Guidance Document for the Psychosocial Support for Health Care Workers during COVID-19 Pandemic
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Disclaimer:

The advice and information given in this booklet is the best we can give based on current evidence-based research and clinical experience in an Indian context. The advice offered is to aid counsellors in working with individuals in primary care settings to provide psychological education and to enable the family member or primary contact of the COVID Positive patient to make an informed choices about protecting themselves and caring for the patient if he/she is at home/Hospital Group counselling or individual counselling can be taken as and when required.
As the pandemic continues to grow in India with a high magnitude, people across the entire country and professionals in different capacities are trying maximally to combat COVID-19. The healthcare sector, in particular, health care workers (HCW), dignified as the frontline warriors, are working day and night to save the lives of people impacted. Being directly involved in the diagnosis, treatment, and care of patients with COVID-19, they have been exposed to multiple difficult situations every day. Therefore, an urgent requirement was realised to organise ways to ensure the optimal mental health of HCW dealing with COVID-19 patients.

A psychosocial counselling manual has thus been commissioned by the Indian Council for Medical Research (ICMR). The manual has been prepared by professionals engaged in the area of mental health from across the country. With COVID-19 being declared a pandemic and with more and more people being affected directly or indirectly across the two waves, there is a need to provide psychosocial support to them to relieve their distress and prevent them from any further serious mental health problems. As an initial step, this manual outlines the counselling strategies that can be provided to HCW working in COVID facilities.

This manual is designed to act as a guide to counsellors who are professionally trained in disciplines like MA/ M.Sc in disciplines of Psychology, Anthropology and Social Work, who have received training in basic counselling skills. The manual outlines the baseline work that needs to be done with each group of individuals, and the counsellor can tailor these as per the specific needs of the individual.

The counsellors can help these individuals in getting reliable information and in alleviating their distress. The manual offers a framework and an algorithm for responding to people when they are distressed and providing support to them during these trying times. Additionally, it has details on how the HCW can indulge in self-care during the pandemic.

The manual entails different sections that cater to various individuals mentioned above, including a general portion on counselling skills. It is recommended that the counsellor reads the relevant sections of the manual before meeting individuals, e.g., general counselling skills, plus the section on addressing distress in healthcare workers. The counsellors need to be familiar with and prepare information about the COVID-19 pandemic from authorised resources.

This manual is not a substitute for professional help. Thus, whenever the counsellor identifies a severe mental health condition, they need to refer such individuals for professional help immediately. We hope this manual will be helpful to HCW involved in COVID-19 care.
## Guidance document for the Psychosocial Support for Health Care Workers during COVID-19 pandemic

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Section I: Introduction

Need for counselling
The COVID-19 pandemic is evolving rapidly, and it brings up a novel and unique challenges in its management. Though the adverse mental health impact of COVID-19 is unanimously voiced by people absorbed in various responsibilities across the globe, the health care workers (HCW) are the one of the most impacted by its impact. The term HCW here refers (but not limited to) to all the doctors, nurses and the paramedical personnel such as, physician’s assistants, medical technicians and others. It also includes counsellors, social workers, community health workers and all personnel, staff and professionals who are working with patients with COVID-19 in varied settings.

HCW have been experiencing multiple dilemmas and challenges each day which has been a chief source of stress, burnout, anxiety, depression, moral injury and many other mental health consequences. Thus, the situation demands immediate guidance on helping them reduce the impact of stress and indulge in optimal self-care.

This document aims to make provisions for proper guidance and counselling for the counsellors to understand and address the mental health needs of the frontline HCW in COVID-19 facilities/centres/hospitals. It is crucial to provide proper counselling for the mental health and psychological wellbeing of all the frontline warriors in the community during the pandemic. The document entails strategies to reduce psychological distress when faced with psychologically distressing or emotionally overwhelming situations. Since the document spells out management techniques in a simple way, it can also be used directly by the HCWs whenever the need arises.

Who is Eligible to Counsel and/or Give Support?
Professionally Qualified Counsellors, preferably having a Master’s degree in Psychology, Anthropology or Social Work, who have received training in basic counselling skills shall be eligible. Professional clinical psychologists can also refer to the document to guide their sessions with HCW experiencing psychological distress associated with COVID-19 pandemic management and care.
Section II: Basic Principles of Psychosocial Counselling

The counsellor can use techniques to establish a good rapport with contacts and instil in them the motivation to overcome their immediate problem and equip them to meet future issues/problems. Counselling should be done considering individual differences, and efforts should be made to address each person’s needs individually.

