Cross have similar networks of volunteers in place, such as the Community Health Volunteers who play an important role in the government’s home-based care model for people who are asymptomatic. When the COVID-19 outbreak began they were quickly trained to offer emotional support, as well as pass messages designed to promote good mental health, to even those in the most remote areas. The Community Health Volunteers, along with other Kenya Red Cross volunteers, have been trained in Psychological First Aid using materials that the Kenya Red Cross and the Ministry of Health worked together to adapt to the Kenyan context and the COVID-19 situation.

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**“Our biggest joy is to see someone next to us having a good life. As the saying goes, ‘your smile is not worth anything until you see someone next to you smiling’”**

Peter Mutinda, a Young Men’s Champion in the Mukuru Ruben informal settlement

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The Kenya Red Cross has built up strong community volunteer networks over many years, and these have been crucial in their efforts to address mental health and psychosocial issues during the COVID-19 pandemic. The volunteers have a deep understanding of their communities, and a deep commitment to enhancing the psychosocial wellbeing of their fellow community members. Peter Mutinda expresses this well: ‘Our biggest joy is to see someone next to us having a good life. As the saying goes, ‘your smile is not worth anything until you see someone next to you smiling’. ○

# Yemen and Bangladesh:

## Promoting good mental health is everyone's responsibility

**Integrating psychosocial support into other services:** In countries with few mental health specialists, and where mental health issues are stigmatised, the most effective way to provide services to support mental health and psychosocial wellbeing is to incorporate them into services which large numbers of people access such as health, education and provision of basic needs. The COVID-19 pandemic has provided additional opportunities for this to occur in Red Cross and Red Crescent activities.

One of the most effective ways to promote good mental health in an emergency is to integrate psychosocial support into services that are accessed by large numbers of people, such as health services or water and sanitation.

### **A crisis within a crisis in Yemen**

The Yemen Red Crescent Society recognised the benefits of this approach even before the COVID-19 outbreak began. Years of armed conflict and violence have had a massive impact on the lives of Yemen's 30 million population, with loss of livelihoods, limited or no access to food, clean water, health care, sanitation or education. This has taken a heavy toll on the mental health and psychosocial well-being of the population. In Yemen, even the most basic mental health and psychosocial support services are

unavailable at primary health care level and the country faces a severe and chronic shortage of mental health specialists. Due to this complex situation, the Yemen Red Crescent has been forced to develop new strategies to ensure that affected people can access the services they need, and integration of psychosocial support into health and other services provided by staff and volunteers has been crucial.

In 2017, the Yemen Red Crescent, in collaboration with the Danish Red Cross and the IFRC Reference Centre for Psychosocial Support, began conducting community based psychosocial support training, and in May 2019 sixteen staff and volunteers were trained as trainers in Psychological First Aid. They went on to train 140 volunteers by the end of January 2020 and when the COVID-19 outbreak began they were well-positioned to take the lead on expanding this training to all staff and volunteers involved in the response. Early in the outbreak, the ICRC Health Programme Manager, Victoria Masinde, worked with the Yemen Red Crescent to develop a plan of action for the COVID-19 response, and ensure that psychosocial support was fully integrated into the plan.

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**"It's automatic to integrate psychosocial support into health care. It should be automatic for psychosocial support to be integrated into every sector, so that humanitarian aid can have the most impact"**

Victoria Masinde, ICRC Health Programme Manager

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### **'It should be automatic for psychosocial support to be integrated into every sector'**

Victoria had previously worked in Syria and Iraq, where staff working in primary health care centres were trained in basic mental health support, and she had seen how effective this was. For Victoria, 'it's automatic to





Red Crescent volunteers in Bangladesh assisting an elderly man after a health check during the COVID-19 pandemic, 2020.  
Photo credit: Bangladesh Red Crescent Society (BDRCS) 2020

integrate psychosocial support into health care. It should be automatic for psychosocial support to be integrated into every sector, so that humanitarian aid can have the most impact’.

