Peoples Webinar: Addressing COVID-19 in LMIC by Addressing Mental Health

April 30, 2020

THE PREMISE FOR THE WEBINAR

In this webinar Brandon Kohrt, MD, PhD discussed Mental Health issues, the invisible disabilities, in relation to challenges faced during the COVID-19 crisis.

VERBATIM TRANSCRIPTION

Conducted by

IT *for* Health and Education System Equity (IT*f*HESE)

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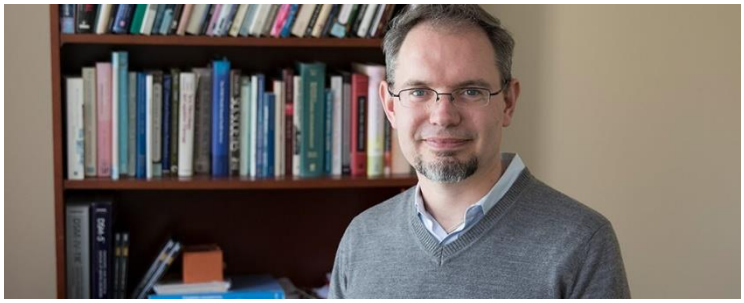
PRESENTER



Brandon Kohrt, MD, PhD, is the Charles and Sonia Akman Professor of Global Psychiatry, and Associate Professor of Psychiatry and Behavioral Sciences, Global Health, and Anthropology at George Washington University. As an internationally recognized global mental health expert, he works with populations affected by war-related trauma, torture, environmental disasters, and chronic stressor of poverty, discrimination, and lack of access to healthcare. Dr. Kohrt conducts global mental health research focusing on populations affected by war-related trauma and chronic stressors of poverty, discrimination, and lack of access to healthcare and education. He has worked in Nepal for 16 years using a bio-cultural developmental perspective integrating epidemiology, cultural anthropology, ethno-psychology, and neuroendocrinology. Since 2000, he has conducted a prospective study of adults in rural Nepal examining the effects of political trauma, ethnic discrimination, gender-based violence, and poverty on mental health. With Transcultural Psychosocial Organization (TPO) Nepal, he designed and evaluated psychosocial reintegration packages for child soldiers in Nepal. He works with The Carter Center Mental Health Liberia Program developing anti-stigma campaigns and family psycho-education programs. He directs the anti-stigma program of the Mental Health Beyond Facilities program in Liberia, Uganda, and Nepal. Dr. Kohrt is the lead academic collaborator for the World Health Organization Ensuring Quality in Psychological Support (EQUIP) initiative. For the COVID-19 response, Dr. Kohrt is involved in numerous initiatives including EQUIP-remote to help mental health care providers transition to remote and mHealth services, and he is working with refugees in the U.S. to provide remote psychological support to fellow refugees during public health lockdowns.

MODERATORS

Dr. (Prof) Seble Frehywot: Dr. Seble Frehywot is an Associate Professor in the Department of Global Health and the Department of Health Policy& Management at The George Washington University (GWU). Currently, she is also the Director of Health Equity On-Line Learning for the Atlantic Philanthropy Atlantic Fellows for Health Equity program. She has twenty-four years of experience in international settings spanning Asia, Africa, and the United States, and brings an in-depth knowledge of comparative health systems, communities of practice (CoP), medicine, health policy and e-learning to the challenges of building the components of a health system. Her main work focus is in lower and middle-income countries. She has comprehensive knowledge of digital health technologies acquired and honed from over nine years of background in digital health education and technologies in low- and middle-income countries (LMIC). She also has hands-on background in strategically coordinating with the public, other sectors, and health systems stakeholders (government ministries, academia, non-governmental organizations, regulating bodies, and the private sector) with regard to health equity issues surrounding health workforce training, quality and safety regulatory frameworks, pedagogy, e-pedagogy, and e-andragogy. Dr. Frehywot has worked as a Technical Core Group member

for the World Health Organization for the development of a number of WHO global guidelines and recommendations related to health systems. She has provided senior-level influence as a principal investigator and director for numerous multimillion-dollar international projects and has published a number of papers related to health workforce and health systems as well as to the linkages with ICT. She teaches at The George Washington University both in an online and residential format the Global Comparative Health Systems, Global Health and Development and Global Public Health Culminated Experience courses.

Dr. (Prof.) Yianna Vovides: Dr. Yianna Vovides' work intersects three areas – education, technology, and development. Over the last two decades, she has focused her practice and academic efforts in addressing how people learn within networked learning environments. She has worked on projects that emphasize individual and group learning, institutional programs that enable systemic changes, and research that examines how new technologies support teaching and learning. Professor Vovides currently serves as Director of Learning Design and Research at the Center for New Designs in Learning and Scholarship (CNDLS), Professor for the Master of Arts in Learning, Design, and Technology (LDT) program at Georgetown University, and Curriculum Director for LDT, Georgetown University. In her role at CNDLS, she oversees the online learning, technology-enhanced, and development efforts. She has over 15 years of experience in higher education and has been instrumental in establishing programmatic efforts for university-wide services in online learning. Professor Vovides also serves as Curriculum Director for LDT. In this role, she convenes and seeks out input from both faculty and students on how to implement, adjust, and improve the curricular connections among courses across the program's core courses and all tracks.

