

To support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region

REVIEW PLAN - DRAFT

Prepared for the Western Pacific Region

**WHO Collaborating Centre, University of Technology Sydney**

January 2021



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### Citation

Please cite as:

Rumsey, M., Anderson, D., Roche, M., Townsend, L. 2021. Support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region

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### About the authors

The WHO Collaborating Centre Faculty of Health is an interdisciplinary research and consulting organisation at the University of Technology Sydney. The UTS World Health Organization (WHO) Collaborating Centre for Nursing, Midwifery and Health Development (UTS WHO CC) forms part of an international collaborative network that supports and undertakes projects in support of WHO's program at national, regional and international levels.

UTS acknowledges and respects the Aboriginal and Torres Strait Islander custodians of Australia and the Gadigal peoples upon which the UTS City Campus now stands. We continue to value the generations of knowledge Aboriginal and Torres Strait Islander peoples embed within our University and we pay our respects to their Elders past, present and emerging.

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## Contents

Abbreviations	iv
1. Introduction	1
2. Background and context	2
2.1 Improve mental health and wellbeing and mental health resilience for frontline healthcare staff	2
2.2 Project Goal, Tasks and Deliverables	2
3. Program purpose	3
3.1 Aim of program	3
3.2 Collaborative approach	3
3.3 Intended audience and users of the review	3
4. Review design	4
4.1 Methodology	4
4.2 Development process	4
4.3 Remote training plan	5
4.4 Review stakeholders and sampling	5
4.5 Ethical practice	6
4.6 Limitations and risk	6
5. Timeline	7
6. Project team	8
7. Annexes	9
Annex 1: DFAT Standard 5 - Independent Evaluation Plans	9
Annex 2: Regional Working Group – Membership and TOR	10
Annex 3: Presentation on Basic Psychosocial Guideline Pacific Adaptation	14
Annex 4: Link for short video resources	17
Annex 5: Online Draft Educational Package	18

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## Abbreviations

WPR	Western Pacific Region
UHC	Universal Health Coverage
DFAT	Department of Foreign Affairs and Trade
PIC	Pacific Island Countries
KII	Key informant interview
KRA	Key Result Area
MFAT	Ministry of Foreign Affairs and Trade
WHO	World Health Organization
SPCNMOA	South Pacific Chief Nursing and Midwifery Officers Alliance
CNMO	Chief Nursing and Midwifery Officer
FSM	Federated States of Micronesia
SPC	The Pacific Community
TOR	Terms of Reference
UTS	University of Technology Sydney

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## 1. Introduction

This document provides a detailed plan to provide remote training and resources to support good mental health and wellbeing and mental health resilience for frontline healthcare staff during the COVID-19 pandemic, focusing particularly on nurses who comprise the largest cadre of healthcare staff across the Region. As a WHO Collaborating Centre (WHO CC) from University of Technology Sydney (UTS) we have been recruited to conduct the review between December 2020 – February 2021.

This Plan has been prepared in response to WHO APW 202619818, with all data collection, analysis and development activities conducted remotely. Implications of COVID-19 to the APW are mitigated as much as possible and described in Section 4.

The WHO CC UTS team will adapted the “Basic Psychosocial Skills: A Guide for COVID-19 Responders”, developed by the, Interagency Standing Committee Mental Health and Psychosocial Support in Emergencies Reference Group (IASCMH PSS RG), co-chaired by WHO, <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/basic-psychosocial>. This is an illustrated guide to support building basic psychosocial skills among all essential workers responding to COVID-19. Basic psychosocial support skills are at the core of any Mental Health and Psychosocial Support (MHPSS) intervention. Such skills are also indispensable for many others involved in the COVID-19 response, whether they identify as an MHPSS provider or not. Thus, this guide will be adapted to support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region.

This Plan has been informed by a range of different sources which include:

- Consultations with the Chief Nurses and Midwives and nursing leaders within Western Pacific
- Consultations with WHO mental health focal points and staff
- Utilisation and adaptation of IASC “Basic Psychosocial Skills: A Guide for COVID-19 Responders”
- Collaborative and regional review and input into the teaching and learning programs that will be developed.

The Review Plan is structured as follows:

1. Introduction
2. Background and context
3. Program purpose
4. Design of programs inclusive of methodology; methods; data analysis; sampling strategy and limitations
5. Timeline
6. WHO team
7. Annexes – including examples of development to date



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## 2. Background and context

### 2.1 Improve mental health and wellbeing and mental health resilience for frontline healthcare staff

In January 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC), WHO's highest level of urgency. On 11 March, WHO officially declared COVID-19 a pandemic. Globally, health workers have been at the front line of diagnosis, testing and treatment for COVID-19 positive patients. The scale and duration of the challenge have had a detrimental impact on the mental wellbeing of staff; there are high levels of stress and anxiety, which can lead to rapid burn out. It is vital that staff are supported at this critical time, so that they can continue their vital roles in caring for others. While a wide variety of (particularly online) resources exist, the uptake of these has not been consistent. This is particularly true where the training is not provided in the local language, where internet connectivity is poor or erratic or where staff have been overwhelmed by the volume of work. Therefore, a partner/consulting organisation is sought to deliver training previously developed by the APW partner or by WHO. This training should be delivered virtually and/or in conjunction with the WHO Country Offices and other partners in the Region. It should also be assessed for uptake and short-term impact, with a final report detailing the activity and any recommendations for further training.

### 2.2 Project Goal, Tasks and Deliverables

The Project goal, outcomes and Key Result Areas are set out below.

**Goal - Aim** to support health policy and service design unit and provide remote training and resources to support good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region.

#### Tasks to be carried out:

- Stakeholder mapping and engagement
- Set up and convene virtual meetings and consultations with relevant stakeholders;
- Confirm priorities and training content plan with WHO and stakeholders following impacts of COVID-19 to the healthcare workers
- Completion of Training Activities and;
- Provide report, including recommendations for training for improving mental health and wellbeing and building mental resilience for health care staffs in Western Pacific Region.

In collaboration with the WHO Pacific Health Systems and Policy team and the respective Ministry of Health/ Department of Health, the contractor will submit the following:

- Review plan to provide the remote training and resources to support mental health and resilience for frontline healthcare staff in the region.
- Training activities that have been developed.
- Final Technical Report including recommendations for improving and supporting the health policy and service design unit for better mental health and wellbeing and mental health resilience for frontline workers in the Western Pacific Region.
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## 3. Program purpose

### 3.1 Aim of program

The purpose of the program is to collaboratively develop training and resources for frontline healthcare workers to support their better mental health and wellbeing and mental health resilience across the Western Pacific Region.