Principles of Counselling

Counselling as a process requires iterations, as the counsellor has to necessarily determine at every point during the session whether it is essential to re-address and emphasise a given principle:

i. **The counsellor has to adopt a non-judgmental attitude**, respecting that every individual has his/her own perspectives to view life and can make their own choices. The counsellor should refrain from imposing their personal beliefs, views and evaluations onto the person seeking help.

ii. **Ensuring confidentiality and assurance of safe space**: The counsellor should attempt to provide a space where an individual is not worried or concerned about the possibility of any distressing information or their identity being disclosed with anyone outside the counselling space. Also, any limitations to confidentiality should be shared with them.

iii. **Empathetic attitude**: The ability to understand the emotions experienced by the client and communicating that is essential to being able to establish a counselling relationship and facilitating the counselling process.

Counselling Skills

Counselling is a help-based approach that highlights a client's emotional and intellectual experience, such as how clients feel and what they think about the problem they have sought help for from counsellors. Effective counselling would need the following skills:

i. **Attending**: It is beneficial for anyone when they are attended to patiently, their concerns are heard, and they are spoken with respect. Statements like “I would like to know more about what your concerns are”, “I am here to listen to you” can be used.

ii. **Listening actively and carefully** to what the person is saying, with the intent to first understand their challenges holistically.

iii. **Open-ended questions** like “What are some things that you find helpful in dealing with this situation”, “What about this situation worries you?”, “What is going on in your mind?”, help elicit client’s information in detail and help them express themselves fully. In addition, close-ended questions with yes or no responses can be asked to seek clarity on specific issues.

iv. **Being Empathetic**: Helping clients feel supported in these difficult times is an important aspect of counselling. A counsellor can demonstrate their empathy through statements like “I notice your concern for your family through these steps you have taken”, “I understand that this is an extremely challenging time for you and your family”, etc. With this, the counsellor can connect with the clients and provide emotional support.

v. **Assuring confidentiality**: Providing a clear idea of how counselling is a safe space where their conversations will stay confidential helps clients open up about their worries better. The client must be explained that their conversations will not be recorded, shared, or used for any purpose. Only in situations where there is a risk to their life or the life of another person will the
counsellor, with the client's consent, share only the required details to an emergency contact person or required authorities.

vi. **Making use of simple language:** Counselling is more effective when the counsellor communicates in a language that is easily understandable by the client, use examples relevant to their life, provides possible strategies in exercise by the client, and explains concepts in the language suited to the client.

vii. **Assessing risks to safety and crisis management if required (through referral):** Assessing if the client is experiencing any thoughts related to self-harm, wishing about ending things, or has any suicidal ideations or plans, any use of substances that might put the client in the way of risk in any way and also checking if there are risks due to violence or abuse. Based on the risk assessment, ensure that the safety of the client is prioritised. Refer immediately when in doubt.

viii. **Making suitable referrals and connecting with other support services:** Counsellors can keep a record of contacts of the following authorities for situations related to any emergency and provide the details to clients if needed:

   a. Police /De-addiction Support Centre/ Medical/Women/ Child /Geriatric Helpline Number/ Mental Health Helpline Numbers
   b. Counsellors can also identify specific needs of the clients and support them in identifying local support services for the same.

### Qualities of an Effective Counsellor

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

i. **Warmth:** Being warm and respectful is essential for clients to share their deepest fears and worries about what is happening outside and within.

ii. **Acceptance:** Offering complete acceptance is needed 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.

iii. **Flexibility:** The ability to adapt as per the client’s needs from the session and shift their perspective is essential to fully understand the reference frame.

iv. **Updating oneself:** In these specific circumstances of this counselling requirement, it is most essential that a counsellor is aware of their daily happenings, any medical or psychological resources that could provide support to the client and any events they should know about.

v. **Contextual understanding:** The location of a person’s cultural, socioeconomic, and current background changes their needs in counselling, without which the person can often feel disconnected or removed from the immediate need. HCW are undoubtedly aware of these aspects; hence, the context of their existing knowledge needs to be recognised and counselled accordingly.

### Do’s and Don’ts for Counsellors

**Do’s of Counselling**

i. **Asking open-ended questions** that requires an explanatory response would be helpful. This encourages the person to do most of the talking while the counsellor listens and encourage further
dialogue.

ii. It is important to affirm the client’s statements of understanding and intention to change and sustain protective and hygienic behaviours.

iii. Emphasise the client’s knowledge, services, strengths, efforts, patience, and other attributes shown by him/her. Then link and summarise the discussion that would help the contact to realise his/her strengths to cope with quarantine, protection, test, and care.

iv. Discuss situations that he/she would find difficult during this period.

v. Develop a strategy that helps to help the client move towards change by reinforcing his/her statements about it and helping in resolving any uncertainties.

vi. Work towards change: Once rapport is formed, attributes are understood, using the theory of change, take a step towards reasons, desire, ability, and need to change.

vii. The counsellor should reinforce these statements through reflective listening and supportive statements.

viii. Finally, the counsellor should be careful in communicating acceptance and reinforce the client’s self-expression.

