

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER



# Effective solutions to staff mental health protection

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## MDM- Doctors of the World

- » Doctors of the World is an independent association that works to ensure access to the right to health for all persons, especially those living in situation of poverty, gender inequality and social exclusion or victims of human crisis.
- » We also work with the excluded from the welfare society, especially with those who have problems of access to the public health system.
- » We do not intend to create assistance systems parallel, but to ensure that all people enjoy adequate health conditions.
- » Doctors of the World, carries out awareness raising activities as a means to social change and denounces the causes of injustice.



## Consequences of the crisis

- » Since the Covid-19 pandemic has been officially declared the **destruction of Social Welfare State public services**, has led to the **undermining of public health systems** globally.
- »
- » Special consideration to the discrimination of **women and girls**, especially in poorer countries. Besides, amongst **the most vulnerable population, Roma, imprisoned, homeless, drug users, refugees and migrant populations** are traditionally excluded from public national health systems due to their social, cultural or legal status.
- »
- » In public health systems **weak or broken as a result of conflict and chaos**, in **conflict affected areas**, the pandemic can have disastrous impacts. **Refugees and displaced populations** are particularly at risk.



# The covid crisis: Critical places and vulnerable population

- » Lock down
- » Quarantine centers
- » Hospitals
- » Morgues and cemeteries
- » Elders, enfants, minorities.
- » Vulnerable people excluded from attention to their basic needs



# Stressors for volunteer, HRD, workers in the field, health care workers, frontline responders

- » Stress
- » Burn out
- » Trauma
- » Vicarious trauma
- » Compassion fatigue
  
- » **Psychosocial perspective**
- » NO pathologyze.
- » Normal reactions to overwhelming and painful situation



- » It is possible that, apart from the normal reactions already reported, it appears in them fundamentally:
- » - Stigma for fear of contagion
- » - Fear of being a transmitter.
- » - Reactions to strict biosecurity measures:
  - » o Physical discomfort from PPE
  - » o Isolation for maintaining physical safety: helplessness for not feeling connected to patients, discomfort and sadness for being away from family members
  - » o Hyperarousal, loss of empathy and autonomy...
- » - Increased work demand: in hours, in responsibility, in number of patients, in being updated with new diagnostics and therapeutics... difficulty for self-care and social connection.
- » - Fatigue, tiredness, weariness. It also decreases self-care

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## The duty of Taking Care- Different Levels

- » Self Care
- » Staff Care
- » Social Awareness (RCCE)
- » Public policies



## SelfCare (FACECOVID- Act)

- » **F:** FOCUS
- » **A:** ACKNOWLEDGE
- » **C:** Corporality
- » **E:** ENGAGE
- » **C:** COMMITMENT AND CARE
- » **O:** OPENING UP
- » **V:** VALUES
- » **I:** IDENTIFY RESOURCES
- » **D:** DISINFECT / SOCIAL DISTANCE





## Staff Care- phases

- » 1. **Before the crisis: PREVENTION** activities -> information and training, updating protocols, clear lines and roles to be developed...
- » 2. **During the crisis:**
  - » a. Define each individual role well
  - » b. Matching newcomers with veterans in pairs -> BUDDY SYSTEM
  - » c. Rotation in higher/lower stress roles or activities
  - » d. Encourage breaks and monitor compliance: every day and for a few full days during the week.
  - » e. Make schedules more flexible so that those directly affected can combine work and care.
  - » f. Try to reduce stimuli (noise, lights, etc.)
  - » g. Make the work environment as healthy and friendly as possible.
  - » h. Generate separate spaces for debriefing, socializing, relaxing...



## Staff Care-phases

- » **3. After the crisis:** it is not unlikely that after a crisis like this there will be a drop in equipment, a feeling of exhaustion and loss, rather than relief after the activity is relaxed... and it may be that a difficulty in returning to normal life will appear.
- » a. If there was a loss/trauma in the professional: treatment and follow-up. Assess the need for leave/rest. Occupy a transitional position until returning to the usual one.
- » b. Develop care spaces **FREE OF STIGMA** to encourage the possibility of talking about things, allowing free discussion of what has happened and the emotions and situations it has caused.
- » c. The heads/coordinators: carry out individual and group assessment interviews □ to thank them for their work, to validate their personal experiences etc.
- » d. Construction of spaces for self-care.



## Relative Well-Being

- » It is important to ask what kind of well-being can be achieved when working with extreme suffering and continually witnessing the consequences of ongoing violence and injustice.
- » Relative well-being can be a realistic goal of staff care when staff care structures are in place to defend staff's capacities to connect with the full range of human emotions; to communicate empathetically and effectively; to build and maintain relationships; to not do harm to oneself or to others; to protect against isolation, loneliness, and competition; and to cultivate joy, humor, curiosity, and pleasure
- » NO Recipes: Every team is a different world. Build together the strategies



## Staff care structures should be developed to...

Help staff confront the realities of threat, trauma, and loss as best as possible and as least self-destructively as possible.

Help staff stay connected to themselves and to their team with respect to the whole range of feelings, including pain, rage, and despair.

Help enhance communication within an organization and the capacity to maintain relationships and deal constructively with conflicts.

Help establish a culture that promotes trust, solidarity, and empowerment of all staff and that reduces isolation and competition.

Help staff maintain/re-establish a sense of meaningfulness and competence in their work as well as the capacity to reflect and act.

Help staff to acknowledge inadequate resources and, at the same time, make the best possible use of what is available.

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## Support and reinforcement of the mental health network

- » Mental health must be a key component in the response to these crises, not only with a view to stopping transmission, but also to preventing future harm. We must take care of both the mental health of the population and the mental health of workers.



## Key points

- » 1. Knowing existing services and assessing response capacity
- » 2. Integrating approaches
- » 3. Detecting cases that need support
- » 4. Contact follow-up
- » 5. Continue with previous activities whenever possible
- » 6. Carry out activities in the new centers where people are accumulating (hospitals, residences, whatever).
- » 7. Think and design post-crisis strategies.
- » 8. Knowing possible local care structures
- » Emphasis should be placed on coordination. Mental health should be a cross-cutting element. It is important to share all the information/training we feel is necessary on mental health/psychosocial support (SMAPS) in all the pillars and layers of emergency response.



## Recommendations (MDM network statement)

- » Every country should comply with WHO's recommendation to “(...) **immediately allocate or re-allocate at least an additional 1% of GDP to primary health care** (...)” through improving “(...) *domestic tax and revenue performance in line with the Addis Ababa Action Agenda, to increase government revenues* (...)”.
- » **Paying for healthcare provision should be eliminated.**
- » **Acknowledge the crucial role of health workers.**
- » **Access to medicines is not submitted to patent system or its access is not restricted.**
- » **Special measures for the most vulnerable:** homeless, migrants, refugees, Roma, imprisoned population, including refugees, especially those living in camps, and displaced populations.





## Recommendations

- » A **strong and well-funded UN system including the WHO** and other relevant UN agencies is needed to serve in an oversight and monitoring role.
- » Acknowledge **specific needs of vulnerable countries** with weak health systems.
- » Special attention on **conflict settings**: refugees and displaced populations are particularly vulnerable. There needs to be **maintained Humanitarian flights for human resources and for medical supply**.
- » Ensure the response to COVID-19 does **not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities**.