### 3.2 Collaborative approach

The resources and training resources will be developed and agreed by consultations with regional level stakeholders of the Western Pacific Countries. Stakeholder mapping relevant to national and regional consultations is provided in Section 4.4.

### 3.3 Intended audience and users of the review

The training resources and contents will have a diverse audience base and will support outcomes of learning, accountability and project improvement

Internal and external audiences and interests in the evaluations are set out in Table 1 below.

*Table 1: Review audiences and interests*

Review audience	Interests in the review
<b>WHO CC Project Team</b>	<ul style="list-style-type: none"><li>• Independent assessment of the remote training</li><li>• Understand contribution of the remote training and impact of wellbeing of health workers</li><li>• Hear frank and honest feedback from beneficiary partners on the contribution of the remote training</li><li>• Consider options to refine and improve the remote training based on review recommendations</li></ul>
<b>Western Pacific regional partners</b>	<ul style="list-style-type: none"><li>• Understand contribution of the remote training and if/how it aligns with the mental health and wellbeing of the healthcare workforce</li><li>• Agreement about content and processes of training program</li></ul>
<b>WHO</b>	<ul style="list-style-type: none"><li>• Understand contribution of the remote training</li><li>• Consider options to refine and review the remote training based on review learning and recommendations</li></ul>

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## 4. Review design

This section outlines the adaptation, in line with the review that will guide the materials design and write up of final report. The design of the remote training will employ a qualitative approach, prioritising multiple perspectives to learn about both national and regional perspectives of this Project. Two consultative meetings with key stakeholders will be conducted: document and training content review and key information review to conduct a pilot run. Recognising the multi-country nature of the Project, it will be important to discern common or different experiences of the Project across Western Pacific Region. Multiple types of analysis and adaptive training methods and techniques will be employed to provide a rich picture of common or different experiences across a range of different stakeholder groups and country contexts. In order to ensure breadth and depth of understanding, qualitative methods will be used including online review, group discussions and working groups with stakeholders to help identify emerging and leading practices and review the existing resources and adapted development of remote training.

### 4.1 Methodology

The WHO CC UTS utilises a participatory and consultative approach in all aspects of its work. We advocate working closely with the key stakeholders to confirm a work plan and timeline which will outline methods and activities to address the objectives of this work. It is hoped that these close working relationships will continue throughout this work. The WHO CC UTS aims to facilitate knowledge transfer and capacity building through training, coaching and mentorship. Methods to carry out the activity are outlined below:

- Stakeholder mapping and engagement - **See Table 2 and Annex 2**
- Set up and convene virtual meetings and consultations with relevant key stakeholders **See Table 2**;
- Confirm priorities and training content plan with regional stakeholders following impacts of COVID-19 to the healthcare workers. **See Annex 2, Annex 3**
- Following consultation regional friendly PowerPoint **See Annex 3**
- Produce communication and dissemination strategy and social media promos **See Annex 4**
- Develop Online training package **See Draft Annex 5**
- Review Online training with stakeholders
- Pilot Training
- Completion of Training Activities and;
- Provide report, including recommendations for training to improving mental health and wellbeing and building mental resilience for health care staffs in Western Pacific Region.

Stakeholders including WHO, national educational, policy leaders and National Department of Health and Ministry of Health partners will have critical input into project planning, design, development, implementation and evaluation. Once the review stage commences, qualitative methods will be used including interviews, group discussions and working groups with stakeholders to help identify emerging and leading practices and review the existing resources and adapted development of remote training.

Whilst international travel restrictions are in place, the WHO CC UTS team would carry out work remotely via stakeholder Zoom meetings or follow any other modality advised by the WHO. We have significant experience with this approaches having continued projects in Western Pacific and Pacific Island Countries, due to our long term relationship and partners across the region. The team will manage the resources including personnel in line with work plan timelines.

### 4.2 Development process

Two forms of data collection will be conducted for this APW: Key informant review and regional SPCNMOA and regional BPS stakeholder working group meeting discussions.

REVIEW PLAN WHO CC UTS – To support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region



*Document review:* As defined in the APW, documents will be reviewed under the following key headings: (i) relevant Western Pacific regional partner's recommendations (ii) relevant Western Pacific regional strategies; (iii) relevant WHO, DFAT and MFAT strategies and policies; (iv) national documents

As defined in the APW, all trainings will be developed and carried out remotely. All communication will be via video conference or phone, as appropriate to the specific organisation and individual. Section 4.5 set out the different stakeholder groups to be involved.

### 4.3 Remote training plan

UTS researchers are highly experienced in conducting training, research and evaluations remotely, particularly since COVID-19 has restricted travel. UTS has access to various remote video communications technology that is accessible without the need to download additional programs (e.g. Zoom, Webex). While video communications will be our preference to best simulate a 'real life' style training, we are cognisant of restrictions in internet access and low bandwidth issues in some of the countries project is implemented. Our approach will therefore be flexible and adaptable to the stakeholders, drawing on whatever communication technology they prefer and enables as clear communication channel as possible.

Trainings and meetings will be recorded and transcribed. This will allow the interviewer to be fully present in the interview and ask follow-up and probing questions as the need arises.

### 4.4 Review stakeholders and sampling

Stakeholder groups and agencies included in the review are provided below. It is expected that the SPCNMOA members will be the key informant provider for the review. Other relevant regional stakeholders will be included for example regional BPS stakeholder working group and terms of reference (Annex 2) regional mental health focal points and other relevant regional partners and stakeholders.

The form of engagement with key stakeholders will be in the form of group discussion and online program review, over Zoom/phone, or questions asked over email for stakeholders of lower priority for engagement based on discussion with the Project Team.