Don’ts of Counselling

i. Being inattentive and distracted during the session: A counsellor must ensure that there are minimal distractions in the conversations by talking in a quiet room, without anyone around, therefore, focusing solely on the client. Some practical ways to communicate attentive listening is through frequent nods, gestures and eye contact. Also, it may be suggested that the use of mobile phones shall be limited during the counselling session to avoid distraction.

ii. Spreading misinformation (by providing wrong information): It is always better for counsellors to say they do not know and will find out than giving incomplete or false information. The counsellor must ensure that their sources of information are valid and credible and should not depend upon hearsay, popular opinions or unverified sources.

iii. Giving false hope or making false promises: A counsellor must refrain from providing assurances for aspects beyond their control or knowledge to minimise immediate distress. So, using statements like “everything will be okay”, “things will fall into place eventually” must not be used.

iv. Imposing personal views or decisions: The counsellor can provide a hypothesis and options, but the agency of exercising them into actions lies with the client. The counsellor must not reprimand the client in case their suggestions are not followed.

Considerations for Phone Counselling

The section below enlists some essential considerations for effective phone counselling:

Before initiating the telephone counselling service, the following points must be kept into consideration:

i. Clearly laying out the scope of the services

ii. Design protocols related to call duration, follow up policy, and call back

iii. Develop protocols for sharing client’s confidentiality within the team members or within the supervisory context
iv. Develop protocols for the breach of confidentiality in situations of crisis
v. Develop formats for documenting the details of the call
vi. Follow an ethical framework for the service (confidentiality, anonymity, call recording, boundary management, counsellor competence, crisis management, counsellor self-care etc.)
vii. Design flow of the call, which emphasises the process of telephone counselling, starting from picking up the call to terminating the call. Develop appropriate verbiages in advance for different stages of this process
viii. Prepare referral policies and referral directories

Specific considerations for providing counselling services over the telephone:
i. Gain familiarity oneself with the technology and its features before offering counselling services. Assess if the client needs familiarisation with the phone, he/she is using
ii. Clarify the scope of the helpline and your role to the caller seeking help
iii. Assure the client about the maintenance of confidentiality during the service
iv. Practice two-way confidentiality keeping both the identities of the client and counsellor anonymous. The counsellor should not share their personal details with the clients.
v. The client must be informed about the adherence to two-way confidentiality
vi. Learn about the risks involved in situations where clients present with crises and also gaining awareness about protocols for crisis management
vii. Be well-informed about the laws that apply to client concerns presented over the helpline
viii. Learn to adapt your skills of face-to-face interventions over the medium of technology
ix. In case of prank, or nuisance calls, politely clarify the scope of the service and set boundaries
x. Do not offer any diagnosis or medical advice
xi. Adhere to the ethical guidelines
xii. Watch for signs of fatigue, burnout, stress and practice-self care

Self-Care of the Counsellors/Volunteer
i. **Centering:** Prioritise physical, social-emotional, and mental health through COVID-19
ii. **Reflection:** A counsellor/volunteer may hold a similar space to the client and is affected by the situation too. He/she needs to take out time to process and reflect on where they are, what they need, and how can they adjust to find the equilibrium.
iii. **Self-awareness:** It is an essential first step before one intentionally practice any other aspect of self-care.
iv. **Self-care Routine:** A semi-structured schedule allows them to make space for themselves, maintain time boundaries, and avoid burning out due to overwhelming responsibilities.
v. **Relaxation:** Resting is an important component in exhausting COVID-19 like emergencies to replenish and be able to practice ethically and effectively.
vi. **Support & Counselling:** Overwhelming situations like the COVID-19 pandemic may increase intense stress, and counselling may be a great choice in self-care. Be creative and utilise various ways, including digital platforms, to remain connected to family, friend, mentors and colleagues.
Conclusion

As the impact of the COVID-19 pandemic subsides in the immediate future, these symptoms would reduce for some but may continue for others. To endure and restore, continuous monitoring of HCW’s mental health and psychosocial outcomes and individuals caring for patients with COVID-19 would be required. Counsellors/volunteers will play an important role in not only in addressing the symptoms such as anxiety, depression, and psychological distress during COVID-19 but also in the post-pandemic phase.
Section III: Psychosocial Counselling to Health Care Workers

During this COVID-19 pandemic, the HCW are witnessing the unrelenting influx of patients, witnessing a high number of deaths and their grieving family members, endless hours of work, helplessness over lack of resources and mounting fear of contracting the infections to themselves and their family members. As they try to cope with the enormity of the pandemic, each of these work conditions are breeding a high risk of experiencing immense psychological distress, burnout, stress, anxieties, and sometimes even a mental health disorder if the stress continues for long, remains unaddressed.

