Guidebook on
Mental Health and COVID-19

NCDC
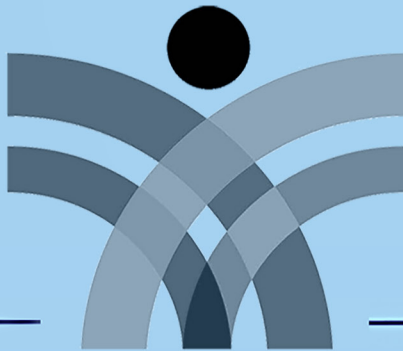
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November 2020

MENTAL HEALTH AND COVID-19.

Introduction

No health is without mental health. The COVID-19 pandemic is putting an enormous strain on health and economic systems. The impacts of the pandemic on mental health and psychosocial well-being are large and diverse. The psychological impact of the epidemic on the general public, patients, medical staff, children, and older adults have been reported worldwide. Although no detailed study on the mental health status of mass people and frontline workers facing the epidemic has been conducted to date in Bangladesh, mental health specialists addressed the challenges of the frontline workers, especially doctors and nurses, and also the mental health consequences of the COVID-19 infected individuals.

The current guidebook **Mental Health and COVID-19** (1st edition) is developed by Committee on Mental health and COVID-19 in the NCDC, DGHS, written and adapted according to the context of Bangladesh. The objectives of this guide are to orient professionals on mental health issues during COVID-19 pandemic and learn practical skills for self-mental health care and wellbeing. This guidebook has two separate sections. The first section indicates common mental health issues among mass people during COVID-19 pandemic and the second section addresses the psychosocial issues of frontline health and other workers. For both sections, intervention technique including basic psychosocial skills and self-care is incorporated. This guidebook is expected to integrate mental health care into daily COVID-19 response and make a difference in the wellbeing of people.

ADVISORS

Prof. Dr. Abul Bashar Mohammad Khurshid Alam
Director General, Directorate General of Health Services (DGHS)

Prof. Dr. Nasima Sultana
Additional Director General (Admin), DGHS

Prof. Dr. Meerjady Sabrina Flora
Additional Director General (Planning & Development), DGHS

Prof. Dr. Mohammad Robed Amin
Line Director, Non-communicable Disease Control (NCDC) Programme, DGHS

CONTRIBUTORS

Professor Dr Md Abdul Mohit
Former Director, National Institute of Mental Health, Dhaka

Professor Dr Liaquat Ali
Former Vice Chancellor, Bangladesh University of Health Science (BUHS)

Dr Md Habibur Rahman
Former Line Director, Non-communicable Disease Control (NCDC) Programme, DGHS

Professor Dr Waziul Alam Chowdhury
President, Bangladesh Association of Psychiatrists
Former Director, National Institute of Mental Health, Dhaka

Professor Dr Bidhan Ranjan Roy Podder
Director-cum-Professor, National Institute of Mental Health, Dhaka

Professor Dr MMA Shalahuddin Qusar
Chairman, Department of Psychiatry, BSMMU, Dhaka

Professor Dr Mahjabeen Haque
Chairperson, Department of Educational and Counselling Psychology, University of Dhaka

Dr Helal Uddin Ahmed
Associate Professor, Child, Adolescent and Family Psychiatry,
National Institute of Mental Health, Dhaka

Dr Kamruzzaman Mozumder Rahat
Associate Professor, Department of Clinical Psychology, University of Dhaka

Dr Md Rizwanul Karim
Associate Professor, Epidemiology

Dr Niaz Mohammad Khan
Associate Professor (Psychiatry), National Institute of Mental Health, Dhaka

Dr Maruf Ahmed Khan
Deputy Programme Manager
Non-communicable Disease Control (NCDC) Programme, DGHS

Ms Hasina Momotaz
National Consultant-Mental Health, World Health Organization

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Who this guidebook is for

The COVID-19 pandemic situation has changed the presentation of patients/clients and delivery of service in a drastic manner. Professionals are now observing mental health and behavioral manifestation of the pandemic reaction among their patients/clients and themselves in such a manner with which they are finding themselves not equipped enough. This guidebook has been developed to aid the professionals in understanding, identifying and managing the psychological reactions in a generic and evidence-based manner.

This guidebook is primarily developed for the health professional engaged in service delivery; however, the contents presented here can be useful for other professionals as well.

How to use this guidebook

This brief guidebook presents only the most salient issues that are being observed in the COVID-19 pandemic context. There are many other aspects, which may be relevant to professionals with specific expertise and roles. However, to maintain the brevity of the guidebook, we made a balance by carefully considering only those aspects that are useful for most professionals.

The guidebook has two broad sections:

One focused on the understanding and management of mental health issues of COVID-19 infected individuals.

The second one focused the mental health impact and their management for health professionals working in COVID-19 context.

The general management strategies presented here are very generic and can be used or practiced by any users. However, the medial management sections are reserved for practice by the physicians only.

Interested readers and users of this guidebook can further explore and understand the concepts by searching the key words on authentic professional websites. We have presented some useful link in the "Source and further readings" section, which is likely to be useful for the users. Finally, please feel free to contact the relevant contributors if you have any query regarding the concepts or strategies presented in the guidebook.