Table 2: Stakeholder mapping

Stakeholder group	Organisation / agency	Role of participant	Form of engagement
<b>SPCNMOA Team</b>	SPCNMOA	Chief Nursing and Midwifery Officers (CNMO) from the Ministry of Health across the Pacific countries.	Group Discussion
<b>Donors</b>	WHO	Director, Health Systems and Services Human Resources Health Consultant Technical Lead, Mental Health and Substance use, Division of Programmes for Disease Control (DDC) Technical Officer Technical Officer and Officer in Charge of the WHO Country Liaison Office for the Kingdom of Tonga	Key Informant Interview
<b>Regional partners</b>	Fiji	Regional / Incident Management Team SPC Mental Health Specialist (PMNZAC) Regional Clinical Supervisor Doctor, Mental Health National suicide prevention project officer Lifeline Fiji	Group Discussion
	Tonga	Assistant psychologist, Ministry of Health	Group Discussion
	Nauru	Director of Nursing, Department of Health and Medical Services	Group Discussion
	Kiribati	CNMO	Group Discussion
	Samoa	Mental Health Doctor Principal Social Worker	Group Discussion

REVIEW PLAN WHO CC UTS – To support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region

Stakeholder group	Organisation / agency	Role of participant	Form of engagement
	Federated States of Micronesia (FSM)	Program Manager, Immunization Program, FSM Department of Health and Social Affairs Chief, Nursing Services, Department of Health	Group Discussion
	Vanuatu	Psychiatry Registrar, Vila Central Hospital Mental health Nurse – Mind Care Clinic	Group Discussion
	Philippines	Dean, UP College of Nursing, University of the Philippines Manila	Pilot the Training
	UNICEF	International Consultant	Pilot the Training
	SPC	Gender Statistics Adviser	Pilot the Training
	UNFPA	Gender-based Violence Specialist	Pilot the Training
	WPRO	<b>Several more stakeholders to be confirmed</b>	

## 4.5 Ethical practice

Any ethics approval processes will be accessed through standard university arrangements and appropriate internal review committees (WHO Collaborating Centre, University of Technology Sydney). The Review Team will employ the Code of Ethical Research Conduct. We follow the ACFID Principles for Ethical Research and Evaluation which are: respect for human beings; beneficence; research merit and integrity; and justice.

## 4.6 Limitations and risk

The WHO CC team has identified limitations which may emerge through the implementation of the review and mitigation strategies, as presented in 3 below.

Table 3: Limitations and mitigation strategies

Risks to successful completion	Level of Risk	Mitigation strategy
<b>Lack of web access</b>	<b>Low</b>	Where necessary contact will be made using telephone and hard copies of information sent to places without access. WHOCC will ask local WHO offices or other partners to print out relevant information as needed
<b>No/low meaningful engagement with country stakeholders</b>	<b>Medium</b>	The project team will: <ul style="list-style-type: none"> <li>• Work closely with the regional Team to understand the best way to effectively communicate and engage with stakeholders.</li> <li>• Conduct training at times suitable to the trainees.</li> <li>• Aim to keep the training time to 3 hour, so as not to take too much time (reduce the burden of participation)</li> <li>• Discuss the value of the training to participants for their own learning about the contribution of a regional approaches.</li> </ul>
<b>Obtaining enough evidence from stakeholders</b>	<b>Low</b>	<ul style="list-style-type: none"> <li>• Identify several relevant individuals within each agency (where possible) for interview to ensure personal experiences are revealed and captured to inform findings</li> <li>• Draw on both primary (interview) and secondary (documentation) data</li> </ul>
<b>Balancing the volume of training findings with the need for a concise report</b>	<b>Low</b>	<ul style="list-style-type: none"> <li>• Training content and materials are developed to align with the training plan and objective, to provide a clear link between evidence and findings, and enable synthesis and concise write up.</li> <li>• Examples to provide illustration of strong themes of findings or outlying findings</li> <li>• Use of annexes in the final report to provide additional details</li> </ul>
<b>Scale of the project: Western pacific Countries – and need to develop recommendations as a whole as well as capturing individual country needs</b>	<b>Medium</b>	<ul style="list-style-type: none"> <li>• Recommendations, if appropriate, for further training or to enhance the effectiveness and reach of subsequent training.</li> <li>• Quantifying some of the findings and link to country context (e.g. acknowledge HRH, topography and geography of different Pacific Island countries).</li> </ul>

## 5. Timeline

Our proposed timeline is presented below in Figure 1.



REVIEW PLAN WHO CC UTS – To support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region

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## 6. Project team

It is proposed that this work will be undertaken by the University of Technology Sydney (UTS) through the WHO CC UTS, School of Nursing and Midwifery, and its Faculty of Health. The Centre has access to a range of researchers and educators who are agile and can move quickly with opportunities to tap into cross-faculty UTS expertise as required. A brief description of the particular focus of respective team members and what they will contribute is as follows:

- **Ms Michele Rumsey** (A) has extensive experience as a director and project lead in developing country contexts, experience in supporting partners in developing countries with research projects, human resources for health, education and regulation, ensuring data collection methods are ethical and appropriate. Extensive network of health professionals throughout the Pacific Region and globally.
- **Professor Debra Anderson** (A) Associate Dean Research, is Director and Founder of the Women's Wellness Research Program. She was also previously Director of Research at the School of Nursing, Queensland University of Technology and the Research Leader of the Chronic Conditions research group at the Institute of Health and Biomedical Research. She has a PhD in Social and Preventive Medicine and over thirty years' experience in education and research. Professor Anderson has an extensive record of providing leadership in major administrative, research and managerial roles in the area of global women's health.
- **Professor Diane Brown** has a national and international reputation in healthcare leadership and nursing education. She has extensive experience as both a clinician and academic. Diane currently manages a large regional development project designed to build regional capacity in Asia-Pacific countries in managing disaster and emergencies. In 2015 Di was made an Officer (AO) in the General Division in the Order of Australia Honours for distinguished service to nursing through the delivery of quality care, professional development and nursing education, and to the international advancement of the profession throughout Asia and the Pacific.
- **Professor Jane Maguire**, (A) Deputy Head of School Research PhD, has back ground in epidemiology, Nursing/Nursing Education, Psychology, Child and Adolescent Health. Her research interests cover Genomic education for health professionals, Psychosocial factors in stroke recovery-resilience, depression, anxiety, Nutrition and psychosocial health, Mindfulness- health outcomes, Empathy in healthcare
- **Professor Di Brown** (B) has a national and international reputation in healthcare leadership and nursing education. She has extensive experience as both a clinician and academic. Di currently manages a large regional development project designed to build regional capacity in Asia-Pacific countries in managing disaster and emergencies. In 2015 Di was made an Officer (AO) in the General Division in the Order of Australia Honours for distinguished service to nursing through the delivery of quality care, professional development and nursing education, and to the international advancement of the profession throughout Asia and the Pacific.
- **Ms Lisa Townsend** (B) has extensive clinical experience that includes working within the mental health context in the areas of Acute Inpatient, Psychiatric Rehabilitation, and Community Crisis and Case Management Teams. Her area of specialty is working with Mental Health Clients who are experiencing complex medical needs, having nursed within a HIV/Hep.C/Mental Health Team and being most recently holding a position of Clinical Nurse Consultant within a Consultation Liaison Mental Health Nursing team. Lisa's development work in the Pacific has most recently included her role as education/ curriculum expert advisor for strengthening nursing education in Vanuatu, including the development of the first BN (Conversion) and BN programs in the country.
- **Michelle Hrlec** (C) Senior learning designer at University of Technology Sydney <https://lx.uts.edu.au/blog/author/michelle-hrlecuts-edu-au/>
- **Tisha Tasnuva** (C) Project Administrator for the WHO CC UTS for over one year. She provides high level administrative and project management support for central operations of the Centre, plus assisting with individual projects and their administration and coordination as required. She has worked for World Health Organization (WHO) in Bangladesh. She is instrumental in financial management including complex reconciliation of accounts.