TRANSCRIBER

Mr. Charles Park: Chulwoo "Charles" Park, MSPH, is a DrPH candidate studying global health, specializing in epidemiology and biostatistics for underserved populations, and graduate teaching/research assistant at The George Washington University Milken Institute School of Public Health. He holds two Bachelor of Science degrees in Biology and International Studies from The University of Utah and a MSPH degree in International Health from Johns Hopkins Bloomberg School of Public Health. He is a motivated global health researcher and professional with several years of domestic and international fieldwork research experience focused on community health, refugee and immigrant health, control of infectious disease, and healthcare management in the United States, sub-Saharan Africa, and Southeast Asia. He worked as a global health fellow, family mentor, community health educator, and peer advisor at World Vision International, International Rescue Committee, and various educational institutions. Through a strong background of both quantitative and qualitative method skills, he has published many peer-reviewed research papers about medical diaspora, water, sanitation, and hygiene (WASH), ethnomedicine, and gender minority issue in low- and middle-income countries. In addition, he has worked as a graduate teaching assistant for four years for fourteen different global health graduate-level courses. For his doctoral dissertation, he is focusing on the analysis of DrPH education in the United States to measure its impact and suggest the future directions. He was an exemplary airman and served on the reserve force of Republic of Korea Air Force.

VEBATIM TRANSCRIPTION

0:00:17
Seble Frehywot: Session on addressing COVID-19 through addressing mental health. The reason that we have envisioned in having this webinar is that social distancing is making us physically safe. But it has impacts on our mental well-being on humanity's well-being. What are its impact? How is it affecting health care workers? How is it affecting individuals all over the world? What is the impact on people when their loved ones die but they can't even have a funeral. What's the impact on children who used to have an abusive home and now due to social distancing or due to quarantine that is exacerbated.

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Seble Frehywot: So we want to bring mental health issues in the front burner. The reason being usually during pandemics, mental health is discussed after the pandemic has died down. That shouldn't be the case here because at the end of this, virus crisis that we're going under we don't want to come out healthy physically, but mentally affected. So we have arranged this webinar and we have a guest that is locally, regionally, and internationally known which are introduced in a bit. But before that I'll give the mic to Professor Vovides. Yianna?

0:02:05
Yianna Vovides: Thank you, Seble. Good morning. Good afternoon. Good evening, everyone. Just like Seble mentioned because health is very much part of my household these days. Let's put it that way. I have two college kids back from college. Yes, they've been in college and that's amazing. But my daughter suffers from depression and her safety net is no longer there for her. So it's been a struggle date today to even be able to get her to focus on the simple things that we do on a daily basis that we don't even realize we just do them. So this is very dear to my heart and certain terms of understanding more and also maybe finding even some strategies to deal with loved ones, in at home and be able to support them and support ourselves because at the end of the day if we're not able to help each other then we're all struggling. So I really excited about this topic and I hope that you all are also will gain new perspective and please Seble and I love for you to ask as many questions as you can at the end so that all your questions are answered. Thank you.

0:03:44
Seble Frehywot: Thank you so much Yianna. So now I'm going to introduce to Brandon Kohrt. He's the Charles and Sonia Akman Professor of Global Psychiatry and Associate Professor of Psychiatry and Behavioral Sciences, and Global Health, and Anthropology at George Washington University. As an internationally recognized global mental health expert, he works with populations affected by war-related trauma, torture, environmental disasters, and chronic stressor of poverty discrimination and lack of access to health Care. In addition, Dr. Kohrt works also at the international level and he is the lead academic collaborator for the World Health Organization ensuring quality in psychological support initiative. For COVID-19 response, Dr. Kohrt is involved in numerous initiatives including the WHO EQUIP-remote to help mental health care providers transition to remote and mHealth services and his working with refugees in the U.S. to provide remote psychological support to fellow refugees during public health lockdowns. Honor to call him a colleague and a friend. He is not just a professional but he has empathy to his patients as well as two populations everywhere. In my mind, no one can speak better about this issue more than him. I'm doing the mic is yours.

0:05:30
Brandon Kohrt: Ready. Thanks so much. Am I coming through clearly?

0:05:32
Seble Frehywot: Yes.

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Brandon Kohrt: I will also then, start sharing... Okay, and the screen shares working too?

0:05:51
Seble Frehywot: Yes.

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Brandon Kohrt: All right. Well Seble, thank you so much for this opportunity and Yianna as well. I really appreciate being able to speak about this as a issue that is very close to my heart and it's a very interesting time because I spent more than two decades mostly working in low and middle income countries about humanitarian mental health needs and now we're seeing back home. Seble and I and Yianna, DC, Virginia, Maryland area, the need to really have a humanitarian mindset when we're thinking about what mental health services should be here as well. So what I'm going to do today is mostly talk about how COVID-19 is impacting our mental health with the really a focus on low and middle income countries for all of us, our work around the world. And then at the end, I want to I want to bring it back home to my own experiences here in the U.S. as well and the possibility for lessons learned.

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Brandon Kohrt: So if we think about the general population, let's say pre COVID, whether you're talking about a low and middle-income country or a high-income country. But the vast majority of the population has periods of minimal distress. We have symptoms of anxiety and depression at different times. Often those are resolved just through our social activities, our physical activity, time with our family and other ways that we as humans support one another. There are those individuals then and also the periods in our lives where we have more mild to moderate distress that might require more support and that could be talking to a religious leader. It could be spending more time with with additional family members. It could be going out to seek some psychological support. And then for many of us at some point in their lives will have a level of distress that really reaches at of a clinical condition and as we know from psychiatry, this is just even two weeks of feeling down or low is enough to diagnosis with depression and say that we could benefit some more professional care.

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Brandon Kohrt: The issue though is that this pyramid of mental health needs is rapidly changing around the world to a much more concerning distribution where many of those individuals who had minimal levels of distress are now experiencing mild to moderate istress. And this experience because it's gone on for some individuals for two months, three months. Now, we don't know when it's going to end. We anticipate more and more individuals being in this situation of mild to moderate stress because they can't get the types of care and support they would take if we get into the day-to-day life. In addition, those who were at levels of clinical distress might be getting more severe for a host of

reasons. We can break this down into what challenges are facing individuals and low- and middle-income countries. Previously had levels of clinical distress and then those who are experiencing mild and moderate stress. So what we're seeing around the world is massive disruptions to in person such as they outpatient and hospitalization or inpatient services. A lot of care and resources are being directed to respond to COVID-19.