The standard Psychological First Aid training package was adapted for the Yemen context and the COVID-19 situation. Thirteen trainers have already been briefed in this adaptation and will go on to train 260 volunteers in 19 branches across the country to enable them to calm and support people in distress and refer them to relevant services. Those involved already recognise the benefits of the new skills they have acquired: ‘I became gentler and more respecting of others, paying attention to their stress whatever their behaviours. Also, I became caring for myself and my manager and colleagues in my work’ (Mohammed Al Gozahi, Field Officer, Yemen Red Crescent).

### **Increasing the reach of psychosocial support in Bangladesh**

Integration of mental health and psychosocial support into other services is taking place across the Red Cross and Red Crescent network. In Cox’s Bazar, the Bangladesh Red Crescent Population Movement Operation team began in 2017 to integrate psychosocial support into both

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Mohammed Al Gozahi, Field Officer,  
Yemen Red Crescent

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the Water, Sanitation and Hygiene (WASH) elements of its response, and into the health posts. ‘Although many of the displaced populations in the camps showed high levels of distress, they did not initially prioritise psychosocial support services because they were focused on their physical and material needs’, said Lea Jimera Acallar (Danish Red Cross WASH Delegate). It made sense to integrate psychosocial support into WASH and health services, which were widely used.



A Red Crescent staff member in the Bangladesh Red Crescent Society is planning how to integrate PSS with the local Sanitation and Hygiene activities, 2020. Photo credit: Bangladesh Red Crescent Society (BDRCS) 2020

Once the COVID-19 outbreak began, the WASH and Psychosocial teams quickly reorganised their joint activities, so that some Psychosocial volunteers in each camp joined the WASH volunteers for house-to-house activities to give information about hygiene and infection-prevention, and to distribute soap and other materials. Both groups of volunteers take these opportunities to offer emotional support to individuals experiencing distress, and to identify and refer those who need more support to colleagues in the Psychosocial team and to mental health specialists, as needed. One of the WASH volunteers explains how this works: 'When we facilitate hygiene promotion sessions, we see the tension and the different emotions in people's faces. Some of them are not attentive. Then the Psychosocial volunteers listen to those persons separately who are stressed. So we can do our activities more freely, and people give more attention in the hygiene session. It helps us to work together, we can provide both services at a time, which helps the people a lot'.

#### **All sectors can promote good mental health**

These examples highlight the importance of building mental health and psychosocial support capacity in all sectors of a National Society before an emergency occurs. Collaboration between different sectors and different actors within the Red Cross and Red Crescent Movement is

key, and the COVID-19 outbreak provided an opportunity for this. As Victoria Masinde explains, 'COVID-19 being new for everyone was a plus in getting people together. In everybody's history, it's the first time they've had to respond to something like this, so everybody wanted to help and people went outside of their normal roles and had to learn new ways of working'. The pandemic showed powerfully that promoting good mental health is the responsibility of everyone. ○

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## Niger:

# I do this because I'm your brother

**Safe and Dignified Burials:** Niger Red Cross volunteers use psychosocial approaches to promote the health and wellbeing of families who lose a loved one to COVID-19.

Mariama (not her real name) was one of the first to lose a relative to COVID-19 in Niger.

'With Muslims, when there is a death, the body will be ritually washed and put in a cotton shroud before burial. There are collective prayers, then all the people go to the house of the family to share the sadness and help the morale. When my mother died from COVID-19 this was all not possible. We could not spend time with other people. We could not wash the body. The body is put in a bag and they bury the body by putting bleach water everywhere. As if it were contaminated'.

When it became clear that COVID-19 was going to affect the population of Niger, the Niger Red Cross and the Ministry of Health in the COVID-19 Task Force recognised the importance of mental health and psychosocial support being integrated into the response. More than 250 volunteers, government health care staff and mortuary staff participated in a basic training in psychosocial support, including Psychological First Aid. Psychological First Aid provides training on basic psychological skills and also encourages the use of psychosocial practices that respond to the needs expressed by individuals and communities.