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## 7. Annexes

### Annex 1: DFAT Standard 5 - Independent Evaluation Plans

No.	Element
5.1	The evaluation plan is based on a collaborative approach
5.2	The primary intended users of the evaluation are clearly identified and their evaluation needs are described
5.3	The purpose and/or objectives of the evaluation are stated
5.4	A summary is provided to orient the reader to the overall evaluation design
5.5	Limitations or constraints on the evaluation are described (e.g. time frame; resources; available data; political sensitivities)
5.6	The Key Evaluation Questions are supplemented by detailed descriptions and/or sub questions
5.7	It is clear which questions are considered to be of higher priority and are expected to provide the most important information
5.8	There is sufficient flexibility to be able to address important unexpected issues as they emerge
5.9	The methods to collect data are described for each question (or related questions)
5.10	The proposed data collection methods are appropriate for the questions posed
5.11	Triangulation of data collection methods is proposed to strengthen the confidence in the findings
5.12	The sampling strategy is clear and appropriate for the evaluation questions posed
5.13	The plan describes how data will be processed and analysed
5.14	The plan identifies ethical issues and how they will be addressed
5.15	The process for making judgments is clear
5.16	Approaches to enhance the utilization of findings are outlined (if this has been requested in the terms of reference)
5.17	The evaluation plan provides guidance on scheduling. The final schedule (if attached) reflects adequate time to answer the posed evaluation questions
5.18	The allocation of evaluation tasks to team members is clearly described (i.e. data collection, processing and reporting)

## **Annex 2: Regional Working Group – Membership and TOR**

### **The Basic Psychosocial Study Working Group**

#### **Terms of Reference**

##### **Background**

In December 2019, the first outbreak of a novel coronavirus was recorded in Wuhan, China. Since then the situation has rapidly escalated into a global pandemic spreading across all continents and causing major disruptions in global mobility and significant loss of life. The pandemic has strained health systems with many hospitals unable to cope with the surge in patients. As of the writing of this document, countries across the Region are now facing different stages of the pandemic. Several Pacific Island countries have also recorded cases and have preemptively sealed their borders.

People working in the COVID-19 response (nurses, doctors, ambulance drivers, case identifiers, etc.) are exposed to tremendous stress and threats to their own personal health and safety. They may experience extreme stress due to higher work demands and intense schedules, as well as additional stressors from the stigma associated with being in a close environment with patients with COVID-19. For frontline and other essential workers involved in the COVID-19 response, managing their stress and psychosocial wellbeing during this time is as important as managing their physical health. This includes taking care of their basic needs and employing helpful coping strategies such as: ensuring quality rest during work or between shifts, eating sufficient and healthy food, engaging in physical activity, staying in contact with family and friends, and avoiding unhelpful coping strategies such as tobacco use, harmful use of alcohol and other illicit substances.

The Interagency Standing Committee Mental Health and Psychosocial Support in Emergencies Reference Group (IASC MHPSS RG), co-chaired by WHO, developed “Basic Psychosocial Skills: A Guide for COVID-19 Responders”, <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/basic-psychosocial>. This is an illustrated guide to support building basic psychosocial skills among all essential workers responding to COVID-19. Basic psychosocial support skills are at the core of any Mental Health and Psychosocial Support (MHPSS) intervention. Such skills are also indispensable for many others involved in the COVID-19 response, whether they identify as an MHPSS provider or not. Thus, this guide is meant for all COVID-19 responders from all sectors.

##### **Project**

The aim of project is to support Mental Health, Health Operations, Health Services Delivery Pillar of the World Health Organization Regional Office for the Western Pacific (WHO WPRO) to adapt and implement ‘Basic Psychosocial Skills: A Guide for COVID-19 Responders’ in selected Pacific Island Countries.

##### **Project Deliverables:**

- Establish a working group to provide advice and support for development and production of resources to ensure relevance and utility;
- Adapt the training materials and teaching aids of the Basic Psychosocial Skills: A Guide for COVID-19 Responders for Pacific Island contexts and to a format that can be provided remotely (online training);
- Organize a pilot webinar / online training in a selected Pacific Island Countries in collaboration with the COVID-19 Pacific Joint Incident Management Team, Mental Health and Psychosocial Support (MHPSS) Cell.

This project seeks to review Pacific needs, adapting and collating resources to fit within the Pacific context, and support dissemination and implementation of resources **through webinars and/or social media platforms** such as Facebook.

##### **Working Group establishment and on-going functions and criteria**

REVIEW PLAN WHO CC UTS – To support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region



The Working Group has been set up as a collaborative undertaking, bringing together diverse stakeholders interested in improving mental health support for front line health workers and wider communities in the Pacific.

The WHO Collaborating Centre and the University of Technology Sydney (WHO CC UTS) is working with WHO WPRO and Pacific region mental health focal points.

This Working Group will be providing consultation to support the adaptation and dissemination of the WHO 'Basic Psychosocial Skills – A Guide for Covid 19 Responders' in the Pacific region. In addition, the Working Group will also provide insights and expertise in guiding the preparation and roll out of pilot webinar/online training that supports this resource to be effectively used in the region.