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Brandon Kohrt: In addition, most individuals including those with moderate to severe psychiatric conditions are being discouraged and coming to health facilities. Where I work in Nepal, most of the outpatient facilities are no longer even operational and rural areas. And individuals are strongly discouraged and going to seek inpatient services as well. In addition, we're seeing a lot of drug supply chains being disrupted. So the ability to get medications for individuals might be on an antidepressant or on an anti-psychotic medication or something like a mood stabilizer for bipolar disorder or even epilepsy medications aren't getting access to those now because the transport is being disrupted. We anticipate this to get even worse because not only our supply chains impacted now, but even the manufacturing of medications could be impacted the longer this lasts.

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Brandon Kohrt: In addition, those individuals with severe mental illness around the world are disproportionately represented in institutional and other vulnerable settings. So if we think about psychiatric hospitals here in the U.S., there's already been 63 deaths a specifically in psychiatric facilities and I think about 10 times that in terms of the number of health workers and patients psychiatric facilities have been affected. Sadly as we know, persons with mental illness are overrepresented in prison populations. Those have also been highly impacted setting. Individuals severe mental illness and more likely to be homeless. So they're not getting protected from the condition and they're not getting access to the care they need. And also individuals with severe mental illness are more likely to be those living in poor quality housing which increases both the risk of worsening mental health and exposure to COVID-19. But as Seble and Yianna were saying, everyone is affected

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Brandon Kohrt: in terms of our mental health. We may not have hopefully many of us don't have COVID-19 or an immediate family member with it, but we're still impacted by so many of the other societal changes that are occurring in the context of this pandemic. So people around the world are experiencing economic and food insecurity, although fortunately to date, low- and middle-income countries have not had as bad in terms of mortality and morbidity as parts of Europe and the U.S. All people around the world are experiencing economic and food insecurity, social isolation, which Seble mentioned at the beginning, from my colleagues in South Africa, Uganda, Nepal, everyone is on lockdown at home. Stigmatization is another issue that's coming up. So even in other parts of the world, individuals of East Asian ancestry may be stigmatized because they're blamed for the spread of the virus, definitely a huge issue here in the U.S. In addition, being someone who works in certain fields such as health care may lead to greater stigmatization. And being someone who has survived, COVID-19 may also be a source of stigmatization because we still don't understand ongoing transmission and immunity.

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Brandon Kohrt: Another major issue by people being forced to be at home, we're seeing an increase in interpersonal violence as well as child abuse and a lot of the typical systems that would be in place to recognize this and refer people for care, especially school settings are no longer able to capture and address this in an effective way. As Seble and Yianna were mentioning at the beginning, in addition, grief and disruption of mourning has been a major issue. I have friends around the world who have lost relatives not even due to COVID-19, but just because of other health issues, but they haven't been able to see that relative before they died in the hospital and they haven't been able to have any traditional mourning rituals. In addition, we're getting lack of access to physical health care and the more that our physical health worsens. We know that the more mental health is going to be vulnerable as well. And then there are those individuals, frontline workers, essential workers who have increased professional risks of exposure and distress around their duties and obligations during this COVID-19 pandemic. I'll talk more about healthcare workers in particular in a minute.

0:14:01
Brandon Kohrt: So as I mentioned, although we haven't seen extremely high cases in many parts of low- and middle- income countries to date and we hope it stays that way. These are extremely vulnerable settings because the conditions in many of these are far worse than we see in some high resource settings where there's already been uncontrolled outbreaks in these facilities. I have a good colleagues and friends who work at Buddha Beaker Hospital in Uganda (?), which is the national referal psychiatric facility for the entire country. This is a facility that was built to house about 500 patients, but currently houses more than 900 or at this point probably even over a thousand. So if COVID-19 were begin to be a problem there, you can imagine that many of those individuals living with mental illness are going to be impacted as well as the staff.

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Brandon Kohrt: We have ongoing programs in Nepal and what we're seeing now is that in some areas, the government has froze the distribution of medications not related to COVID-19. You can imagine that if you are somebody living with severe depression, bipolar disorder, schizophrenia, or another severe mental illness, and the government stopped providing that medication that you would be putting your mental health at risk and because of that and then a potential behavioral changes you could be greater risk of going out and about getting exposed to COVID-19 as well. So I think this is another serious concern.

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Brandon Kohrt: Something that is part of almost all of our experiences is also this issue of increased social isolation. We may be with family. Some individuals may be living just with a roommate, some individuals may be living alone. We're unable to in-person go out and get that human contact that is really essential to the physiology of our well-being. With social isolation we know that depression increases, ice of loneliness is one of the biggest risk factors anxiety, we're not able to find ways to evade our worries, PTSD and substance use disorders. In terms of substance use disorders, the big challenge that we have is some nations such as South Africa have put a complete ban on the sale of alcohol during the COVID-19 lockdown with the idea that this will help with dividing by public health behaviors, but for someone who previously had a substance use disorder, they may now be going into withdrawal and having issues there and in many parts of the world access to safe medications to help in the withdrawal period and managing of cravings is also been disrupted. PTSD is a challenging one for two reasons. We may not have as many say direct traumas in terms of our own life threatening

experiences because we're all locked down at home. But we may be secondarily exposed to levels of stress and traumatic experiences for people around the world. The other thing and I was preparing for this remembering even some of our understandings about PTSD based on animal research, but in studying actually, you know, creating PTSD amongst rats. It's really interesting because if you have house rats together, you actually can't create the changes in the brain and in terms PTSD you stress them out you traumatize them, but then they go back into their social housing and through natural social interactions. The brain changes that occur with PTSD don't happen. And so researchers discovered early on that if you actually want to create PTSD and rats after a traumatic event, you have to house them alone. That's the only way to produce the brain related changes. And sadly we are in a natural experiment just like that now. Those natural human interactions that help us to deal with trauma and major stressors are being reduced so that we're all living as and of rats isolated rats in many ways, which is greater increasing the vulnerability of these great changes associated with going from distress and potentially disorder.