### **'We're the ones who have to explain'**

Around 50 of those who were trained were directly involved in ensuring that those who died from COVID-19 were afforded safe and dignified burials. The Niger Red Cross Safe and Dignified Burials (SDB) volunteers primarily carried out this work in communities, whilst government health care workers responded when somebody died in hospital. Both groups were trained by the Red Cross, because they faced similar challenges: 'we are the ones who have to explain, we are the ones who have to approach the family and make them under-

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**"We are the ones who have to explain,  
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Abdoukarim, volunteer with the SDB team in Niamey

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stand the situation' (Abdoukarim, volunteer with the SDB team in Niamey).

Both SDB teams and health care staff had the difficult task of explaining to grieving family members that they could not wash the dead body or conduct the funeral in the way they would like to. Relatives' distress was compounded by having to go into quarantine themselves. Abdoukarim explained that through the Psychological First Aid training he learned the importance of allowing relatives to express their feelings, even when these were difficult for the volunteers to hear: 'Even when the person is having angry thoughts, it's really important to give them the chance to say whatever they want to say, and to just listen'.

Amadou (team leader for SDB in Niamey) said that, in addition to the grief of losing a family member, and the pain of being unable to spend time with them during their last days, families were often afraid that they would be marginalised in their communities due to the stigma attached to COVID-19. In circumstances where there were many misconceptions about the disease, including that it does not really exist, the SDB volunteers required extremely strong interpersonal and communication skills.



A team from the Niger Red Cross Safe and Dignified Burials (SDB) volunteers cleaning a house after a person died of COVID-19 at a local community in Niger, 2020.  
Photo credit: Red Cross Society of Niger 2020



### Special skills needed to support grieving families

The training was based on Psychological First Aid and adapted to focus on the special skills that were needed in this situation. This included how to communicate difficult messages to grieving families in a clear, compassionate way, and how to deal with strong emotions. The self-care element which is part of Psychological First Aid training was very important in this context, and volunteers used these skills not only to ensure their own wellbeing, but also that of their colleagues. Abdoukarim gave the example of a situation in which 'I almost broke down myself, but I understood I should stay strong. Then I told a colleague and he said, 'it's normal, it happens often, it happened to me as well, you need to take a rest now and when you feel better you will continue'. So he replaced me and I went to rest, and after a while I felt much better'.

The loss of a beloved relative is one of the most difficult experiences any of us will go through. Being unable to be with your loved one at the moment of death, and to say goodbye to them in a way which feels right and that is socially meaningful, makes this so much harder. Few of us would like to take on the responsibility of explaining to families that they are unable to bury the body of their relative in the way they want to, yet this is exactly what the Red Cross volunteers in Niger are doing every day – and with sensitivity and skill which goes some way towards easing families' pain. ○

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but I understood I should stay strong.  
Then I told a colleague and he said,  
'it's normal, it happens often,  
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Abdoukarim, volunteer with the SDB team in Niamey

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### Psychosocial support in action

'There was a family who lost a relative but did not believe the disease existed. I let them talk, and then I spoke to the man of the family and told him, 'We don't know each other, we cannot hate each other. I'm doing this because I consider you as a brother, it's an act of love. Tomorrow I could be in the same situation, and when you see me you can also intervene and help me. If we do this today, it's because we want you to live, not because we hate you or we have something against your family. We do this with all the people that have been in contact with COVID. We want to protect you, we want to avoid you being infected. It's true we distance you from the body, it's not the way it's normally done and it's painful, we understand that it's difficult for you to see this happening like this. It's important to focus on the prayers, it's not a time to be angry with the people doing the funerals because you also have to understand it's difficult for everyone.'

Abdoukarim, volunteer with SDB team in Niamey, explains how he used the skills he learned in the psychosocial training

# Philippines and Italy:

## Creating a sense of safety in an uncertain situation

**Supporting migrants in quarantine:** Red Cross and Red Crescent Societies all around the world are providing psychosocial support to people in COVID-19 quarantine centres, in many varied contexts.

For many years Filipinos living and working irregularly in Malaysia have been detained by the authorities and deported back to the Philippines. In some cases, they were born in Malaysia and have never been to the Philippines. Others have relatives somewhere in the country, but are uncertain whether they will be welcomed. Some were separated from other family members who remain behind in Malaysia. Many arrive at the port in Zamboanga City, Philippines, with physical health problems, emotional problems and no documentation.