Present guidance documents attempt to assist counsellors involved in the identification and management of some of the most significant concerns of HCWs. Some of the key processes have been outlined below.

Rapport Establishment

Greet and exchange introductions. Convey acceptance, interest, respect, and admiration for their role in curbing the spread by reaching out to the health system. Begin discussions on topics of client’s interest and move gradually from neutral topic discussions to those concerning them, based on the comfort and safety of the rapport building. Allow sufficient time for building a solid and trusting relationship.

Encouraging Ventilation of Emotions

It is of paramount importance for counsellors to enable and encourage the HCW in expressing their distress in an open and honest way without any interruptions. The emotional ventilation of the difficult experiences itself provides profound relief to the person expressing it and enables them to “get everything off the chest”. Repeated verbalisation helps the person to face the fears and conflicts with less degree of inner turmoil. The therapeutic effect of ventilation increases exponentially when it is equally validated by the counsellors listening. It would be hence important for the counsellor to communicate acceptance of the expressed emotions without any judgement or label to it. Active and empathetic listening will be a prerequisite to engage in the ventilation process.

Identifying the Distress

Once the HCW regains calm and composure after engaging in the expression of emotions, it is the right time for the counsellors to help them identify by psycho-educating about the warning signs of the psychological distress. Some such signs have been listed below and can be referred to when explaining about the manifestation of distress.

However, it is equally important to normalise the distress over pathologising it where appropriate. The distress can be explained to be an obvious outcome of witnessing a stressful pandemic situation. The key point highlight here is not to label them but consider these points as red flag indicators of distress which needs to be acknowledged, addressed and coped adequately, such that it does not lead to a mental health disorder.

It would also be essential to assist the HCW to understand the difference between psychological distress and mental disorders1, like anxiety, depression and post-traumatic stress disorder. If the conditions are identified to be high in magnitude, it is vital to encourage them to seek professional

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1 Characteristics of mental disorder: definite change in the behavior for a minimum period of 2 weeks and more; distress in themselves and people surrounding them; disturbance in day-to-day activities
advice. Provide them with a list of nearest local mental health professionals they can visit to assess further and manage the same.

Table 1: Warning signs of psychological distress

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<th>• Sadness of mood, anxiety or worry,</th>
<th>• Marked tiredness after even minimum effort.</th>
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<td>• Fear of contracting an infection</td>
<td>• Reduction in activity or feeling restless</td>
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<td>• Persistent preoccupation with illness worries</td>
<td>• Lowered attention/concentration-complaints of poor memory</td>
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<td>• Inability to cope and some degree of dysfunction.</td>
<td>• Loss of self-esteem and self-confidence</td>
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<td>• Sleep and Appetite disturbances.</td>
<td>• Feeling of helplessness and that there is no hope for the future.</td>
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<td>• Decreased or loss of capacity to enjoy things</td>
<td>• Unexplained physical symptoms</td>
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<td>• Decreased energy</td>
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<tr>
<td>• Death wishes, suicidal thoughts or attempts</td>
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Normalise the worry and develop healthy ways of addressing them

HCW should be helped to understand that experiencing negative emotions are natural and that they are not alone, and therefore it is normal. Few statements like “I understand your overwhelming situation”, “I can see that you have been dealing with many concerns related to COVID”, “So many people appreciate what you have done for the country”. Counsellors can guide clients in identifying healthy ways of addressing these worries in the following ways:

i. Identify what are some of the specific aspects of life when they worry more and see what makes other aspects less worrying

ii. Explore if there are times when there is more worry and what brings the difference?

iii. Help them identify what are some steps they have taken in the past to deal with worries and which ones have been effective. Also, explore if they know of some techniques their significant others use to take care of worrying

iv. Highlight that all emotions like worry are temporary and that it shall pass

v. Encourage them to identify their significant other/s who would understand and hold them during any crisis. Encourage them to share their worries.