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Brandon Kohrt: We need to keep in mind that won't think about low- and middle income countries that for many people around the world, social isolation isn't the problem. But actually the inability to do physically distance. There in these settings, we have this huge of increased anxiety and worry because one can't remove themselves from others because of the quality of housing, lack of housing, In Brazil, the economic supports that both narrow has rolled out and have required people to come in person to register in many cases. And so you have long lines of people standing out in the streets just to get any of their economic support to be able to buy food. So in many parts of the world being forced to interact and not having the option to isolate is also a major stressor we have to keep in mind.

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Brandon Kohrt: And we can't forget the the stress and challenges experienced by health workers, another frontline workers around the world. In many parts of the world, there's still a struggling to get the appropriate protective equipment as you see being born here by some health workers in East Africa. In addition, health systems may not have the resources in place to really keep everybody safe, but even the problem here in the U.S. And because of lack of understanding again in terms of immunity and exposure, people aren't always aware when they're at risk and when they're not at risk. In addition, what we're seeing with health workers is an echo of what we saw in West Africa with Ebola. During the Ebola outbreak, many health workers in Sierra Leone, Liberia were often stigmatized in their communities. They were afraid to go home. They were afraid in terms of the impact that this has on their families. And Ebola is a much less physically contagious condition although more fatal than COVID-19 is. So it's no surprise that what we saw during the Ebola in West Africa were now seeing around the world in terms of reactions to help workers ... (?) COVID-19. There's been physical violence reports in Mexico towards health workers involved in the COVID-19 response. Similar reports from India, Colombia, the Philippines, many places around the world, health workers are being shunned by their community members. They don't want them coming back there after work. There's also internalized stigma and guilt, worries about bringing the condition back to one's own families and also now concerns around the impact this is having on children with their parents going into a health facility and the potential both illness and even loss of life. So really, you know, children have health workers now are not much different from children of military families with the idea of not knowing what when your parents going to be and have deployed back to the health care setting and what types of health risks they are going to encounter.

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Brandon Kohrt: The bigger challenge is supposed to say we're deployment is health workers now have this issue of guilt of the concern of bringing this back to their families and transmitting it. So this all leads to this the vicious kind of negative cycle of an epidemic health risk increasing mental health risks, and then those mental health risks making it more difficult to appropriately implement the public health measures needed to effectively combat COVID-19. So as I mentioned because of the COVID-19 concerns, we have increased anxiety, increased hopelessness amonst the general public. We know that when people are hopeless they are there's more risk-taking. So even things like going to the grocery store, going out and thus fulfilling essential needs, people may not take the precautions that they need to do that. Or because of the increased anxiety, they even neglect their own health care until it's too late for other health conditions, which then puts them at increased risk of COVID-19 when they go to see care. As I mentioned, the massive disruptions to the services for persons living with severe mental illness, but then at risk of not getting the care they need, And because of that not being able to follow appropriate public health precautions, individuals with alcohol use and drug use disorders who can't get the medicines they need may pursue black market ways to go and purchase this. And maybe because of that increase their exposure. And then finally, when health workers and other frontline workers have their mental health impacted they may have impaired concentration take risks that they shouldn't and also just have lack of hope or faith that they in themselves and their patients can do well and get better. And all of these things impede the quality and and efficacy of the public health and clinical response to COVID-19.

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Brandon Kohrt: So what's out there what's being done in response to these mental health needs. So we have a long history in the humanitarian mental health field of developing approaches and resources to combat mental health after war, terrorism, other forms of political violence, earthquakes, floods, other forms of natural disasters. In 2007, WHO and a host of other organizations developed the interagency standing committee or IASC guidelines on mental health and psychosocial support. In 2013, WHO released recommendations on how to not only support mental health care during emergency use that as an opportunity to actually build back better after the emergency. And for primary care settings, there's guidance on the recognition and treatment of mental health problems during humanitarian crisis through actual called the mhGAP humanitarian intervention guide.

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Brandon Kohrt: In addition in our field, we have a comprehensive framework. It's not simply about a humanitarian situation requires us to address those who have a pre-existing clinical condition, but the idea and in that triangle I said before that everyone is affected in some way and fortunately IASC guidelines address that by saying everyone's social considerations in terms of livelihood services need security need to be addressed in a humanitarian emergency. Efforts need to be put in place to improve community and family supports and then for some individuals there's a need for focused or specialized services depending on the severity to distress. The other advantage we have going into the situation in many low- and middle-income countries is the the UN's cluster system for disaster response that is a way to comprehensively integrate education safety and security and protection, food security, shelter and housing, physical health, mental health. And through this cluster system, it's a way to make sure that the full persons families and communities needs are met not just sporadic and

offshoots of here's food relief program. Here's a mental health program. Here is a separate education program. So there's been a lot of work over the past 10-15 years to really develop this.

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Brandon Kohrt: Another key resource that it's currently being deployed and used in a number of low-middle-income countries is the IASC 4Ws system. And this is a way to basically document what activities are being done, who is doing them, where and when are they being done? This allows us to be able to identify gaps in services, gaps and populations, and to make sure that we cover everything from those basic needs up through specialized services. So this is something that's being done in Nepal at the moment a map out where the services are being provided and what else needs to be done? This information goes then back to these coordinating clusters and for the government to be able to share that they have a comprehensive mental health plan in addition to the other responses in a humanitarian crisis.