Since the outbreak of COVID-19, returnees to Zamboanga City are required to spend 14 days in a government-run quarantine facility, which consists of 63 sleeping cubicles in eight former warehouses. The local government provides physical health care in the quarantine facility, but does not offer mental health care. Although Red Cross staff and volunteers would like to provide this service, they are not allowed to enter the facility. A volunteer, Dave, describes how the residents 'have nobody to talk to about their problems and their feelings, they don't know anyone. We want to be able to talk with them face to face, to support their mental health and wellbeing.'

### Adapting psychosocial support to a changed context

Prednison S. Morales, (Social Welfare Officer with the Philippine Red Cross Psychosocial Support Program) explains, 'we need to adapt our services to this changed context'. The Red Cross established a phone line specifically for returnees in the quarantine facility, operated by volunteers trained in Psychological First Aid, and included details about the line in the information given to returnees on arrival. However, up to now this service has had little

take-up, for reasons that Prednison and his team are still exploring. In the meantime, they have developed psycho-education materials which explain how to maintain good mental health and psychosocial wellbeing whilst in the quarantine facility. This is distributed in written form on arrival at the port, and videos have been created in a local dialect and in Malay, as well as in Filipino.

Since Red Cross staff and volunteers are very limited in the psychosocial support they can offer while returnees are in the quarantine facility, they focus their efforts instead on trying to ensure a conducive environment within the communities they will go to after quarantine.

The Restoring Family Links team assists returnees to make contact with family members, and the psychosocial team then prepares those communities by giving information about the returnees' circumstances and trying to address any discriminatory beliefs or stigma that may affect the returnees when they arrive. One of the

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**"They have nobody to talk to about their problems and their feelings, they don't know anyone. We want to be able to talk with them face to face, to support their mental health and wellbeing."**

Dave, volunteer in Philippine Red Cross

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A Filipino female migrant arriving from Malaysia at the port in Zamboanga City, Philippines, 2020. Photo credit: Philippine Red Cross 2020

volunteers involved in this work, Raniba, describes how this ‘helps communities to understand the situation of deportees and accept them’.

### **Psychosocial support at sea**

When new migrants arrive at the Italian coast, the government requires them to spend their quarantine period on one of the ships anchored outside the harbour, with each ship becoming home to up to 700 migrants for 14 days. Two psychosocial support volunteers from the Italian Red Cross spend three weeks at a time on the ships – eating, sleeping and working alongside the migrants.

Erika and Mirko were the first two volunteer psychologists to offer support on the ships, and they saw a whole range of signs of distress amongst the migrants, including mistrust, anxiety, sleep problems, and overreacting to small issues.

### **Addressing psychosocial needs begins with making a human connection**

Creating a connection with the new arrivals, and building a relationship, was the first difficult task facing Erika and

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**"We wrote friendly messages on our overalls, such as ‘welcome!’ in different languages ... and then just spent time informally with the migrants".**

Mirko, volunteer at Italian Red Cross

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Mirko. Whilst many migrants were desperate for some human connection after spending months or even years en route to Italy, they also found it difficult to trust people they did not know – especially when those people were wearing full personal protective equipment, which covers the whole body except for the upper part of the face. Mirko explains, ‘to try to overcome this, we wrote friendly messages on our overalls, such as ‘welcome!’ in different languages and drew flowers and smiley faces, and then just spent time informally with the migrants’. They spent



Members of a medical staff from Italian Red Cross debriefing after a day with many events in the midst of the COVID-19 pandemic, 2020.  
Photo credit: Italian Red Cross 2020

time in the communal areas together, chatting about seemingly trivial issues in order to put people at ease and create trust.

Once the initial wariness was overcome, Erika and Mirko found that many migrants were very keen to talk. They are often concerned first of all about their physical health, so the psychosocial teams work closely with Red Cross doctors on the ship. But once physical health issues are addressed, often more emotional concerns emerge. Erika describes how a woman who had arrived from Nigeria 'was unable to sleep and complained of stomach problems. She eventually told us that she had left two children behind in Nigeria, and was really missing them.' Erika worked with the Restoring Family Links volunteers to arrange for the woman to speak to her children over the phone, after which both her emotional and physical health improved.

