

Comprehensively Address Mental Health Issues Related to COVID19 Pandemic

Mental Health Screening Tool and Counselling Process

Background

COVID-19 pandemic has hit every dimension of people's lives. It has threatened survival and induced fear, worry, uncertainty, psychological and cognitive deficit in people transcending age and boundaries. Studies indicate that latent effects of anxiety and depression due to Covid-19 have also risen and brought ripples in people's lives. While all are intertwined, sound mental health is a key to a happy life, as mental illness adversely impacts self-esteem, relationships, and ability of a person to lead a normal life. The Project 'Comprehensively Address Mental Health Related to COVID-19 Pandemic' is conceptualised to address the mental health issues manifesting in Covid-19 affected people, their family members and the general population. The understanding is that a targeted intervention with a set of processes can help identify/ screen the people for mental health issues and provide counselling services depending on the need.

This document explains the screening process and counselling method used in the 'Comprehensively Address Mental Health (CAMH) Related to COVID-19 Pandemic' project implemented by World Health Partners (WHP) with support of USAID. It has three sections:

- (A) Patient Health Questionnaire (PHQ)-4 for screening Mental Health
- (B) Counselling Process for clients identified during the screening; and (C)
Protocol for Counsellors

A. Patient Health Questionnaire-4 for Screening Mental Health

MH Screening: PHQ-4 tool

The PHQ-4 is a four questionnaire answered on a four-point scale. It is an ultra-brief screener that accurately measures core symptoms/signs of depression and anxiety by combining the two-item measure (PHQ-2), consisting of core criteria for depression, as well as a two-item measure for anxiety Generalized Anxiety Disorder-2 (GAD-2), both of which have independently been shown to be good brief screening tools. The total PHQ-4 score complements the subscale scores as an overall measure of symptom burden, as well as functional impairment and disability. An elevated PHQ-4 score is not diagnostic, but is, instead, an indicator for further inquiry to establish the presence or absence of a clinical disorder warranting treatment.

The Patient Health Questionnaire-4 (PHQ-4) was developed and validated by Kroenke,

Spitzer, Williams, & Löwe, (2009) in order to address the fact that anxiety and depression are two of the most prevalent illnesses among the general population. Because these two mood disorders are frequently comorbid, their nature can make filling out long questionnaires difficult if clients are suffering from fatigue or loss of concentration.¹

(I) Key features and advantages

PHQ-4 has been used extensively in research and clinical settings, with a range of populations. The advantage of the PHQ-4 over the earlier PHQ-9 and GAD-7 is that it briefly and accurately measures depression and anxiety and helps identify which individuals may benefit from an in-depth assessment. Since anxiety and depression are the major mental health effects post Covid-19, this tool is appropriate for this project. The tool can be administered both physically as well as telephonically.

(II) PHQ-4 screening score

The questionnaire has four questions. Responses are provided on a scale, with 0 being 'not at all', 1 'several days', 2 'more than half the days' and 3 'nearly every day'.

	PHQ-4 – Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
		0	1	2	3
1	Feeling nervous, anxious or on edge				
2	Not being able to stop or control worrying				
3	Little interest or pleasure in doing things				
4	Feeling down, depressed, or hopeless				

Screening score

The PHQ-4 total score ranges from 0 to 12, with categories of psychological distress as follows:

- None: 0-2
- Mild: 3-5
- Moderate: 6-8
- Severe: 9-12

Anxiety subscale = sum of items 1 and 2 (score range: 0 to 6)

Depression subscale = sum of items 3 and 4 (score range: 0 to 6)

On each subscale, a score of 3 or greater is considered positive for screening purposes.

Clients under the mild category of mental health are provided tele-counselling by counsellors or Centralized Control Centre Executives (CCCE). During household visits, project Care Coordinators (CCs) conduct the screening and also provides in-person

¹ https://qxmd.com/calculate/calculator_476/patient-health-questionnaire-4-phq-4

counselling. Clients under mild category are referred to the Centralized Call Centre (CCC), while moderate and severe category clients are referred to institutional care services.

B. Counselling Process

Counselling is a specialised process that requires verbal and non-verbal skills such as listening, empathy, patience, genuineness, a non-judgmental attitude, observation and smile to name a few. In CAMH the counselling session consists of four weekly counselling sessions for clients having mild symptoms.