The objectives of the Working Group (Mental Health Pacific Region) are to:

1. Provide advice and guidance for the adaptation and dissemination of the 'Basic Psychosocial Skills – A Guide for Covid 19 Responders' in the Pacific region;
2. Provide advice and guidance for the development of online webinars/ training relating to the adapted resource;
3. Provide insights relating to localised and contextual points of difference between Pacific nations relating to their specific need and capability in utilising the resources developed, allowing for the potential to pivot according to context;
4. Provide advice on local pathways to ensure effective rollout and dissemination of the resource, and communication and access to the webinar/training for staff.

The criteria for membership in this working group includes representation from a range of organisations and Pacific countries including colleagues from WHO SPC Incident Management Team, National Departments of Health, Non-Government Organisation stakeholders provincial health leaders, and clinicians (midwives, nurses, psychiatrists). The Working Group may co-opt experts for specific advice as required. This work is being undertaken in collaboration with the COVID-19 Pacific Joint Incident Management Team, Mental Health and Psychosocial Support (MHPSS) Cell.

The WHO CC UTS and WHO WPRO and Pacific teams will identify and approach experts associated with Mental Health within the Pacific and a database of these relevant stakeholders will be developed. The WHO CC UTS will plan, co-ordinate meetings and implement associated activities.

### **Working Group activities**

The key activities of the Working Group will be to inform:

**Stakeholder engagement** (a significant component of all stages of this work).

- Take part in stakeholder meeting(s) and provide advice for refining and finalising of project action plan
- Provide specific advice for project activities as required.

**Desktop review and data analysis including registration and M&E preparation**

- Advise and direct the review of current mental health supports, standards, current levels of mental health literacy and understanding, contextual issues for consideration.
- Assist with identifying key points of focus for dissemination of adapted resource, provide consultative support regarding development of webinar/training opportunities, and location/ platform for same: including providing support and advice on planning, initial adaptation of the resource, webinar/training programs and activities, and evaluation tools;
- Take part in ongoing stakeholder consultation through meetings, focus groups, and/or interviews using variety of communication tools;
- Communicate with WHO CC UTS team, Working Group members and others using remote support and communication as required.
- Advise and approve the drafting and revision of the monitoring & evaluation framework.

### **Adapted 'Basic Psychosocial Skills- A Guide for Covid 19 Responders' Report**

- Provide advice for and review and approve the adapted resource for utilisation in the Pacific region

### **Membership**

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According to the criteria for membership, the members include representatives from across Pacific Island Countries, with interest and roles within supporting frontline health workforce staff, particularly as it relates to mental health. This includes

Name	Country	Position, Organisation	Contact details
Mr Michael Larui	Solomon Islands	Chair Solomon's Incident Management Team	Mlarui7@gmail.com
Ms Margaret Leong	Fiji	COVID-19 Pacific Joint Incident Management Team,	Margaretl@spc.int
Ms Tautala Mauala	Samoa	Samoa Red Cross	samoaredcross@samoa.ws
Mosese Sikivou		Co-director Community Risk Program SOPAC / SPC	mosese@sopac.org
Pele Stowers	Samoa	Professor mental health expert	pelenatetestowers@gmail.com
Amelia Afuha'amango	Tonga	Minister for Health	aafuhaamango@health.gov.to
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TBC		Mental Health and Psychosocial Support (MHPSS) Cell.	To be confirmed
TBC		Mental Health and Psychosocial Support (MHPSS) Cell.	

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REVIEW PLAN WHO CC UTS – To support the Health Policy and Service Design Unit in providing remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region

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### **Secretariat**

The Working Group is supported by:

Michele Rumsey, WHO Collaborating Centre UTS

Amanda Neil, WHO Collaborating Centre UTS

Lisa Townsend, WHO Collaborating Centre UTS

Tasnuva Tisha, WHO Collaborating Centre UTS

Jane Maguire WHO Collaborating Centre UTS

### **Meeting times**

Meetings will be held by Zoom and coordinated by Secretariat and held in line with the project outcomes and agreed by the working group.

### **Reporting**

Minutes and actions, briefs and notes of each meeting and webinar will be shared with Working Group members.

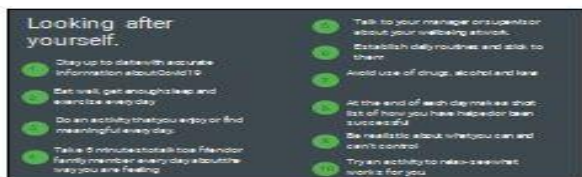
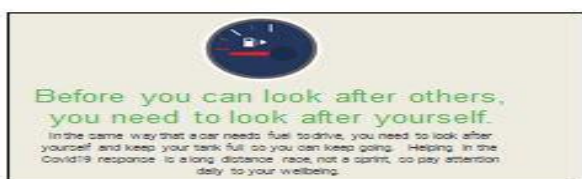
### **Sub groups and participants**

Will be determined by the group depending on program of activities and will be coordinated by the Secretariat



### **Trainings**

Online trainings and webinar will be determined by the group depending on program of activities and will be organised by the Secretariat

## Annex 3: Presentation on Basic Psychosocial Guideline Pacific Adaptation



Think of one thing you will do to support your wellbeing today, and tell someone your plan.

## Everyday Interactions Module 2

Helping others feel comfortable with you.

Supportive communication



### Everyday interactions: Helping others feel comfortable with you




### Everyday interactions: Helping others feel comfortable with you

No	Yes
Keep an open, relaxed posture	Don't cross your arms
Look at the person	Don't look away from the person or at your phone
Use culturally appropriate eye contact to support the person to feel relaxed and heard	Don't use culturally inappropriate eye contact, e.g. avoid stare at the person
Clearly introduce yourself – your name and role	Don't assume that the person knows who you are
Maintain a calm and soft tone of voice with a moderate volume	Don't speak in a loud or angry tone
At the person's request, use your first, try to have a photo of yourself attached with your checking (e.g. if you are using personal protective equipment such as a mask)	Don't assume that the person knows what you look like if you are wearing personal protective equipment (e.g. mask)
Confirm that they are comfortable speaking with you, e.g. "Are you comfortable speaking to me (a nurse) if you would like to speak to a nurse, I can arrange for my colleague to speak with you"	Don't assume that the person is comfortable speaking to you
Remember that people understand language from you, so be aware of your tone and body language	Don't assume that the person speaks the same language as you

### Everyday interactions: Supportive Communication






### Everyday interactions: Supportive Communication

Don't: Don't give advice



### Everyday Interactions- Supportive Communication

**Words**  
Use supportive phrases to show empathy ("I understand what you are saying") and acknowledge any losses or difficult feelings that the person shares ("I am so sorry to hear that", "That sounds like a tough situation").