Stress Reduction Guidance

Witnessing stressful situations at work can evoke strong emotional reactions in HCW. Thus, it is significant to deal with emotions that an HCW goes through themselves while managing the crisis. Following are the essential ways in which a counsellor can help HCW to cope with difficult emotions evoked due to witnessing stressful situations at work.

i. Acknowledge and Normalise the Distress: It is crucial for an HCW to know that it is normal to have a range of emotions under stress. Denying the presence of unpleasant emotions or attempting to ignore or suppress them completely may escalate the emotion felt inside and sometimes may even create a barrier between the HCW and their family members who have been feeling a sense of bereavement in familial losses due to COVID-19. Thus, when exposed to such a situation, HCW may not rush into the suppression of emotion; instead, they take a
step back for a moment, where they acknowledge the presence of unpleasant emotions inside and try to normalise it as a most common occurrence which they will subsequently overcome.

ii. **Acknowledge Burnout Syndrome:** Working in stressful conditions may lead emergence of health issues such as burnout among HCW. It has significant impact on quality of life and psychosocial consequences. Acknowledging the risk of burnout may be vital in decreasing the emergence of stigma towards mental health issues and help in preventing burnout. Positive coping styles in workplaces may be encouraged to create positive feelings. Motivating developments in coping styles may help in decreasing burnouts, improve communication and heightens occupational growth. Talking to senior colleagues and taking time out for engaging in their hobbies may also lower burnouts. Thus, the HCW are encouraged to inculcate positive attitudes and coping mechanisms to lower psychological stress, resultingly lowering the burnout issues.

iii. **Take a Break to Release Distress:** Sometimes HCWs may find the work situation emotionally overwhelming especially when witnessing frequent death of the patients with COVID-19.\(^2\) In such times, it is essential to take a mini emotional break with a colleague or a significant other (SO), with whom they can express their immediate difficult emotions and receive support for the same. However, it is crucial to understand that support from a peer or SO should be voluntary and non-intrusive, aiming to provide a listening ear and extend support and encouragement to the fellow HCW. If the colleague is themselves struggling with the distress of the situation, sharing concerns with a relatively composed person will be suggested. However, in a situation where no such assistance is available, visiting a quiet corner of the room and ventilating emotions can help the HCW get immediate relief. Sometimes, sharing an emotional burden with a colleague going through the same crisis may help in the validation of each other’s emotions and receiving mutual support to deal with the distress overall. Even though releasing emotion may not resolve the issue, it certainly minimises the burden of emotion experienced from the distressing situation. Sharing of experience in group sessions may be organised as a way of relieving stress and finding acceptable solutions in situations of distress.

iv. **Practising Breathing Exercise** when distressed. Following instructions can be given to HCW to practice simple abdominal breathing:
   a. Sitting in an interruption-free place in a comfortable position on the chair.
   b. Closing the eyes and keeping the hands on the belly
   c. Taking a long deep breath in through the nose and letting belly push to hand out.
   d. Breathing out through pursed lips as if someone is whistling. Feeling the hand on the belly go in and using it to push all the air out.
   e. Doing this breathing for 5 to 10 times.

v. **Practising Self-Compassion:** Witnessing the loss of many lives or uncontrollability of many factors at work may lead to self-blame and guilt in HCW over the helplessness of the situation. Such emotions easily give rise to harsh comments on oneself (for example, “you are good for nothing”, “you cannot do anything to help people”, etc.), which may severely impact the

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\(^2\) For further assistance in managing family members in bereavement, kindly refer to the ICMR Guidance Manual for “Health Care Professionals in providing Psychosocial Support to family members in bereavement in the time of COVID-19”
quality of care provided to the subsequent patients with COVID-19, where the concern over mortality can evoke similar feelings and thoughts. It is crucial for counsellors to help HCW in practising self-compassion in such situations. It can be emphasised that there is no perfect treatment or recovery; rather than criticising self, it would be productive to focus on doing what utmost is possible within the limits of their competency. Telling oneself statements like, “Given the reality of COVID-19, this was all that I could have done to manage the situation” releases the burden of self-blame and further helps in providing optimal care to patients.

vi. Reading something which provides hope and courage: HCW can be encouraged to keep with them handy some critical reading materials (such as inspiring quotes, coping statements) which can be immediately be referred to bring relief when distressed.

Optimising Family Relations

Nurturing marital relationships

During pandemics, with the burden of work, keeping a marital relationship going is a challenge. These include lack of time with each other, irritability, constant arguments, feelings of guilt and helplessness, confusion, fears of infection that tend to have an impact on marriage and family

i. Avoid taking your spouse for granted: HCW try to balance work pressure with family responsibilities, but the focus is usually on children and aged parents. The spouse is usually taken for granted, taking a toll on marital relationships. In such cases, a marriage or a family counsellor may be required to extend support and provide tips on developing happiness in relationships.

ii. Share emotions in your relationship: Feel free to express your emotions and respect your partners likes and dislikes, frustrations and anger, knowing that it is a coping mechanism and not directed to each other. Share positive feelings of love and warmth freely just as you share negative feelings freely. Make sure you settle differences before you go back to work to face the challenges at work.