- **Take -1: Talk to Know** – Identify the risk/ know the history
- **Take -2: Talk to Listen** – Clients explaining triggers/ problem
- **Take -3: Talk to Act** – Work on Complain- Support to overcome
- **Talk – 4: Talk to Maintain** – Guidance on well being

After Identification and enrolment of clients with mild mental health challenges in depression and/or anxiety domains, the CCCEs give a follow-up call to the client. They initiate session with greeting and rapport formation. Further they start the first session.

(I) Take-1 Session: Talk to know - Identify the risk/ know the history

Talk to know is the session in which the counsellor interacts with clients by asking them questions based on their personal, social and medical history. Through this interaction counsellor will identify issues that the client is dealing with including some of the immediate emotional turmoil and distressful thoughts experienced due to the diagnosis of COVID-19 and post COVID situation. This session also intends to assist clients in dealing with uncertainties (primarily related to the nature of the illness, being quarantined and management of routine after COVID). S/he will also take personal, social, medical history that is important to build trust to provide psychological first aid.

- i. **Identifying the feelings** - CCCE will identify and relate to another person's thoughts, feelings, sensations, and behaviour as understandable. All the triggers and risks inducing mental disturbance will be acknowledged by the counsellor. Efforts will also be made to let client discuss issues by accepting their thoughts, feelings, sensations and behaviour as humane and a normal process of adaptation to changes in life.
- ii. **Acceptance of feelings** - The client will be motivated to accept the root cause of concerns/distress thoroughly. Counsellor will help clients to discuss openly and not indulge in self-blame by explaining COVID scenario worldwide. The client will be encouraged to express themselves.
- iii. **Process building** - Throughout the recovery process, there could be many points when the client loses hope and is emotionally overwhelmed to use any coping strategy. This can especially be the case when the condition of the client is deteriorating. At such times, it is significant to provide supportive counselling to the client so that they continue to make efforts to better the condition. Few ways of doing this would be:
 - Praise efforts made till now
 - Reassurance

- Encouragement
- Reframing: Often, the way clients interpret the situation under distress is biased towards anticipating adverse outcomes. A counsellor can elicit some such unhelpful cognitions from clients by simply asking, "How they are thinking or feeling about the situation?" Clients come up with a range of unhelpful cognitions. For example, saying that "I am doomed to die", "I am completely helpless", "I will never feel better", "and this is the end of the world". Such thoughts can escalate existing anxieties and sadness. Thus, the counsellor can reframe the statements that reflect reality and are not biased towards anticipating adverse outcomes.

(II)Take -2 Session: Talk to Listen – Clients explaining triggers/problems

The counsellor will contact client for a follow-up session (2nd time) where they will initiate take-2 session, "Talk to Listen". Here the role of counsellor is of listening, when the clients are explaining triggers/problems and sufferings that will showcase their recent state of mind and their past experience. Client will discuss about pre- and post-Covid experiences, struggles and outcomes and seek support to overcome the present MH issues.

- Managing concerns towards the well-being of family members** – A client in isolation ward/after experiencing COVID 19 have realistic worries related to the well-being of their family members. Clients are explained that they can always make calls to their family members and be assured of coping with the separation and the pandemic. Additionally, talking about this concern with fellow clients also provides relief through shared support.
- Vaccination related anxiety** - Counsellor may come across people's inhibition to get vaccinated and any associated misconceptions. It is crucial to clarify the misconceptions by furnishing them with factual data. The counsellor should assist a person in identifying the significant percentage of the reduced risk due to vaccination. The individual is encouraged to look at the brighter side of life rather than only dwelling on the disadvantages of vaccination. In addition to motivational enhancement, it would also be essential to lay down the action plan of when and how they will complete their vaccination.
- Death anxiety** - Client with an intense fear of dying, which may further perpetuate the feeling of helplessness, can lead to significant anxiety, fear and typically reduce one's willingness to invest in treatment. When faced with such concerns, it is essential for a counsellor to validate their feelings of fear first and foremost. A client is encouraged to further classify their death anxieties into those within their control and those outside control.
 - "What situations will lead to death?"
 - "Will it happen soon?"
 - "How the family will be devastated due to this?"

