A guide to strengthen basic psychosocial skills and effective communication

Summary of the initiative

The Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG), co-chaired by the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies, developed a guide on strengthening effective communication and basic psychosocial skills during the coronavirus disease (COVID-19) pandemic. The target audience are individuals who are affected by COVID-19 or who support the response in any capacity, for example:

1) anyone trying to take care of themselves, their families, friends, colleagues or vulnerable people in the community, to help them cope with difficult emotions and restrictions;
2) health professionals such as doctors, nurses, counsellors or social workers;
3) first responders such as law enforcement officers, ambulance drivers or firefighters;
4) individuals who keep services functioning for the benefit of all, such as workers in food supply/preparation, pharmacies, funeral parlours, transportation, government, utilities or sanitation; and
5) supervisors or managers supporting staff or volunteers.

The guide is presented in the form of comic illustrations, and consists of modules on:

1) taking care of and maintaining one’s own health and well-being;
2) supportive communication in everyday interactions;
3) helping people to help themselves regain control of the situation, access practical support and manage their problems better;
4) supporting people who are experiencing stress to identify when to call specialized service providers; and
5) helping in specific situations such as working in care homes, law enforcement, displacement or refugee situations, and supporting those who are grieving.
Innovation factors

While the COVID-19 pandemic has impacted the well-being of us all, it has also been a remarkable period of solidarity. So many people wanted to step forward and be a part of the response. At the same time, relief providers involved in the COVID-19 response needed to be equipped with basic psychosocial support skills, whether they were trained in providing such support or not. The Basic Psychosocial Skills guide orients people on how to be an active listener, speak with empathy, respect others’ emotions, and provide appropriate advice when someone is struggling with difficult emotions.

The guide is an innovative way to communicate science as it uses illustrations, similar to a comic book, to engage readers from various educational backgrounds in acquiring the basic psychosocial skills. Further, the guide was developed with extensive input from potential end-users, which makes it useful and relevant for the target audience. The design team ensured a practice-oriented approach by using images and simple messages that resonate with daily life experiences. A variety of contexts and settings are represented such as working as a community leader, a nurse, a care-provider in a refugee setting, or simply supporting an older neighbour or a colleague.

Case studies and tips to remember the recommendations are included throughout the guide. Additionally, the annex compiles:

1) advice for managers and supervisors to support the well-being of staff and volunteers;
2) a chart for daily routines, in which users can insert an activity and an associated time, to organize their day better;
3) a diagram for control circles, where users can identify and distinguish problems that they can do something about and those that they cannot;
4) a set of muscle relaxation exercises to manage stress; and
5) a grid in which users can record contact details for key resources in their area, such as mental health, social, or legal services.

In summary, the guide offers a cohesive package of resources that individuals require to maintain their well-being and help others through their interactions during the pandemic.

Accuracy of scientific information

The development process of the guide comprised two rounds of formal consultations and weekly calls among the IASC MHPSS RG member organizations, including the chairs of the technical working groups deployed in 22 humanitarian emergencies. Drawing on existing psychosocial first aid and training materials allowed for the timely development of the guide.

Prior to its development, a survey was conducted to identify the mental health and psychosocial needs of potential users. Around 200 COVID-19 recovered persons and responders (such as health and protection professionals, transportation workers and managers) from 32 countries across all regions of the world participated in the survey. The draft guide, based on their inputs, was shared with the survey participants, and their feedback incorporated in the final version.
Gender equality, equity and human rights considerations

The responsible team has promoted gender, equity and human rights through a dedicated module to guide COVID-19 responders serving in vulnerable or marginalized communities. The module provides specific attention to:

1) people living in care homes;
2) women and girls affected by COVID-19;
3) people living in refugee camps, and informal refugee and migrant settings; and
4) people with disabilities.

In addition to the basic psychosocial guidance provided, the modules also link to further information for the care-providers of these groups.