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Brandon Kohrt: We also have a whole range of tools that are now being modified and adapted for the COVID-19 pandemic. So something that increasingly more and more of us are hearing about but it's something that's been used for a number of years and humanitarian space is called psychological first aid, and this isn't a session by session intervention, but just some basic skills about looking, listening, and linking in the context of a humanitarian crisis, looking for individuals who may have signs of distress, listening to their experiences and helping to provide some basic emotional support, and then linking them with additional care to be able to survive and recover. There are might more intensive programs, one called Problem Management Plus. It's been tried out in a number of settings around the world and this includes problem-solving therapy with some basic emotional psychological support. Not only help people emotionally cope but also find ways to address the common challenges and livelihood and well-being during humanitarian crisis.

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Brandon Kohrt: Where are these things in terms of if you or colleagues are interested in getting access to them? Well, one of the most helpful resources is called MHPSS net or mental health psychosocial support services dot net and this has a whole range of resources that are constantly being updated by individuals around the world with a special focus on what tools are going to be useful for low- and middle-income countries. I asked which I mentioned before and a number of other organizations are putting out now guidelines and resources. So this is something from already was being done in February guidelines for frontline workers being able to recognize some of the major concerns, addressing this issue of stigmatization that I mentioned. Some of the challenges around the biosecurity measures at healthcare facilities that may be distressing and taxing. We've even seen individuals because of prolonged use of PPE … (?) have experiences of panic attacks that need to be addressed. Higher demands in the work setting in terms of the hours that people expected to do, the patient load if you're directly addressing those with COVID-19. The reduced ability to actually in draw upon their own social support networks and a deal with feelings of burnout in sufficient opportunities to do basic self-care such as physical activity and then insufficient information or conflicting information that in itself exacerbates anxiety. And then also as I mentioned the concern always that as a health worker or frontline worker, one may transmit this to family and friends.

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Brandon Kohrt: So the psychological first aid or PFA that I mentioned has rapidly been transformed into a remote approach. So now there's a number of guidelines. This is the International Federation for the Red Cross that has a step-by-step approach for how to learn about PFA and then to do PFA. It provides guidance for those who might be encountering individuals who are in self quarantine, the general population health workers, people who recovered from COVID-19 or feeling distressed, people who have lost people to COVID-19 or other reasons during this conflict, but during this pandemic can't mourn appropriately, caregivers, older adults who are isolated and then individuals who had prior vulnerabilities. So this is a great tool and resource. It's relatively easy to learn and teach others and is a nice way to be able to provide support.

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Brandon Kohrt: In terms of the psychological first aid, this is our a lot of basic tips that can again be taught by individuals who are not mental health specialists focusing on social closeness. Well, at physical distance, the ideas of promoting routines, including the set goals assuring that if you have the space and we know this is a luxury that even when you're in quarantine with a family spending some time on your own again, we have to think about the global context some people don't even have that physical space as an option, finding ways to maintain humor, maintaining hope, managing stress, and accepting and validating of one's feelings. But I would say that having used PFA before that really the most important aspect of this is the human contact that comes with the PFA experience. So simply having someone who has these basic skills, check in with you being concerned about how you're doing be really transformative to help us get us through these difficult times.

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Brandon Kohrt: What about other vulnerable populations? The International Organization for Migration which provides recommendations and services related to refugees and internally displaced populations, individuals in detention centers has also provided information because this is a highly vulnerable group as well. Many of these recommendations are very similar to those that have been put out for the general population for healthcare workers, but just focus more specifically on the refugee experience and some of the conditions with regard to let's say a lack of appropriate accommodations and further separation and lack of communication. One of the things that they really highlight is while in the process of transiting or any detention center that those facilities really need to do their best to facilitate open lines of communication with family and friends that's often cut out in those settings.

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Brandon Kohrt: And also WHO is now released guidance on addressing substance use disorders during the COVID-19

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Speaker 1: pandemic as well with the idea of for those individuals who have a pre-existing substance abuse disorder, how to maintain sobriety or taking this as an opportunity to try and achieve sobriety while addressing begin the risks of withdrawal. And then also general education for all of us who maybe drinking more during this time because if staying at home and not other activities. Something that I've been directly involved in and is a resource that we're trying to grow every couple of weeks is called the WHO Equip or Ensuring Quality in Psychological Support. And this is ways to train and supervise individuals who are providing care to others and it could be somebody who is a teacher. It could be somebody who's working at a food bank who learns how to do some of these supportive skills.

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Brandon Kohrt: I'll just pop out of the PowerPoint for one second and show you what that looks like. But this is open to anyone. We currently have two main courses with a series of modules but are planning on adding more and upcoming weeks and months, but you can look through here. If you're already somebody involved in a health system and it provides you instructions on how to transition to remote based services, some basic things in terms of how to set up remote care. And this was developed with the idea that when we think of remotely thinking of Zoom from many parts of the world remote is just going to be a phone. So even how do we improve phone-based psychological services? And then also the idea that even as somebody who's providing this care you need supervision during this time. So how to do remote base supervision, so you can go through these courses here. At the current time WHO does not have it set up for the courses to provide certification and we hope that in the future that will be part of this platform. Hey, let me go back to the presentation. The IASC which I mentioned before also has some resources for children.

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Brandon Kohrt: So this is a book that is intended to teach kids about COVID-19 around the world to address some of the common fears and anxieties to teach some basic coping skills. You see one of the images here of this young girl on her or dragon doing some mindfulness activities with ... (?) around the world. I have an eight-year-old son who was a beta tester for this children's book about a month ago. And I can say that it was helpful for him to read and then ask me questions afterwards. It was interesting in going through this has his question was I wish the book told us who had COVID-19 and who didn't have COVID-19 but in the book I couldn't tell. And I said, yeah, my son's name is Kiren (?) I said, yeah that's the situation is we don't always know that's one of the challenges but I recommend this for anybody with young children.