Whilst the psychologists had a range of skills to draw on to support the migrants during their time on the quarantine ships, the most important services they provided were to offer reassurance and information. Mirko and Erika recognised that the time migrants spent on the ship was an opportunity to educate them about Italian law,

culture, values and society, to prepare them for their next steps. Many of the migrants recognised the Red Cross emblem from their home country, so the fact that the Red Cross were also helping them on the ship was reassuring. Erika and Mirko could also let them know that wherever they went in Italy, they would find a local Red Cross branch willing to help them.

### **A lifeline for the most vulnerable in our societies**

Whilst migrants and returnees have always faced challenges, these can be exacerbated when they have to stay in a quarantine facility on arrival. In these facilities, the restrictions imposed can contribute to uncertainty and anxiety, and disrupt the ability of residents to use their own coping mechanisms. Often, the National Societies are one of the few providers able to offer services to these groups, due to their status as auxiliary partners to their governments, plus the international trust in the emblem and knowledge of Red Cross and Red Crescent's neutrality. This support from psychosocial teams can be a lifeline for some of the most vulnerable in our societies. ●

## Colombia:

# The greatest need was to be listened to

**Protection, dignity and respect:** "Listening centres" and a helpline for Venezuelan migrants on the move throughout Colombia has helped create a safe space both mentally and physically.

When the strict nationwide COVID-19 lockdown began on 25th March 2020 in Colombia, the dreams of thousands of Venezuelan migrants were shattered. Political, human rights and socio-economic challenges in Venezuela had led to an exodus of more than 5 million refugees and migrants by August 2020, with more than 1.7 million crossing into the neighbouring country of Colombia. When the lockdown began, those who were surviving on casual employment found that work opportunities had dried up, and their lives were becoming worse than those they had escaped in Venezuela. This led to large numbers of distressed and disappointed people trying to head back to their homeland, despite the fact that borders were closed and transport within Colombia was shut down.

As they tried to reach the Venezuelan border, the xenophobia towards foreigners, which was present even before the pandemic, increased. Migrants were blamed for spikes in the virus in communities they passed through, and for increases in criminal activity which occurred across the country as the economic impact of the lockdown began to be felt. In addition to the uncertainty experienced by migrants who have no guarantees of reaching their destination, the hostility of the communities they pass through increases their fear, anxiety and sense of being very much alone.

### A helpline that supports and listens

The Colombian Red Cross psychosocial team searched for ways to support this difficult-to-reach group as they continued to move around the country. A special helpline, called Linea Amiga (Friendly Line) was established in collaboration with the American Red Cross to provide migrants with information and support for their physical or psychological health needs. It is staffed by medical doctors and psychologists who provide direct support and refer callers to other services they need. The ability

to detect mental health needs and refer appropriately is an important skill for all staff and volunteers working within the Red Cross and Red Crescent Movement, not only mental health and psychosocial specialists. The Linea Amiga has received 4000 calls in the last two months. As Joyce Jalinne Caballero Bernal, the Mental Health and Psychosocial Officer for the Colombian Red Cross, says 'During the pandemic, the greatest need has been to be listened to'.

### Listening centres remain open during the pandemic

Meanwhile, close to the border with Venezuela, the six mobile 'Listening Centres' run by Colombian Red Cross staff and volunteers continued to function throughout the lockdown. Although the official border crossings closed, some people continue to find their way into Colombia. Through word-of-mouth and Whatsapp groups, large numbers find their way to one of the mobile units. Here they can get the information they need to stay safe, as well as physical health care and much-needed emotional support from trained psychosocial volunteers. Those with higher levels of distress can receive specialist support at the Listening Centres from psychologists and psychiatrists before continuing their journeys.