In order to promote accessibility and participation, the guide has been made available in various accessible formats such as braille, easy-to-read, and electronic publication. It has also been translated into 37 languages to overcome language barriers.

The illustrations are inclusive, and represent males and females equally in various cultural settings.

Impact on knowledge, attitudes and behaviour of the target audience

Many organizations recognized the usefulness of the guide and developed online courses to supplement the guide. Some of the resulting products are as follows:

1) With support from WHO, the University of Technology Sydney developed a self-directed online Basic Psychosocial Skills training adapted for the Pacific Islands.
2) The Good Practice Group, the Asia Foundation and the Lotus Circle created a short course on Basic Psychosocial Skills to help COVID-19 first responders available in English, Sinhala and Tamil.
3) The IASC MHPSS RG organized a three-part educational webinar on Basic Psychosocial Skills with captions and sign language interpretations.

Some of the other indicators of the impact of the guide are as follows:

1) As of January 2021, the English version has been downloaded 13,045 times from the IASC website (since launch in May 2020).
2) As of June 2021, WHO’s Facebook post regarding the Basic Psychosocial Skills has had an engagement of 1.5 million views, 28,000 likes, and 1000 comments (since posted in June 2020).
Limitations

The project team received requests to translate the guide at an unprecedented speed and was thus faced with the challenge to maintain the quality of the content across the translations. To this end, a dedicated team was assigned to support the quality assurance and logistics of all translations and designs.

Looking forward

The IASC MHPSS RG will continue supporting further dissemination, translation and implementation of the guide. As of November 2021, translations into Armenian and Urdu are ongoing. The Good Practice Group, the Asia Foundation and the Lotus Circle are creating five short videos using the guide’s content that is being adapted specifically for Nepal, East Timor and Sri Lanka.

References

iii. Good Practice Group, Asia Foundation, Lotus Circle. Short course on basic psychosocial skills for first responders in Sri Lanka; 2020 (https://www.psychosocialskills.org/).
iv. WHO webinar on basic psychosocial skills guide: Part 1 (https://www.youtube.com/watch?v=0G11om_SFlc&t=918s).
vi. WHO webinar on basic psychosocial skills guide: Part 3 (https://www.youtube.com/watch?v=TQCRl_6I_c).

Illustrations by Sam Bradd

Disclaimers

The World Health Organization (WHO) has invited individuals, institutions, governments, non-governmental organizations or other entities to submit case studies of good practices and innovative solutions in the area of communicating public health science during the COVID-19 pandemic through a public call for submission. WHO has selected a few cases based on a pre-defined rating system and makes such publications publicly available on the WHO website (the “Website”).

Contributors (authors) are solely responsible for their contributions, and readers are solely responsible for the interpretation of the posted contributions. The views expressed in the posted contributions are those of the authors and do not necessarily reflect those of WHO.

In no event shall WHO be responsible for the accuracy of information contained in the posted contributions and WHO makes no warranties or representations regarding the completeness or accuracy of any content included in the contributions. WHO shall not be held liable for any damages whatsoever arising out of the use of the contributions. WHO reserves the right to make updates and changes to posted content without notice and accepts no liability for any errors or omissions in this regard.

WHO accepts no responsibility whatsoever for any inaccurate advice or information that may be contained in the contributions or referred to in sources reached via links or other external references to the content of the contributions.

The contributions may contain links to resources on external websites. WHO is not responsible for the accuracy or content of any external link. The presence of any resource or external link in the contributions does not imply that the resource, or its author or entity, is endorsed or recommended by the WHO. These links are provided for convenience only.

The designations employed and the presentation of content in the contributions, including maps and other illustrative materials, do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of frontiers and borders. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Contributions are for use of the WHO and users of the WHO website. Reproduction or translation of substantial portions of the contributions, or any use other than for educational or other non-commercial purposes, require the prior authorization in writing of the relevant author/contributor.