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Brandon Kohrt: And just this morning hot off the press WHO released another guide. It's called Doing What Matters in Times of Stress. And this is linked to a whole series of audio files that walk you through some of the different activities. So it's not just the book but it's actually these audio sessions as well mostly using some mindfulness techniques and some validation techniques and they're rapidly in the process of trying to create this in a number of other languages. I think the five official UN languages should be wrapping up the next couple of weeks and they'll be expanding it beyond that but that's now available through WHO as well.

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Brandon Kohrt: The other thing that I mentioned that is a major issue to think about with regard to mental health and COVID-19 is the issue of stigma and so UNICEF, the International Federation of Red Cross, WHO has released guidance on addressing stigma as well. And this is something that I think for any of you who are health workers, we have a role to address this as well that when we're working with our patients and even with our colleagues to bring up the idea that physical distancing does not mean social isolation because we can stigmatize others just because of the idea that we could catch it from anybody. Helping our patients in our colleagues to think about still what matters most under these times we often find in those things that are most important to us yet compromise, that's when most likely to stigmatize others in the community to stigmatize our patients need and stigmatize our colleagues. The use of myth-busting reminding people that that COVID-19 does not follow racial

or ethnic lines as an action of the virus does at times because of policies and health system disparities, but the virus itself is not simply transmitted by certain individuals are certain ethnicity. With our health workers to bring up the issue of stigma with our patients and to realize that that's something they might encounter if we bring it up it might allow them to discuss it with us in the future. And then also to recognize stigma within our health care system. We've seen here in the U.S., my colleagues around world have reported this that stigma against people with mental illness has gone up because health workers feel like they don't wear the masks proper properly. They're not behaving appropriately are at greater risk, they're to blame. So even within the health system, we're seeing increasing stigma that we should address. And as I just mentioned with regard to the children's book, talking to kids about stigma issues as well.

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Brandon Kohrt: I want to wrap up with I just thought you know two really inspiring examples of work that's being done. So there is a Association of psychology clinical psychologist in Nepal. It's a small but very active group and they've taken it upon themselves with no support from WHO or others to go and and translate and culturally adapt a whole series of resources. They've set up a network to provide free remote care. They remotely supervising one another and so it's really inspiring to see how much they tried to reach out to that people who are in lockdown around the country are getting care and support in some way.

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Brandon Kohrt: And I think you know the most impressive outcome that I've seen in terms of a national response has been in Lebanon. If there's any Lebanese colleagues on I'd be interested to hear, any of your thoughts or feedback during the question and answer but what they've done is they said listen, none of this is going to be effective without a national action plan. And this is also something that the UN and WHO and other organizations recommend for these clusters that there has to be an integrated approach to end with measurable activities to see that things are being addressed. So there's four relatively straightforward goals. Nothing surprising about these given what we've just talked about but the really impressive piece is that for everyone of the goals the key target groups the actions that should be done are being addressed. What is the media responsible for what type of messages should be done by the media? What should institutional facilities be doing? What should outpatient facilities be doing? What can community services be doing? And it lays it out so that the government can be monitoring what's being done and where the gaps are to assure that there's comprehensive coverage. So I just wanted to bring that up as a really for me inspiring example of a national approach.

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Brandon Kohrt: And second to last slide here. So I just wanted to bring up the issue and this has been been said by Pamela Collins and Shake (?), leaders in the field of global and mental health. Then when it comes to mental health care, we are all developing countries and never has that felt more true than right now. It is really discouraging seeing how much effort has been put into coordinated plans and many, you know, the poorest countries around the world and we still within the U.S. do not have a coordinated response plan. You have CDC putting out a number of appropriate and I think helpful guidelines for families and individuals, but there's not an overall response plan about like we saw in Lebanon to coordinate these services. We're seeing large numbers of individuals fall off insurance not being able to get health insurance to that and go on get no health care. And we're really realizing all

the barriers that are part of our existing health system here in the states. A year ago, almost exactly a year ago, they were all these concerns that were raised about our telepsychiatry services here all of the insurance legal and other restrictions that were in place preventing the delivery of telepsychiatry and it took us more than a month here in DC to get some of these services into place to be able to just ... (?) for somebody remotely so there's just lots of barriers. And so I think what we're seeing in the U.S. unfortunately is a pandemic of self-help advice in the absence really have a nationally coordinated plan.

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Brandon Kohrt: I just want to wrap ups and there will be time for questions about how do we go forward? How do we move ahead well, we're staying in place. So I think in any country and for those that this work across countries really need to be advocating for nationally and locally coordinated health plans. We can't just recline ... (?), you know rely on individuals to see things out themselves use online services and assume that's going to meet the need. You have to find ways to address who's not getting the care they need and how do we find ways to bring to them and to support them. The next is the mental health care needs some more comprehensively be

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Speaker 1: integrated into any COVID-19 health response activities. So talking about stress, anxiety, trauma when we're trying to enforce the infection control procedures. And then also incorporating things like PFA and ... (?) non health programs economic support livelihood even education. My son's school has been good. They have a mindfulness activity three mornings a week before they go in and do their learning. Mental health programs to help workers and their families. I've hit this point again and again and again, this is absolutely crucial that we find ways to be sure that there's appropriate screening confidential support, group support, and also that the working conditions are being addressed. Finding ways that religious leaders, other community leaders can play a role in providing basic psychological support. This has been effective and trials in Nigeria and Kenya and has the opportunity to be rolled out more. Making sure that there's information on access. It's a really inspiring seeing how many resources are being developed. But again, they're often not coordinated and people don't know where to find everything. You can go and maybe hit you know, 25 web pages about dealing with anxiety and stress. But if those don't have some linkages or connections to say a hotline when you're feeling suicidal or a hotline for child or domestic abuse. That is a gap that could be actually life threatening. And then finally, we all responsible when we see sigma, we need to call it out. We need to try to find ways to address the underlying drivers of that because that's something that stigma is not going to just as suddenly I was saying that not just going to end when this is over that stigma will continue to go forward as we live in a post COVID-19 world.