In these especially difficult times, the mobile centres have provided a safe space for people at a time of great uncertainty and loss. 'They feel protected when they are at the listening centres', said Joyce, 'They are treated with dignity, they are respected and listened to'. At a moment in a person's life when they are living with grief, loss and uncertainty at a time of global pandemic, a safe space where they can be heard and supported can make all the difference. ○

## Italy:

# We don't need heroes – safeguarding the mental health and wellbeing of the frontline worker

**Care for the carers:** As Italy fought hard to tackle COVID-19, and the Italian Red Cross was on constant *red alert*, it became clear that frontline workers also needed mental health and psychosocial support. By investing long-term in mental health and psychosocial support services among frontline staff and volunteers we can mitigate the negative effects of the pandemic on their emotional wellbeing.

The Italian Red Cross has many years of experience of responding to emergencies such as earthquakes and avalanches, and supporting refugees and asylum seekers, but the COVID-19 pandemic was an entirely new situation for its staff and volunteers. Quickly it became apparent that Red Cross staff and volunteers would need psychological support in order to be able to continue their nationwide efforts.

"When the spotlights go out, we have to be there to shed some light. Perhaps the darkness will remain the same, but it will become more bearable," says Fabio Specchiulli, psychologist at Italian Red Cross, who explains that the pandemic took its toll as nobody knew how the situation would unfold.

This is supported by a female 33-year-old Italian Red Cross staff member responsible for transporting sick people by ambulance to a health care centre. 'The COVID-19 emergency caught us unawares. I didn't imagine that our nation would be hit so strongly. In March, at the beginning of the lockdown, we were very concerned about the lack of personal protective equipment, the possibility of becoming infected and of infecting our loved ones. I was anxious and afraid,' she tells us.

She was one of many across the country responsible for answering calls from people who had symptoms of COVID-19, collecting the person in an ambulance and

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Fabio Specchiulli, psychologist at Italian Red Cross

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taking them to hospital. Every time volunteers put on the personal protective equipment it was a reminder of the dangers of the situation they were entering. And every time they accompanied a person from their home to the hospital, they knew that person was saying goodbye to their family members not knowing when, or indeed if, they would meet again.

### **No need for superheroes**

One of the most important messages that Italian Red Cross psychosocial teams communicated to their colleagues in the initial stages of the response was – we don't need heroes. 'Fear is a good thing, fear protects us. We had to start with this, and encourage volunteers to stay home if they wanted to, not to feel they should go into situations they are uncomfortable with. We want to protect our volunteers, not to make them feel like they



have to be superheroes', says Rosaria Grazia Domenella, National Technical Referent for Psychosocial Support, Italian Red Cross.

### **Caring for ourselves and our colleagues is an essential part of our work**

Prior to the outbreak, all volunteers had participated in a one-day self-care training, so they were already able to recognise their own signs of stress and take action to manage it and to support their colleagues. This preparedness put the volunteers in a good position to face the challenges of the COVID-19 response. But more was needed.

Psychosocial support teams within local Red Cross branches started offering one-to-one support by phone, calling any staff member or volunteer who they thought might appreciate some support and calling those in quarantine daily. This was very much appreciated.

"It has been so useful to know that there was somebody ready to help me, but the most beautiful thing was the feeling of being [virtually] hugged, that was what I really needed in that moment. Usually in the end of the call I

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**"The COVID-19 emergency caught us unawares. I didn't imagine that our nation would be hit so strongly ... I was anxious and afraid."**

Italian Red Cross staff member

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found myself smiling. In my region there is still some stigma about people who need the help of a psychologist, but things must change," says a 35-year-old male ambulance driver volunteer.

Where psychosocial support teams were strongly embedded in the work of the branch, it became easier to overcome stigma and have conversations about the emotional issues affecting volunteers. Peer support was important, and psychosocial support teams organised opportunities for staff and volunteers within local branches to meet on



Medical staff from Italian Red Cross transporting an elderly COVID-19 patient to a hospital, 2020.  
Photo credit: Italian Red Cross 2020



Red Cross volunteer from Italian Red Cross at work at the Italian Red Cross National Centre in Rome providing support at a dedicated helpline for healthcare workers, 2020. Photo credit: Italian Red Cross 2020

an internet platform to discuss issues affecting them. Trust and strong relationships within local branches contributed greatly to effective mental health and psychosocial support to volunteers.