These are some of the examples of questions on anxieties from the client's side

- Health education** - Misconceptions regarding disease and the epidemic, time for recovery, quarantine stay facilities and treatment process will be handled at this stage. Adequate information will also be made available to client and the family members so that they also learn to deal with the situation and keep realistic expectations.

- v. **Practising self-compassion** – Self- isolation during COVID times provides considerable time to the client where they endlessly engage in thinking about self. Often when in a low mood or anxiety, self-evaluations are quite severe and harsh. One may feel frustrated that the situation is not what he/she imagined, which may further add a sense of isolation – as if "I" were the only person suffering or making mistakes. It is appropriate for the counsellor to introduce here the idea of self-compassion, which simply involves recognising that suffering and personal inadequacy are part of the shared human experience – something that we all go through rather than something that happens to "me" alone. Thus, the client must be asked to be more self-appreciative by understanding that they are doing the best possible, and so is everyone, including doctors.
- vi. **Building hope** - As discussed in the principles above, hope building is a continuous process counsellor must engage in. It includes discussion on positive aspects of life which appears unacknowledged otherwise, talking about new perspectives on distress, a best-possible scenario that still lies ahead and may eventually be reached after overcoming this critical phase.

(III) Take -3 Session: Talk to Act – Work on Complain- Support to overcome

Counsellor will contact clients for third follow-up to talk about probable solutions. They will work on complaints delivered by the clients and suggest tasks and activities to overcome their distress. They will counsel and discuss ways to deal with the problems through various approaches.

- i. **Management of initial emotional turmoil** - Client with COVID-19 or who had suffered from COVID19 may feel emotionally overwhelmed at many points during recovery. However, the initial emotional turmoil can be frequent and severe which can be dealt with in the following way:
- **Letting it go** - Counsellor will explain that trying to push the emotion away has a rebound effect in increasing and magnifying the suffering.
 - **Expressing emotions helps an individual to be relieved of its impact** -
 - The client must be encouraged to express themselves to their loved ones (virtually while maintain social distancing), writing about difficult emotions or channelizing it through painting or other activities are also perceived to be helpful for many.
 - **Practising relaxation** - Deep breathing exercise to be introduced and practised. Counsellor will tell them the right way to practice this by asking them to sit straight in a comfortable position with eyes closed and then take deep, slow breaths for four seconds, hold it inside for another four seconds, and exhale in six seconds through the mouth. Repeating this simple exercise for 10-15 minutes daily calms down the nervous system and relaxes a person significantly.
- ii. **Accumulating positive emotions** - A step forward approach will encourage clients to engage in activities that can bring them joy and happiness in life

(within the premises of the hospital stay or at community halls). It could be as simple as talking to someone they love over the phone or video call, reading humorous stories etc.

- iii. **Reducing psychological impact of being isolated** - By strengthening physical health, creating new routines, virtually connecting to the loved ones, limiting information consumption on COVID-19 online, accepting the uncertainty of the situation while focusing on what is within the control (like routine, habits) and doing the best they can to handle the situation.
- iv. **Dealing with anticipatory anxieties** - Client may often find themselves surrounded with concerns about the future by imagining a worst-case scenario, which may escalate distress. A counsellor must tackle this by:
 - **No future telling:** Since the future is unpredictable by its very nature, it would be non-productive, tiresome and excessively stressful to keep estimating it. Instead, a helpful approach would be focusing on going through each day one by one with the utmost vigour as possible.
 - **Cope ahead:** This is for those clients who cannot remain preoccupied with future worries despite every attempt to deal with the same. A counsellor can introduce the skill of coping ahead. It simply means imagining the future stressful situation and then trying to cope with the situation adaptively. The client can rehearse in their mind what exactly they will do to cope effectively with those problems.

(IV) Take 4 Session: Talk to Maintain- Guidance on well being

In the fourth follow-up session, role of the counsellor is to provide clients with the notions of maintaining the well-being by guiding them with stages of well-being. The counsellor will provide tasks like relaxation activities, healing activities, which will engage the client post completion of counselling sessions. They will also suggest recommendations for over wellbeing.

This is the last phase of Intervention process which includes the following processes:

- Feedback
- Evaluation
- Summarization at the end of the session with the client.