iii. Couple time: Make sure you have time for each other alone. Discuss the events of the day, seek guidance from each other, and make sure you spend as much time together while at the kitchen, eating together, praying together. Appreciate each other’s contribution at home and their respective work. Empathize on the challenge/s each one must be facing. Try and go for a short walk, play some board/card games, and watch light TV programs at home after a busy work schedule.

iv. Love and Intimacy: Do not forget that love needs to be expressed. Romance is key. Appreciate one another, and do not fail to remember that love is the most potent weapon for stress. Few HCW may have complaints regarding their partners not understanding the nature of their vocation; thus, marriage counsellors may also focus on this aspect. Additionally, the HCW may also need to understand that vocation is required for financial stability; however, the partner’s needs may not be overlooked.

v. Laugh together: Laughter can have an incredibly positive effect on strengthening marriage relationships. This is the best vaccine for all, especially HCW.

vi. Family time using social media: People are isolated under lock downs or because of important work they might be involved in. Connecting with parents, relatives and friends on group social media periodically can be suggested. A weekly meeting on a stipulated day and time can be decided and one techno-savvy person, even a child, can arrange family social media meetings
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by creating a link. This would help in keeping in touch and relieving the feeling of isolation or guilt of leaving near and dear ones away from themselves.

Acknowledging and Addressing the Needs of Child at Home

i. Recognise that lockdown kind of situation has a significant impact on the children. It is not just the school closure or the disturbed routine but also the movement restrictions of children that may demand your attention and can be a significant source of temper tantrums, aggression towards parents or oppositional behaviour. The child can also express worry and fear for the infection.

ii. Recognise that adolescents will have ongoing academic stress especially those who are studying in higher secondary classes.

iii. Uncertainty about competitive exams and career-related plans adds on to the pre-existing stress for the adolescent age group. There are issues like feelings of anger, sadness, boredom, anxiety, frustration etc that can be commonly seen in this age group and it might become more prominent for some of the adolescents during the lockdown. They can experience a change in their sleep cycle and food intake due to the change in their schedule with school closure. Availability of gadgets with internet access at home can result in excessive use of social media, watching movies, TV series, gaming etc. This might also have an impact on their daily routine. Maladaptive behaviors need to be checked continuously. This requires parent-child communication. Counselor needs to emphasize parent-children time together and also encourage to discuss ‘growing up’ issues.

iv. Have open communication with the child, giving them the rationale behind not taking them out for shopping or allowing them to go to playgrounds or for vacation. Appreciate them for effectively preventing the spread of the infection by not going out and not spreading it to others.

v. Reduce their fear by normalising the situation and reassuring them by telling them how to wash their hands, kill the virus, and remain safe.

vi. Help them to focus on the positive side of the time they are getting to prepare themselves for their respective competitive exams.

vii. Encourage and appreciate them to follow a daily routine such as taking bath every day and develop new hobby (reading, writing, cooking, art and craft, gardening).

viii. Spend quality time with them, which would help to sustain a healthy bonding.

ix. Appreciate small efforts that the child makes.

x. Allow them to be digitally connected with their friends but set limits on the screen-time (both mobile and TV)

Self-Care on Daily Basis

i. **Enhancing Physical Health:** Encourage HCW to find consistent time in their routine for ensuring that their physical health is well-maintained. Three most significant aspect of physical self-care includes: eating nutritive food every day at regular intervals, ensuring sufficient rest or sleep and engaging in necessary exercise or yoga. Timely attention to signs and symptoms of distress on the body and taking care of pre-existing illnesses would also be an essential step towards optimising physical health.

ii. **Adopting Adaptive Coping:** A counsellor can introduce the types of coping mechanism people employ to deal with stress. It can be adaptive (like exercising, virtual socialising, performing
pleasurable activities, actively seeking emotional support, positive reframing of the situation, using humour, practising religious prayers), leading to multiples benefits while it becomes maladaptive when it poses mental health challenges. For example, by self-blaming, denying the situation, avoiding the conflict, socially isolating oneself, consuming alcohol, smoking or drugs. Based on discussion with the patient and a quick assessment of how he/she copes, a counsellor can usually elicit how and when the HCW can replace maladaptive strategies with adaptive ones. Collaboratively, they can chart the outset of such helpful techniques and write somewhere as their coping toolkit, which can keep referring to whenever stressed out.

iii. **Accumulating Positive Emotions:** Help them to identify the value derived activities that they find relaxing and pleasurable. It can be as simple as making a call to a good friend, reading books or writing poems. Motivate them to include these as part of their routine practice to optimise their pleasure.

iv. **Activating Existing Social Support:** Remind them that they are not alone in this journey; their colleagues, health workers, nurses, doctors, lab technicians and all are with them. Encourage and motivate them to get in touch with their family members and well-wishers. Finding quality time for loved ones and significant people in one’s life nourishes the need for nurturance and belongingness.