**Body language**  
Includes your facial expressions, eye contact, gestures and the way you sit or stand in relation to the other person.



### Everyday Interactions- Supportive Communication

Use a variety of communication skills to support the person to feel comfortable and safe. Use a variety of communication skills to support the person to feel comfortable and safe. Use a variety of communication skills to support the person to feel comfortable and safe.



### How could you adapt these psychosocial skills for everyday interactions to remote/telephone working in the COVID-19 response?

Clearly introduce yourself

Ask if the person is able to hear

Check any misconceptions or misunderstandings

Allow the person to tell the person what they need

Make helpful comments to encourage advice

Try to maintain a connection

If possible, support the person to both work and hear you when talking, e.g. by having a video call



### Take a Break for 10 minutes

Take a break for 10 minutes to refresh your mind.




### Practical Support Module 3

Providing practical support to others


Linking with other organizations

Helping people to manage their own problems




### Practical Support

What kind of problems have people in your community experienced during the COVID-19 pandemic?





### Practical Support- Providing help yourself

- 1. Provide information (e.g. about the situation)
- 2. Provide support yourself (e.g. food, water, shopping)
- 3. Don't feel pressured to provide direct support if you are not able to.

In your role, can you provide direct support?



### Practical Support: Norma's story



Norma lives in a crowded community. One of her neighbours, Harry, is an elderly man who lives by himself. Norma telephones him and asks how he is doing. Harry says he has not been able to get outside to buy the medicine he normally takes for his hypertension. Norma goes to buy food every week and suggests that they could go to the hospital or pharmacy and buy Harry's medicine too. They decide on a safe place just outside Harry's door where he can leave money and Norma can leave the medicine. In that way, they do not have to come into physical contact.

### Practical Support: Linking in with other organisations



- Create a list of all organisations operating in your area and their contact details. Keep this with you at all times.
- Quickly link people in distress, or those who need food, water, shelter or urgent medical or social services.
- Follow up with people if you agree to do so.

Personal Reflex (start): Do you know all the organisations operating in your area?

### Practical Support: Helping people to manage their own problems

1. Help the person to take a pause and consider what options are available when they can do something about it.



### Practical Support: Helping people to manage their own problems

**THINK** Encourage the person to think of ways to manage that problem. The following questions may help:

- What have you done in the past to overcome problems like this?
- What have you already tried doing?
- Is there someone who can help with managing this problem (e.g. friends, loved ones or organisations)?
- Do other people you know have similar problems? How have they managed?

**DO** Help the person to choose a way to manage that problem and try it out. If it doesn't work, encourage the person to try another solution.

### Practical Support: Helping people to manage their own problems



### Emotional Support

Module 4

- Use listening and communication
- Encourage people to help themselves
- Provide suggestions to help them
- Helping those who are seriously distressed

How have people reacted to Covid-19 in your community?



### When someone is feeling distress it can result in...



### When someone is experiencing stress

Use listening and communication skills:

- Help the other person to feel comfortable with you
- Listen
- Show you care...



### When someone is experiencing stress

Encourage the person to think of something they can do to feel better.

- "What has helped you previously when you have felt this way?"
- "What do you currently do to help yourself feel better?"
- "Is there anyone who can help you?"
- "Are there any activities you used to enjoy doing that you could do now?"



### Provide Suggestions to help them

- Do an activity you enjoy or find meaningful (e.g. play, sing)
- Exercise, walk or dance
- Do something creative, such as art, singing, crafts or writing
- Listen to music or the radio
- Speak to a friend or family member
- Read a book or listen to an audiobook
- Make a list of all the things you are grateful for (in your head, on paper)



### Emotional Support- An Example of Support



Josephine's partner had been in hospital with COVID-19. She is worried about the time he will need to get home and the risk of him catching the virus.

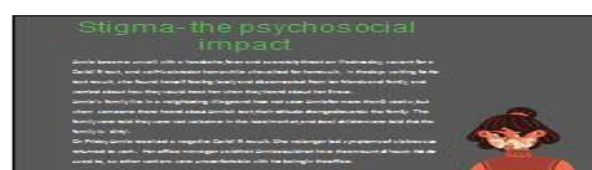
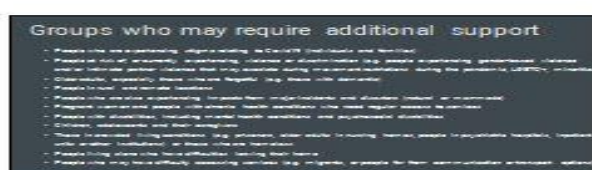
Josephine, talking to her daughter, Julia, on the phone and telling her how she is feeling, Julia sends her and Josephine support and care. She and Josephine think of something the family can do to make themselves better.

Josephine noted that her partner had been thinking about anything at the moment, her back, neck and head.

She realised that the husband had been thinking about his mobility much and decided to do some exercise, and to dance in the morning. In some of the music, it reminded her of her childhood.

Julia took a decision and with her mother, she joined her by telephone or video call in the morning, ready and dance too. Josephine happy.





## Annex 4: Link for short video resources

YouTube links for the first 4 videos in the Basic Psychosocial Skills project are here:

Module 1: <https://youtu.be/RJsVGZhGfLE>

Module 2: [https://youtu.be/FNxTfTJ\\_K7Y](https://youtu.be/FNxTfTJ_K7Y)

Module 3: <https://youtu.be/W8Yv2cj1gZ8>

Module 4: <https://youtu.be/XHSbO-quDTQ>

## Annex 5: Online Draft Educational Package

A selection of screen shots of the draft online educational program in development have been provided, imbedded in program are videos, quizzes, online activities and participants location map.

The screenshot displays the course interface for '{BUILD} Basic Psychosocial Skills A Guide for COVID-19 Responders'. On the left is a dark sidebar with navigation icons for Account, Dashboard, Courses, Calendar, Inbox, History, Commons, Help, and a back arrow. The main content area features a video player showing a woman's face and a red bubble with the text 'Subject Introduction'. Above the video is a circular logo with the text 'EUPHILE - INCARCERATED FUTURE' and a quote from UTS acknowledging the Gadigal people. The top right shows the course status as 'Unpublished' with a 'Publish' button. Below this are buttons for 'Import Existing Content', 'Import from Commons', 'Choose Home Page', 'View Course Stream', 'Course Setup Checklist', 'New Announcement', and 'View Course Notifications'. A 'Coming Up' section indicates 'Nothing for the next week'.