At the end of take -4 session the termination or discontinuation of sessions will take place. Termination or discontinuation of sessions/ tele-sessions may be temporarily halted or discontinued by the counsellor for a range of reasons;

- If significant discomfort is experienced by client and/or counsellor,
- If these sessions are adjudged to be unhelpful/potentially detrimental, or
- If in-person interventions/more intensive interventions are warranted at any point.

The reasons for any change in decision, along with clear recommendations about other options for continued care, must be clearly explained to the client. The client can make the choice to withdraw from continuation of these sessions at any point. At every stage, it is the professional discretion of the counsellor regarding the method of intervention suitable for the client.

C. Counselling Protocol

The protocol aims to identify and provide intervention to CMD (common mental disorders) and neurocognitive deficits among the recovered clients from Covid-19 and their family members. It becomes necessary to provide psychological first aid to the people suffering from such disorders.

Counselling is a specialised process that requires verbal and non-verbal skills such as listening, empathy, patience, and genuineness. Some of these skills are listed below:

The counsellor must	So that the client can
Listen	Develop his/her thinking
Not judge	Feel safe and respected
Pay attention	Know you care
Accept the client's feelings	Know he/she is not being judged
Understand the client's world and feelings, put yourself in the client's shoes. Express that understanding.	Know you are with him/her
Think about the client	Get the best help possible
The counsellor may	So that the client can
Ask questions	Develop her/his own thinking
Summarise	Hear her/his thoughts and know she/he is understood.
Ask the client to try new behaviour in the counselling session	Release blocking emotion such as. unexpressed anger or sadness.
Counsellors should not	This will make the client
Argue	Defensive
Dwell on their own difficulties	Withdraw
Solve the problem for the client	Dependant
Give advice	Dependant or hostile

Belittle the clients' concern	Withdraw or attack
Avoid painful areas	Frustrated

A. Mental Health Counselling: Guiding Principles

Counselling is an activity that is fundamentally different from having a friendly discussion or giving a client instructions or advice. It involves a specific type of communication with the client using verbal and non-verbal skills; maintaining a specific structure to the session with respect to following an agenda; keeping the focus of counselling on action; and learning together with the client. It is also important for the counsellor to be non-judgmental, acknowledge the client's experience, be encouraging, and express warmth and genuineness. Counsellors are therefore trained through role-play, case studies, and undergo field observation with feedback to understand and absorb these skills.

Verbal and Non-verbal Skills

Non-verbal skills	Verbal skills
Calm appearance (without attention to phones/devices)	Know when to ask open questions (to encourage long answers)
Keep an open posture (no crossing of arms or legs)	Active listening to understand the client and establish a rapport
Lean slightly towards the client	Use of empathy by showing non-judgmental attitude. (acknowledging that it makes sense that when the client feels depressed, she/he withdraws from friends and family)
Make respectful eye contact	Reflect what client is feeling by focusing on feelings, not on the communicated details.
Sit facing the client	Paraphrasing to indicate that what the client is communicating is understood.
Non-verbal expressions of care and warmth (i.e., a smile, body language, eye contact, tone of voice) are simple ways in which this can be done.	Verbal expressions of encouragement (i.e., "I'm happy to see you today" or "I'm sorry that was so hard") Use of encouraging words, i.e. "Mm-hmm," "Yes," "really," "aha," "next," "carry on" etc.

(I) Qualities of an Effective Counsellor

Effective counselling occurs only when there is a mutual understanding between the counsellor and the client, which is brought about by sharing and exchanging ideas. The qualities of a good counsellor, as enumerated below go hand in hand with good counselling skills:

- **Warmth:** Being able to offer a nurturing environment is essential for clients to share their deepest fears and worries about what is happening outside and within.
- **Acceptance:** Offering complete acceptance is needed to create a space of unconditional positive regard and take in a person's whole story without passing any need for requirements or judgments on it.
- **Flexibility:** The ability to adapt to a client's needs and requirements from the session and shift their perspective is essential to understand the frame of reference fully.
- **Updating oneself:** In the specific circumstances of this counselling requirement, a counsellor must be aware of the daily happenings, any medical or psychological research or resources that could support the client and any events they should know about.
- **Contextual understanding:** The location of a person's socioeconomic, cultural and present-day background changes their needs in counselling, without which the work can often feel disconnected or removed from the immediate need.