### Dealing with Stigma towards HCW attending COVID-19 Patients

Often despite working very hard, there can be times when HCW may have to face stigma related to COVID-19, which leads to critical commenting or social avoidance towards them. This can also be a potential source of emotional distress. It is essential for the counsellor to let the HCW express themselves entirely to them about their emotional distress. Show empathy and validate their concerns. Additionally, they can further be counselled in the following ways:

i. Generate understanding that stigma related to COVID 19 is due to ignorance and a lack of awareness. Encourage them to take this as an opportunity for educating people about the COVID-19 and clarifying myths and misconceptions.

ii. Avoid taking things personally: Though it is understandable to feel discouraged or angry when one hears critical comments, it is important to realise that they are not explicitly meant for one person. It is coming out of ignorance towards the overall COVID-19. Hence it would be essential to reattribute to the ignorance in people that internalising onto oneself.

iii. Encourage them to share their story/ document experience of being stigmatised by others, especially the colleagues and friends going through the same distress. It would help them in ventilating their feeling and normalising their distress.

iv. However, in times when one experiences profound frustration, encourage them to separate themselves for a few minutes and avoid any dialogue or conversation where one would end up reacting to their comments.

v. In cases of the portrayal of aggression or violence from family members of COVID patients towards HCW, the counsellors may suggest initiation of talks with authorities for provision of safer work environment.

vi. Communication and outreach campaigns shall be conducted among stakeholders for devising stringent measures in addressing such attacks and assuring the safety of the HCW.

vii. Referral for legal guidance for prevention of violence or ill-treatment may be provided to
viii. Regular interactive sessions and/or online counselling meetings shall be conducted as a means for experience sharing in times where traumatic mental health issues escalate and trigger among HCW due to stigma and attacks on them

ix. Counselor can prepare posters and messages in his/ her office advocating for the cause of HCWs. Positive reinforcements as seen around the walls would relax the HCW.

**Seeking Professional Support**

i. Counselors should strive build network of various support. The support should be sought from mental health professionals like psychiatrists, clinical psychologists and clinicians for therapeutic interventions and laboratories.

ii. If required, therapeutic services from the psychiatrist should be provided to the HCW to deal with their excessive fear, worries, anxiety and depression.

iii. Therapeutic interventions through telemedicine or using the digital platform should be provided for HCW at their convenience.

**Conclusion**

Dealing with the pandemic is likely to have a significant negative impact on HCWs' mental health. This unremitting stress on HCW could trigger psychological issues of distress, anxiety, fear, panic attacks, post-traumatic 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 instils hope in the HCW. During this global pandemic, HCW can use all the emotional support/professional counselling to get past a hard time.
Section IV: Psychosocial Counselling to Family Members of Health Care Workers

Pandemics like COVID-19 could disrupt personal and professional lives severely and affect people and societies on several levels. Distress is an inevitable feeling in such circumstances. It is common for individuals to feel fearful, stressed, worried and anxious during COVID-19. Such negative emotions can be overwhelming and in an individual. Social discrimination and stigmatisation are another ill-effect of the current crisis that one could face and not only has this kind of discrimination has been faced by the HCW, but also by their family members.

Concerns of Families of HCW

Following are the concerns that the family members of an HCP/W involved in COVID-19 services/care might have:

i. Safety of the HCW
ii. Safety of family members
iii. Providing emotional support to the HCW
iv. Coping with the separation from the HCW
v. Taking care of the additional responsibilities of home
vi. Feelings of isolation and helplessness
vii. Possible stigma and separation from people in the neighbourhood
viii. Taking care of economic challenges

Steps of Counselling for the family member(s) of HCW

Step I: Rapport Establishment

The counsellor can introduce themselves, come across as warm, respectful, calm and attentive. A clear eye contact and non-verbal communication should be used while the client speaks. Hand movements are distractive; please avoid while explaining something to the client. Client’s preference for involvement or exclusion of a specific family member in counselling should be asked. It is significant for the counsellor to proceed as per mutual comfort and convenience. The counsellor can begin from neutral topics to the current pandemic situation to the role of HCWs in it. It is also crucial to explain to family members the purpose and process of counselling, especially highlighting the benefits in the present case scenario.

Step II: Active Empathetic Listening

This step involves listening carefully and asking questions to help them elaborate more on their concerns and other details. A counsellor can expect a range of emotional reactions at this stage. It is significant to acknowledge initial emotional reactions. Empathetic listening to the family member’s concerns is far more essential than offering any form of advice at this point. Empathetic listening simply refers to the practice of being attentive and responsive to others’ input during the conversation.