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Brandon Kohrt: So that's it. I think we have about 15 minutes for discussion and I really appreciate this opportunity. Thank you so much, Seble and Yianna.

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Seble Frehywot: Thank you so much, Brandon for this comprehensive and top on mental health. So anyone if you have any question, you can either put it on the chat box or you can just unmute yourself and ask the question. So I will start and then, so Brandon, right now with many hospitals in and dated for taking care of our physical health, someone who's going through a moderate or severe case. What

are the services available for them to come directly or remotely to get services even here within the United States?

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Brandon Kohrt: Yeah, so it varies all over the place and some parts of the country here in some countries are doing a better job than others. So what has been good is a number of crisis response services have tried to strongly boost their remote care. So in the past you would call a crisis line, they might talk to you for a little bit and then typically somebody would be sent out to engage with you in person. So now what they're trying to do is have a lot higher level of experts available on crisis line so that they don't have to send somebody to your house so that they can submit safely provide more care. So I strongly encourage people based on wherever you are. If you're part of the system to identify what those resources are and to share them. We're doing a project with Congolese and Sudanese refugees in Iowa who are I've only been in the U.S. for a few years. Don't know the U.S. health system and are now dealing with lockdowns, and so one of the things that we've set up ways for the crisis response system to have Congolese and Sudanese translators available. They can do as much of that by home, so that's one of the key issues.

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Brandon Kohrt: The other is to educate existing patients about remote resources, but we're seeing here in DC is patient still coming into the emergency room thinking that's the only way they can get care when we have been trying to convert a lot of these things to remote face services because they said they didn't know and you know, for those of us that are, you know, middle class, upper class, we're kind of getting these emails daily. We're hearing these things routing things in this paper, but for many of our patients, they don't have access to know how much is being done say and kind of remote or online process. So we need to proactively engage I think with our patients we do that. My colleagues in Nepal has done a great job of trying to reach out to patients and say it doesn't mean that your service is over. I'm going to try and do as much as we can by phone, but we need to proactively do that. We can't just wait for our patients to do it. So I think all of those need to be addressed to really minimize the use of inpatient Services because it's hard risk. And one of the most interesting things we've seen in Virginia and the health system there is that patients can't come in for partial hospitalization or day hospitalization programs. And so they've switched those kind of almost day-long remote activities for people who don't need acute hospitalization, but aren't good enough yet to just have like a weekly visit and get by. So I'm hoping going to get back to this idea of building back better and we're going to radically transform mental health care in general to be more accessible even in a post COVID-19 world.

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Seble Frehywot: Thank you, Brandon. I'm going to give their minds to Elliott and Elliott is from Ghana. Hi Elliot!

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Elliot Tannor: Thanks Seble, nice to see you and thanks Brandon. I think fantastic presentation. So I'm a physician background and here in Ghana like any other low- and middle-income country. There are COVID issue has really been terrible. I mean in the sense that like I was asking my first time where you have an issue where we are afraid of COVID so telling people about prevention and social distancing of physical distancing, but you have about what ten people living in one room sort of so the

country in fact the government locked down the country. So people stay at home. And then the question is you're asking them to stay at home, we're probably it will be safer. So far as COVID is concerned if they stay out of their rooms because it's all these 10 people are in the room probably are not helping with the COVID and its attendant mental health issues depression. And people fighting each other and husband-wife issues here and there. My question is I mean, how do you marry the two so it got to a point as a country where were confused as to and I have a feeling government did not know what to do. So after three weeks of lockdown though. We are not out of the woods the virtually. I mean, let's look down below that people go about their normal activities because they realize that they were huge problems with finances. Of course people are not able to work to be able to make money to live and staying at home. They're getting infected anyway, so how do you marry the two?

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Brandon Kohrt: Yeah. Yeah. This is a huge problem and we're really designing guidelines for people that already have resources. We're not designing guidelines and response plans for those that are the most vulnerable. It's very concerning and that's I think that's across many countries, you know turning to Seble and her home country of Ethiopia, you know, some countries had made efforts in the past that are putting them a little bit better position so the work and obviously Addis Ababa over the past kind of decades with regards to developing more affordable housing, helping move people who were in concentrated informal settlements into this cheaper affordable housing on the perimeters of the city, puts them in a better situation. So in terms of the long-term, this is another reason why for governments, it's really important to invest in affordable housing. In the short term, what surprises me is that we haven't taken to other approaches that we use in a natural disaster. So we rapidly set up housing we do. I mean it's a derogatory term but basically 10 cities, right? So why have there not been approaches where you have highly concentrated populations to be able to say let's set up some type of informal, you know housing or sorry formal but temporary housing type approaches and mobilize resources to do that. So you don't have the situation of yeah ten people in a room probably smaller than my home office, so I would have liked to see more of that. I'm curious as this goes forward and if we begin to see more outbreaks and little income countries, would anybody go to pushing towards more temporary housing to basically disperse your you know, your Mumbai slum or your bazillion Favela (?) or you know, the four areas and the Accra (?) like that.

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Seble Frehywot: Thank so much. Interesting. Azeb, the mic is yours.

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Azeb Hadera: Thank you, Dr. Seble. Thank you for the presentation. It was wonderful. And my question is I know this is like the beginning when we talk about the isolation and it's the inability to distance get the stress to anxiety to another level, but it's a stigma for a lot of cultures to talk about mental health on to talk about stress or depression. How do what's the key initiative to communicate awareness through culture and during this COVID-19 because it affecting all over the world.