(II) Values of Counselling process (For CCCE)

- **Every person has inherent worth and dignity** – Believes in democracy, social justice, equality.
- **Individual has right to self-determination** – Believes that, individual has the capacity to take decisions but they may need help.
- **Every individual is the primary concern of the society, has potential for and right to growth** – So it is the responsibility of the society to provide equal opportunities to all.
- Every individual in turn, has to contribute to the society's development. □ The individual and society in which one lives are interdependent.
- Basic human needs have to be met by services which are not contingent upon conformity either to moral behavior or to race, nationality, religion, caste etc.

(III) Basic Principles of Psychosocial Counselling

The counsellor must use strategies to establish a good rapport with their contacts and increase motivation to change in terms of protective behaviour and providing home-based care.

Counselling should not be conducted in silos, and it should not be very structured because no two persons are identical. A client-centred approach should be used to address each person's needs individually.

Successful counselling aims to enhance the client's coping skills by bringing change in the decision making and behaviour changes specific to the crisis like the COVID-19 pandemic.

- **Encouraging safety, health and hygiene:** There is a lot of confusing information available to the public right now. As a part of counselling, the counsellor could check what measures of safety the client is taking and help them with correct and reliable information along with its rationale. Secondly, the counsellor must emphasise the client who is responsible for the health of family members by exploring the methods family is adopting and suggesting some options, if needed.

- ii. **Reducing immediate distress:** The clients might come to the counsellor with high distress levels. It is helpful when a counsellor is calm, introduces self and the purpose for counselling, listens attentively, paraphrases and summarises the concerns to the client. A counsellor could also use active listening and ask openended questions to explore the concerns more. In high distress situations, refrain from quickly jumping to provide a solution or moving away from the topic.
- iii. **Normalise the worry and developing healthy ways of addressing worry:** Help clients understand that feeling negative emotions are natural and that they are not alone in this. This approach helps normalise the worries. Few statements like "Understandably, you are overwhelmed with the situation", "I can see that you have been dealing with many worries about safety. Counsellors can help clients identify healthy ways of addressing these worries in the following ways:
 - a. Identify what are some specific aspects of life when they worry more and see what makes other aspects less worrying
 - b. Explore if there are times when worry is more than other times and what brings the difference?
 - c. Help them identify some steps they have taken to deal with worries and which ones have worked more than others. Also, explore if they know of some methods their loved ones use to take care of worrying
 - d. Highlight all emotions like stress, worries are transient and that they shall pass
 - e. Suggest them to practice methods that have worked for them and create more ways that are useful in their life context and based on their belief system.
 - f. Suggest some research evidence-based methods like deep breathing, relaxation, mindfulness.
- iv. **Take constructive steps towards solving life problems:** Clients who come with worries about life problems must also be helped with identifying more realistic, doable strategies that can help them solve the problem. Identifying the problem, some possible solutions, testing the pros and cons of each, and identifying the most probable option can be effective.
- v. **Increase supportive communication in relationships:** Help clients identify the importance of open and supportive communication methods in the family. Encourage them to acknowledge efforts over outcomes to reduce critical feedback and help them use more supportive words. vi. **Help individuals cope better with their life challenges** and suggest some appropriate ways to enhance coping.
- vii. **Generate a sense of realistic hope:** This can be done carefully without silver-lining any conversation. It helps when a counsellor is realistic, calm and supportive, especially during difficult conversations.

B. Considerations for Tele-Counselling

The section below throws light on special considerations for providing counselling services over the phone and also for adapting counselling skills to suit the medium of the telephone.