Step III: Clarifying Myths and Misconceptions

Debunking any myths around COVID and providing correct information or sources. Discourage excessive consumption of news. Help clients understand the dangers of excessive news, issues related to fake news and redirect them to reliable sources and establish regulated news times. Furnish them with factual answers if they have any questions.
**Step IV: Mental Health Concerns**
The counsellor can explore if there are signs and symptoms of psychological distress. The previous section on identifying psychological distress and distinguishing it from mental health disorder should be clearly conducted. If any family members report clinically significant mental health disorders, they should be encouraged to connect to locally available mental health professionals. Explain to them the importance of clinical assessment and management of mental disorders.

**Step V: Protection against COVID-19**
Check for safety measures taken by the family. Explore how the family is keeping themselves safe in terms of their cleaning methods, safety if getting out of the house, ways of exchanging money/bags, etc., and how they are keeping themselves clean. Emphasise on use of masks, hand wash and sanitisers. Support them in providing methods of ensuring hygiene and social distancing.

**Step VI: Coping strategies**

i. Explore currently available resources and support systems of the family- Check with whom they like to share their worries, some people they connect well with or enjoy their company.

ii. Identify what practices are helpful for them within their daily schedule.

iii. Map out their daily schedule and identify things that they enjoy doing and the ones that calm them or ground them. Encourage them to accumulate positive emotions on day to day basis.

iv. Suggest ways of recreation, joyful activities that families could do together- Find out with the client what different activities are routinely practised by all family members or explore what can be created for some together time.

**Step VII: Encourage Sharing Responsibilities**

i. Encourage sharing of roles and responsibilities of household chores among different family members.

ii. Discuss who all in the family are supportive in terms of workload, getting supplies from outside and managing other family members. Also, explore how every member can be given some chores based on their ability and skills.

**Step VIII: Ways of Optimising Support to HCW**

i. Familiarise the client with prescribed precautionary measures and guidelines to prevent COVID- 19 and support them in following it with the HCW.

ii. Encourage HCW to stay connected by allocating specific times of the day when they speak to each other.

iii. Encourage that other family members and friends also maintain “we time”.

iv. The counsellor may identify a significant other of particular clients and suggest them to collect messages of gratitude from friends and family and share it with the person.

v. Explore how the client can stay compassionate with them.

vi. Encourage family members to ensure the physical health of HCW is optimum

vii. Be available to answer their calls whenever needed. Ask them also to call family members whenever overwhelmed

viii. Encourage them to listen to their worries and also share some of the family. The client can also involve the HCW in discussing constructive solutions collaboratively.

ix. Suggest the client to express their care towards each other with small gestures.
How to prepare PowerPoint for Training of Trainers

i. Developing training module as PowerPoint slides to ensure ease in accessibility for the trainer, who can use these electronically or as flipcharts without the limitation of his location.

ii. Preparing a summary of every chapter of the manual on Psychosocial Counselling in the form of a PowerPoint presentation.

iii. The presentation should not be text-heavy, and therefore, it can have pictures as illustrations and essential text in the notes section. Also, it should be made compulsory for the trainer to cover the text and provide further information if required.

iv. Ten slides can be made for each section.

v. A standard format must be followed with minimum customisation for the section on the general principles of counselling. Also, it should not be covered in a maximum of three slides.

vi. The following 5-6 slides will have the core message from each chapter of the manual with a summary slide towards the end.

vii. A standard logo may be designed by ICMR to be seen at one of the corners.
We acknowledge with gratitude the consistent support provided by Dr Balram Bhargava (Director General, ICMR) and Dr Samiran Panda (Head, Division of ECD, ICMR) throughout the development of ICMR guidance documents.

We are extremely grateful to Dr B.N. Gangadhar (Ex-Director, NIMHANS) for his valuable insights during the documentation of the previous guidance documents which provided us with a background for this particular guideline. We wish to extend our acknowledgements to the experts, Dr Shalini Bharat (TISS), Dr Bontha V Babu (ICMR-HQ), Dr Janardhan N (NIMHANS), Dr Saritha Nair (ICMR-NIMS), Dr Vivek V Singh (UNICEF India), Dr Atreyi Ganguli (WHO India), Dr K Chitra (NIMHANS), Dr Aparna Joshi (TISS) and Dr Chetna Duggal (TISS), who helped in drafting the document entitled ‘Guidance Document for Psychosocial Counselling for COVID-19 Positive Patients and their Family members’ from which the ideas for the preparation of this guidance document were inculcated.

The administrative support provided by Ms Aarti Chawla, Sh. Ved Prakash, Sh. Harish and Praveen Kumar from ECD-II is duly recognised.

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