This screenshot shows the 'Modules' section of the course. The top right has buttons for 'Collapse All', 'Export Course Content', and '+ Module'. The module list is as follows:

- ▼ Get started
  - Acknowledgements
  - What you'll need
  - Before we get started
  - Let's get started!
  - Psychosocial skills and Covid 19
- ▼ 1 | Your wellbeing
  - 1.1 Overview | Module 1
  - 1.2 Looking after yourself
  - 1.3 Circles of control
    - 1.3.1 Applying the circles of control
  - 1.4 Summary | Module 1

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UTS

Account

Dashboard

Courses

Calendar

Inbox

History

Commons

Help

Home

Modules

Search

Announcements

Discussions

Assignments

Collaborations

Conferences

Quizzes

Syllabus

Outcomes

Files

Pages

People

Rubrics

Attendance

Settings

[BUILD]Basic Psychosocial Skills A Guide for COVID-19 Responders > Pages > Before we get started

68

View All Pages

Published Edit

## Before we get started

### Get to know your classmates

Before we move on, use the map below to tell us where you're from.

**Instructions:** Click the pink '+' symbol and type in the name of your country to search and then click on your country from the list.

**Note:** You can zoom in on the map by clicking the '+' and '-' in the bottom right corner of the map.

Postgraduate Futures • 1 mo

Where are you from?

UTS

Account

Dashboard

Courses

Calendar

Inbox

History

Commons

Help

Search

Announcements

Discussions

Assignments

Collaborations

Conferences

Quizzes

Syllabus

Outcomes

Files

Pages

People

Rubrics

Attendance

Settings

Let's get started!

Get started

## What is the purpose of this course?

- To introduce you to the resource 'Basic Psychosocial Skills: A Guide for Covid19 First Responders'
- To learn what basic psychosocial skills are
- To learn how to use basic psychosocial skills in the COVID-19 response to help others feel supported.

### Who can use basic psychosocial skills?

You may work...

as a health professional, e.g. a doctor, nurse, counsellor; or a social worker or case manager

as a first responder, e.g. law enforcement officer, ambulance driver or fire fighter

in food supply or preparation, in a pharmacy or in funeral work, transportation, government, utilities or sanitation

in supporting loved ones or friends, or vulnerable people in your community

as a supervisor or manager supporting staff or volunteers.

NEXT →

Text version of [Psychosocial skills](#) [docx 14KB]



UTS

Account

Dashboard

Courses

Calendar

Inbox

History

Commons

Help

Search

Announcements

Discussions

Assignments

Collaborations

Conferences

Quizzes

Syllabus

Outcomes

Files

Pages


People

Rubrics

Attendance


Settings

# 1.1 Overview | Module 1




## Your wellbeing


In this first module we will explore why it is important to look after yourself, and ways to look after yourself.




The most important thing when working in the COVID-19 response is to look after yourself physically and mentally.



It is natural to feel stressed when working in the COVID-19 response; there are many demands, and you may be working longer hours, have more responsibility and be worrying about your and your family's safety.



Looking after others is hard. In order to be able to look after others, you need to keep yourself healthy.



◀ Previous

Next ▶



## Your wellbeing

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[◀ Previous](#)

Next ▶

UTS

Account

Dashboard

Courses

Calendar

Inbox

History

Commons

Help

[BUILD]Basic Psychosocial Skills A Guide for COVID-19 Responders > Pages > 2.1 Module 2 | Overview

63

Home

Modules

Search

Announcements

Discussions

Assignments

Collaborations

Conferences

Quizzes

Syllabus

Outcomes

Files

Pages

People

Rubrics

Attendance


Settings

View All Pages

Published

Edit

## 2.1 Module 2 | Overview



### Everyday interactions

Now we have looked at how to look after your well-being, let's think about how you can support others through your everyday interactions.

In this module, we will look at:

- How to help others feel comfortable with you
- How to communicate with other people in a supportive manner.

< Previous

Next >

6

[Home](#)

## Modules

Search

Announcements Discussions 

## Assignments

Collaborations Conferences 

Quizzes 

Syllabus 

Outcomes 

Files 

Pages

People 25

### Attendees

## Settings

[View All Pages](#)

Published

 Edit

- 
- 
- 

## 2.1 Module 2 | Overview



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◀ Previous

Next ▶

- Modules
- Search
- Announcements
- Discussions
- Assignments
- Collaborations
- Conferences
- Quizzes
- Syllabus
- Outcomes
- Files
- Pages**
- People
- Rubrics
- Attendance
- Settings

## Module 2 | Everyday interactions



Now we have looked at how to help others feel comfortable with us, the next step is to support others through the way we communicate. The first and most important point is to really listen to what the person says. This is a specific technique we can use to show that we are listening. It is called "active listening."

▶ [Everyday Interactions \(Module 1\)](#)



- **Really try to understand** the person's point of view and feelings.
- **Let them talk**; remain quiet until they have finished.
- **Block out distractions** - Is it noisy around? Can you go somewhere quieter? Can you calm your mind and focus on the person and what they are saying?
- Be warm, open and relaxed in the way you present yourself.












- Search
- Announcements
- Discussions
- Assignments
- Collaborations
- Conferences
- Quizzes
- Syllabus
- Outcomes
- Files
- Pages**
- People
- Rubrics
- Attendance
- Settings

## A photograph of two young men outdoors. The man on the left is wearing a dark, patterned shirt and a white face mask, and is adjusting the mask with both hands. The man on the right is wearing a white polo shirt, a colorful bucket hat, and a white face mask, and is looking towards the left. The background is a blurred residential area with houses and trees under a bright sky.

We have looked at how to support people in everyday interactions through how we present ourselves and communicate.



- how to support people who have specific problems
- linking with other organisations
- helping people to manage their own problems.

- Search
- Announcements 
- Discussions 
- Assignments 
- Collaborations 
- Conferences 
- Quizzes 
- Syllabus 
- Outcomes 
- Files 
- Pages** 
- People 
- Rubrics
- Attendance
- Settings

## Module 3 | Practical support

Awaiting audio file?

Norma lives in a crowded community. One of her neighbours, Barry, is an elderly man who lives by himself. Norma telephones him and asks how he is doing. Barry says he has not been able to get outside to buy the medicine he normally takes for his hypertension.