Before initiating the telephone counselling service:

- ✓ Laying out the scope of the service

- ✓ Design protocols for issues such as call duration and call back and follow up policy
- ✓ Develop formats for documenting call details
- ✓ Ethical framework for the service (confidentiality, anonymity, call recording, boundary management, counsellor competence, crisis management, counsellor self-care etc.)
- ✓ The design flow of the call elaborates upon the entire process of tele-counselling, starting from picking up the call to ending the call. Develop appropriate verbiages for different stages of this process.
- ✓ Prepare referral directories and referral policies

Considerations for providing counselling services over the telephone:

- ✓ Familiarise yourself with the technology and its features before offering counselling services. Assess if the client needs familiarisation with the phone, he/she is using
- ✓ Clarify the scope of the help-line and your role to the caller
- ✓ Assure the caller of confidentiality of the service
- ✓ Learn to adapt your skills of offering face to face interventions over the medium of technology
- ✓ In case of prank, sexual or nuisance calls, politely clarify the scope of the service and set limits with the caller
- ✓ Follow ethical guidelines
- ✓ Watch for signs of fatigue, stress and burn out and practice-self care



Identifying Suicidal Ideation and Intent

MH Counsellors must be able to identify suicidal ideation or intent in others. Clients are at a higher risk if they have a history of depression and/or are demonstrating an increase in the severity of observable symptoms such as:

- Having a depressed mood more often than before and for longer periods
- Being alone most of the time
- Not engaging in activities, they used to
- Neglecting their personal hygiene
- Observing slowness in their manner of talking or their physical movements
- Sleeping too much or too less
- Eating too much or too less
- Talking negatively about themselves or their future most of the time
- The person is talking about death, harming oneself or researching ways to harm oneself

Statements which indicate that the person is actively thinking about suicide:

- “What is the point of living?”
- “I have nothing to live for anymore.”

- “No one would miss me when I am gone.”
 - “I won’t be here the next time.”
 - “I feel like giving up now” or “I give up”
 - “I wish I was dead.”
 - “Dying would be easier...”
- Frequent scars or injuries such as cuts or bruises on a person who has expressed desire to self-harm or to die by suicide indicates imminent risk.
 - Prior history of suicidal attempts makes it more likely that the client might try again.
 - If the client shares a well thought- out plan of attempting suicide, client is considered an imminent risk.

Sudden changes in the person’s personality or high fluctuations in their mood states should be observed for imminent risk:

- Being extremely joyful one day and being extremely agitated the next day
- Over reacting to routine criticism or praise
- Minor situations leading to heightened emotional distress
- Experiencing sudden anger outbursts or episodes of aggression.

A sudden increase with respect to impulsive and risk taking behaviors should be observed for imminent risk:

- Abusing drugs or alcohol
- Rash Driving or drinking and driving
- Often initiating physical fights
- Sudden interest in high-risk adventure sports

Action points after identifying Suicidal Ideation/Intent. MH Counsellor must be able to ask difficult questions that could save the client’s life:

- “Have you had any recent thoughts about suicide or harming yourself?” □ “Are you thinking about killing yourself?”
- “Have you acted upon these thoughts?”
- “Have you attempted to harm yourself in any manner or attempted to kill yourself?”

MH workers must ensure a complete referral of the client to crisis intervention care, identified by the program for an immediate and short-term emergency response to mental, emotional, physical, and behavioral distress.

Guidelines for Counsellors:

Do’s

- Remain calm. Show concern but be a confident reassuring presence.
- Listen. Encourage the person to talk about what happened.
- Assess severity and urgency of need.
- Ask how you can help relieve stress.
- Follow-up to see how the person is doing.

Don'ts

- Don't hesitate to ask about intention to harm self or others.
- Don't hesitate to ask specific questions about the person's ability to take care of others.
- Don't rush
- Don't make promises you can't keep.
- Don't dismiss concerns.
- Don't try to "fix" a complex problem with a simplistic solution.

Initial Challenges and Way Forward:

- CCC helpline may receive calls from distant locations in the three project areas. Particularly, in Jharkhand and Gujarat various dialects are used by tribal communities. To ensure that these clients are also properly attended, counsellors well-versed in local languages have been recruited in Gujarat and Jharkhand.
- WHP Helpline might receive calls for suicide prevention from different districts and adjoining states of the project areas. The team could face difficulty in promptly responding to suicidal calls due to limited proximity. To deal with such issues a collaborative network with government departments - police, Mental Health institutions, Disaster Management as well as local NGOs is being formed to ensure immediate response.
- On a few occasions, CCC receives calls specific to emergency health issues or clients using abusive language, or sexual dysfunction. Also, counsellors sometimes encounter fake calls which are not related to counselling. Clients are usually interested to know how they counsel or just to have a chance to talk. As part of training, counsellors are being prepared and guided to deal with such issues, patiently.