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Brandon Kohrt: Yeah, absolutely. So this is something that's not just a COVID-19 issue but important for mental health in general and also often in humanitarian crisis. So the important thing is to frame this in ways that are going to be culturally acceptable to talk about and to normalize them. So for example in all our use and work in Nepal, we don't often admit during crisis or a situation like this talk

about like hey, you need to address your mental health during COVID-19 because the translation for mental health is going to come across like you need to be sure that you're not psycho during COVID-19. So we use terms more related to tension to stress. There's terms like kind of, you know feelings and or thoughts running around in one's heart mind. There's a lot of cultural adaptation. It's really important to identify the terminology that everybody's going to feel comfortable talking about. When you open the door that way, it might then help you identify individuals and get into discussions maybe something about this more on the realm of clinical depression or clinical anxiety, but we need to frame this much more about well being, emotional balance, reducing tension, those types of things. So for whatever setting that you're working in if you're involved in that type of stuff really advocating did this isn't seen as a mental health message, but overall kind of a well being emotional health type message.

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Seble Frehywot: Thank you. Yianna?

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Yianna Vovides: Hello, my question is a little bit closer to home in terms of distance and elderly parents who are another part of the world who may only have right now their pets to really engage with and I was wondering it just in general. You can just point me to research resources. Random. Are there any, is there research happening right now in relation to how much the connection between pets losing pets and mental health and how potentially social isolation is really impacted. So I you know, it's hard for me to explain to ask the question. But what happens if you lose your pet and your that's your safety net. So I guess I was wondering a little bit more about that.

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Brandon Kohrt: Yeah, I haven't seen anything formal on that. If I find something that later today I can email Seble and you with anything particular. We have had a sense that having a pet during this time is incredibly helpful for individuals living alone, for families, for older adults. So it is an incredible resource. We haven't seen as much and I don't know if there's kind of concerned about it trying to help people who might want to pet because they're alone or they've recently lost a pet to be able to go through that adoption process in this time here. So I don't know how feasible it is to do that. And then the other issue is that in the home setting to have any loss of life even if it's just a pet is a reminder of all of our vulnerabilities and pets in particular are so tied to the home identity of the home experience that if one's recently lost a pet in this experience, you don't have another space that's kind of a normal space to go out and grieve whether it be going out with the family for dinner or going out to a park or going out other activities those types of things where one would kind of you know, rebound emotionally then come back to the … (?) slowly adjust to that is gone. You're just in that set place where you lost a member of your family. So I think it's really difficult. If I find anything on particular recommendations, I'll definitely circulated but I know it's a really important issue right now.

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Seble Frehywot: Thank you. There is an important comment as it has put which is my question also. How do you identify early on a family member who may be going down the road of depression in this era and how do you identify the telltale symptoms, you know so that before it becomes full freshed and then after that, I'll give the mic to Assefash.

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Brandon Kohrt: Right, so this is always a challenge and then it just becomes much worse now because of the situation around what's kind of a normal response to this and I just let it be don't press it too much and what might be a more serious concern. So trying to find activities that are our mental health promoting, some physical activity, mindfulness meditation trying to do those as a family trying to have that as a mental health promotion is a good thing to do. If you notice that a family member is withdrawing is not engaging if their diet begins to change in a significant way and compounded with that, you don't see any activities to try and address it like through physical activity or other health promoting things that would then be a concern because it might be that they're feeling more distressed. But they're also engaging in they more physical activity or they're engaging and doing some you know apps online to deal with that. If you see the distress and absence of kind of helpful health-promoting behaviors, that's when it's more important to begin to intervene. And at that time having open communications is very important as a parent trying to talk to someone to get resources and supports around that because they're more available in high-income countries. And then at some point because we're now in this telehealth world. We have the opportunity to have kind of a parent and a child in a joint session remotely just had some initial discussions as well as of course with the an adolescent or child individually, but yeah, I would always look for when you see signs that are concerning in absence of that individual trying to find ways to cope with COVID that is difficult situation.

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Seble Frehywot: Thank you so much, Assefash, the mic is yours.

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Assefash makonnen: Thank you. I wanted to know I didn't know about the move to have more emergency crisis situations done remotely and I am just worried that for situations where someone is not as willing to seek help on their own that this puts a lot a huge burden on the family members or if the person is living with their family. And so I just wanted to know if you had any insight on that and what kinds of follow-ups happen in situations where the person might not be as open to getting services.

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Brandon Kohrt: Yeah, so I can't speak as much to the low- and middle-income country setting but just for my own clinical work here our threshold for involuntary hospitalization has gone way up. So we're much more reluctant than we were two months ago to have somebody who seems like they're not super willing to get care. But we say, you know what, you need that … (?) going to be better if we have you kind of take care against your will. What you don't like doing in psychiatry in general, but at some point it's important. So now because of the COVID-19 fears, we've creeped up creeped up creeped up creeped up. And so there's only a very small sector of individuals that we are saying we're going to absolutely involuntary hospitalize you. So, that leaves the family in the position of having to take care of individuals who two months ago the system would have said that's our responsibility. So as you say it's a huge burden, so one of the things is trying to if you're a family member of someone who has a severe mental illness regularly engaging with your provider so that they can help advocate for you for why maybe an involuntary hospitalization of some kind of might be needed. In addition to that, another important thing is trying to see whatever is possible to assure lack of disruption in care. Are they still getting access to the medications, are those available, are those days to try and prevent that situation

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Brandon Kohrt: from happening but really efficient need another healthcare really kind of advocate for when an involuntary hospitalization might be needed because families are really getting stuck within the situation. I'm going to have to run for another meeting.

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Seble Frehywot: We're ending now. Thank you so much, Brandon for this time. Everyone, this is just a start reason that we started this mental health webinar is so that all of us will go back to our community whether that communities local, regional, or international and continue the conversation so that people at the end of this COVID crisis will not only be physically healthy by social distancing, but mentally well. Thank you so much, Brandon. We will have the video as well as the transcribed notes on the site. Have a good day. Keep safe.

1:01:06
Brandon Kohrt: Thanks, everyone. Bye.