Norma goes to buy food every week and suggests that she could go to the hospital or pharmacy and buy Barry's medicine too.

They decide on a safe place just outside Barry's door where he can leave money and Norma can leave the medicine. In that way, they do not have to come into physical contact.



How was Norma's act of practical support helpful? Select all that apply.

- ☐ Access to medication
  - ☐ Solve all of his problems
  - ☐ Building of trust

- Search
- Announcements
- Discussions
- Assignments
- Collaborations
- Conferences
- Quizzes
- Syllabus
- Outcomes
- Files
- Pages**
- People
- Rubrics
- Attendance
- Settings

## Module 3 | Practical support

The first part of the process is to **"Stop"** and choose **one** problem. To help them do this, you can use the "circles of control" to help the person decide which problems they can do something about.



- Help the person to take a pause, and consider what problems are most urgent.
- Help the person to use the circles of control to identify and choose a problem which they can do something about.



- Account
- Dashboard
- Courses
- Calendar
- Inbox
- History
- Commons
- Help

- Home
- Modules
- Search
- Announcements
- Discussions
- Assignments
- Collaborations
- Conferences
- Quizzes
- Syllabus
- Outcomes
- Files
- Pages**
- People
- Rubrics
- Attendance
- Settings

[BUILD]Basic Psychosocial Skills A Guide for COVID-19 Responders > Pages > Module 4 | Overview

68

View All Pages

Published

Edit

## Module 4 | Overview

### Emotional support

You may come across people who require emotional support.

In this module, we will look at ways to emotionally support people, through helping them to manage stress themselves and providing support, and how to help people who are seriously distressed.

- Use listening and communication
- Encourage people to help themselves
- Provide suggestions to help them
- Helping those who are seriously distressed.

Previous

Next

- Rubrics
- Attendance
- Settings
- Account
- Dashboard
- Courses
- Calendar
- Inbox
- History
- Commons
- Help

- Rubrics
- Attendance
- Settings

Understanding distress

When someone is feeling distressed it can result in...

Emotional reactions  
(feeling angry, sad or scared)

Behavioural reactions  
(lack of motivation, avoiding activities, becoming violent)

Physical reactions  
(headaches, muscle pain, back pain, difficulty sleeping, lack of appetite)

All of these feelings are normal symptoms of stress and a natural reaction to extraordinary circumstances. You may have even experienced some of these symptoms yourself. Or, you may have witnessed other people become more aggressive, all of which are symptoms of stress.

Let's take a quick poll

Results

I have myself experienced or seen people experiencing feelings of distress. Click on 'Yes' or 'No' to select your answer.

Note: Your answers will be anonymous

Yes	0 Votes	0%
No	0 Votes	0%

Previous

Next

- Search
- Announcements
- Discussions
- Assignments
- Collaborations
- Conferences
- Quizzes
- Syllabus
- Outcomes
- Files
- Pages**
- People
- Rubrics
- Attendance
- Settings

## Module 4 | Emotional support

## Josephine's fears and COVID-19

Josephine's partner has been taken into hospital with COVID-19. She is so worried about him that she is not sleeping at night, she cannot eat and she has back pain.

Julia provides support

Josephine is talking to her colleague, Julia, on the phone and tells her how she is feeling. Julia listens to her, and shows her support and care. She asks Josephine if there is anything she can do to make herself feel better.

Josephine is so tired that she can't think about anything at the moment. Her back aches so much...

### Finding strategies to cope

She realises that she has been at home without walking or moving very much and decides to do some stretches and to dance in the mornings to some nice music, as she and her partner would normally do.

Julia loves this idea and tells her that she can join her by telephone or video call in the morning to stretch and dance too. Josephine is happy about that suggestion and to have her colleague join her in this way.

Let's examine the scenario

Now that you've read the above scenario, answer the following questions.

What are the impacts of stress for Josephine? Select all that apply.

- ☐ She has lost her job
- ☐ Not sleeping
- ☐ She was worried
- ☐ She has no stress that is apparent

## Module 4 | Emotional support

## A helpful strategy

Practising slow deep breathing can be a helpful strategy for some people. Watch as John works through a deep breathing exercise with his doctor.












### Your turn

Let's do it together. If you feel anxious, stressed or overwhelmed, slow and deep breathing can be a great way to help yourself to take a quick break and feel calmer and more able to cope with the situation.

Press play to begin.


How did this breathing technique make you feel? Do you think this is something that could help you or others when feeling stressed?

Enter your response here

- Search
- Announcements 
- Discussions 
- Assignments 
- Collaborations 
- Conferences 
- Quizzes 
- Syllabus 
- Outcomes 
- Files 
- Pages** 
- People 
- Rubrics
- Attendance
- Settings

In this module, we identified groups in your community who may require additional support and also looked at the psychosocial impact of COVID-19.

Congratulations! You have reached the end of this course.

 Putting it all together

How can you best apply the basic psychosocial skills to your role?

Enter your response here

[\[BUILD\]Basic Psychosocial Skills A Guide for COVID-19 Responders](#) > [\[BUILD\]Basic Psychosocial Skills A Guide for COVID-19 Responders](#)

how to start

📄 Let's get started!

Get started What is the purpose of this course? ... Skills: A Guide for Covid19 First Responders ' To learn what basic psychosocial skills are To learn how

📄 Before we get started

- Get started

 Welcome

that this course will help to orient responders from different countries, from different sectors, on how ... to integrate psychosocial support into their daily COVID-19 responses and how to make a difference in ... [Get started now](#)

### What you'll need

Get started We estimate you'll need 3 - 5 hours to complete this course if you do all of the activities ... How to approach the course The real value of this course lies in engaging with the activities, pausing

 Download the Canvas Student app

Get started If you're planning on using a mobile or tablet to explore this course's content, follow these ... Click Next to start Module 1

Patrick's story.docx

People started calling Patrick, asking for help and for money. ... He felt powerless and confused about how best to help. He even lost his temper with one person.

## Psychosocial skills and Covid 19

**Get started** What are psychosocial skills? Why are they important?

2.1 Module 2 | Overview

Everyday interactions Now we have looked at **how** to look after your well-being, let's think about **how ...** In this module, we will look at: **How** to help others feel comfortable with you **How** to communicate with

### 3.4 Norma's story

Module 3 | Practical support Here is an example of how Norma's actions provided Barry with practical ... How does it help? Read the story above and answer the question.