### **Long-term support is needed for those working on the frontline in the COVID-19 response**

Whilst the Italian Red Cross prioritised supporting their volunteers and staff, there was also a recognition that frontline workers such as healthcare staff and prison officers were also in need of psychological support. A public call centre was established at the Italian Red Cross National Centre in Rome, with a dedicated helpline for healthcare workers and prison officers which enabled them to receive support from volunteer psychologists and therapists.

Fabio Specchiulli explains, 'the challenges facing frontline responders continue, and they are likely to require ongoing support even after the COVID-19 pandemic is over, as they reflect on their experiences. Long-term investment in mental health and psychosocial support services is needed to mitigate the effects of the pandemic on frontline workers and others'. ○

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**"Long-term investment in mental health and psychosocial support services is needed to mitigate the effects of the pandemic on frontline workers and others."**

Fabio Specchiulli, psychologist at Italian Red Cross

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## Recommendations:

# A call for targeted action

**States, policy makers, mental health and psychosocial support advocates and practitioners should:**

- Ensure early and sustained access to mental health and psychosocial support services for people affected by the pandemic. Mental health cannot wait. We do not know how long the pandemic will last and we do not have the full oversight of the long-term mental health impacts. Efforts must therefore be sustainable and support strengthening of systems.
- Ensure that people have access to timely and accurate information about the pandemic, including how to protect themselves and others. Lack of information and misinformation not only reduces wellbeing, it can be deadly. This information must be available in a language and format that all people can fully access and understand.
- Take action to prevent discrimination and address stigma and marginalisation in the wake of, and exacerbated by, the pandemic. Discrimination and stigma reduce access to mental health and psychosocial support services, negatively impact on health and wellbeing, and increase risks, vulnerability and harm to affected persons.
- Promote environments which protect and support people with different mental health and psychosocial needs, and ensure populations have access to services which meet a range of mental health and psychosocial support needs, from the most basic to highly complex.
- Make long-term investments in public, local and community-based mental health and psychosocial support. Preparedness and community resilience help societies to respond better to mental health and psychosocial needs.
- Integrate mental health and psychosocial support in all responses addressing the needs arising as a result of the pandemic. This includes taking a long-term perspective and ensuring integration in response plans and systems. Integration of mental health and psychosocial support across sectors increases the affected population's access to mental health and psychosocial support and can be highly cost effective.
- Prioritise protection of the mental health and wellbeing of staff and volunteers responding to the humanitarian needs in the pandemic. Persons responding to the needs of others in the pandemic also require access to mental health and psychosocial support to continue to respond effectively.
- Facilitate and support activities that promote good mental health, including self-care, physical activity and social connectedness.
- Where appropriate, invest in digital services and tools to increase access. Be mindful that digital tools are not a panacea due to access and preference issues, nor are their long-term effects fully known.

## About the International Red Cross and Red Crescent Movement

**The International Red Cross and Red Crescent Movement** is made up of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and 192 member National Societies.

**The International Committee of the Red Cross** is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

**The International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through its 192 member National Societies. Together, the IFRC acts before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. It does so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions. The IFRC is committed to 'saving lives and changing minds'.

**National Red Cross and Red Crescent Societies** embody the work and principles of the International Red Cross and Red Crescent Movement in more than 192 countries. National Societies act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services including disaster relief, health and social programmes. During wartime, National Societies assist the affected civilian population and support the army medical services where appropriate.

The International Red Cross and Red Crescent Movement is guided by seven Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

All Red Cross and Red Crescent activities have one central purpose: to help without discrimination those who suffer and thus contribute to peace in the world.

**For more information, please visit:** [www.icrc.org](http://www.icrc.org), [www.ifrc.org](http://www.ifrc.org) or the IFRC Reference Centre for Psychosocial Support at [www.pscentre.org](http://www.pscentre.org). The IFRC Reference Centre supports National Societies in promoting and enabling the psychosocial well-being of beneficiaries, staff and volunteers.