Mental health issues of quarantine/ isolation/ admission

Common problems	Possible management
Anxiety, distress, confusion, frustration and boredom, depression	1. Clear information about duration of quarantine 2. Restriction of news consumption, avoiding multiple times news, news scroll, one or two authenticate source of information, less social media use. 3. Maintaining a daily routine. 4. Doing everyday activities like brushing, eating, bathing slowly with full concentration may reduce anxiety and distress. 5. Thinking the positive things in life may help to reduce depression.
Fear of infection: health anxiety, fear of infecting others, of losing contact with family members	1. Information, reassurance about the disease, 2. Ensure regular contact with family members by phone or online 3. Provide facilities to the individual to remain physically active, continue or develop hobbies to be mentally active and ensure a balanced diet to keep themselves fit and calm
Facing social stigma with COVID-19	1. Do talk about the disease (COVID-19), But DO NOT use terms such as 'Wuhan virus/ Chinese virus etc.' 2. Social distancing is not to be confused with social discrimination. It is alright to stay safe by keeping a distance of 1-2 meters. Treat everyone as human with equal status and opportunity. 3. Correct misconceptions and do not encourage false propagation

Counselling for home quarantined using telephone helplines and telepsychiatry for subjects in home quarantine, supportive counselling can be provided by telephone helplines and telepsychiatry platforms connected through national health helpline.

Exacerbation of pre-existing psychiatric conditions

Any pre-existing psychiatric conditions like psychosis, mood disorders, anxiety spectrum disorders, sleep disorders, etc. can exacerbate during the quarantine.

This can happen due to three reasons -

-- Illness related.

-- Stopping ongoing psychotropic medications for reasons such as non-disclosure of mental illness, non-availability of medications, drug interactions and lack of access to mental health care providers.

-- Drug adverse effects: Some of the commonly reported psychiatric symptoms associated with the use of steroids and antivirals are psychosis, delirium, mood disorders, and

-- cognitive disturbances.

Management: Telepsychiatry, Tele counselling, Emergency psychiatric consultation (if needed) with mental health professionals after screening.

Indications for referral for mental health assessment by specialist psychiatrist

In most cases, mental health issues are self-limiting. But it is not uncommon for some persons to show more severe and persistent mental health symptoms which may require immediate assessment and specialized intervention.

The common among them are:

-- Expressing suicidal ideas

-- Violent/aggressive behavior

-- Uncontrolled use of alcohol/drugs

-- Crying or expressing uncontrollable distress

-- Unexplained bizarre behavior like talking or smiling to self

-- Escalation of preexisting mental health conditions

Management of mental health issues in ICU patients with COVID-19 infection

Common problems

1. Anxiety: Anxiety is the first reaction to any demanding or intensive situation. This reaction can be enhanced in COVID context due to lack of information, uncertainty, fear, lack of resources and limited access to family members/carer.

2. Sleep disturbance: Sleep disturbance is also a very common consequence of stressful life circumstances (which COVID-19 situation has brought to all of us). Additionally, the reduction of outdoor movement, activity and exercise changed our need for sleep and its cycle.

3. Depression: The loss and negative life experiences associated with COVID-19 situation can trigger low mood or symptoms of depression among the patients, carer and well as service providers. It may seem normal, but have the ability to drastically impact function of the affected individual.

4. Communication problems

5. Pain

6. Fear of being dependent on the machine for breathing

7. Delirium (also called ICU psychosis): Patients admitted to the ICU are prone to developing delirium. Elderly individuals and people with decreased cognitive reserve such as those with preexisting dementia are at higher risk of developing delirium. It is usually multi-factorial and identifying the cause(s) is central to the management of delirium.

Prevention of ICU delirium using non-pharmacological behavioral interventions

1. Efforts to help in orientation

2. Enhance sensory efficacy (e.g., encouraging patient to use their glasses or hearing aids)

3. Promote sleep

4. Adequate and appropriate pain management

5. Preventing complications of immobility (bed sores)

6. Optimization of physiological parameters (e.g., electrolytes, hydration)

7. Foster physical therapy/early mobilization.

Management of delirium/ psychosis

1. Identification and resolution of the primary cause

2. When behavioral symptoms are disruptive or likely to interfere with treatment, the use of low dose antipsychotic medication is generally preferred for its short-term management. Among the antipsychotic medications –

   a) If a patient can take oral tablets, then oral haloperidol should be preferred over parenteral administration. A low dose of haloperidol (up to 2.5 to 5 mg up to twice a day) is generally adequate.

   b) Alternately, Quetiapine 25mg to 50 mg (not extended release preparation) in divided dose can be administered orally.

3. Respiratory distress and respiratory failure are fatal manifestations of COVID-19, hence administration of benzodiazepines should be avoided.

Who are the most vulnerable to develop mental health problems?

- Children

- Senior citizens

- Pregnant women

- Persons with disability

- Homeless individuals, Poor social support & lower economic status

- Marginalized communities

- Life-threatening chronic medical conditions like cancer, chronic renal failure, liver diseases, asthma/COPD, immunocompromised patients

- History of severe mental illness and wandering mentally ill

Handling distress related to quarantine /isolation

1. Validate the feelings of anxiety/stress and use a non-judgmental approach

2. Check on the concerns related to quarantine /isolation members and their safety

3. Reduce the anxiety about health by providing reliable sources of information

4. Bring them into 'here and now' by rerouting discussion to present moment from future and/or past. Mindfulness is the basic human ability to be fully present, aware of where we are and what we are doing, and not overly reactive or overwhelmed by what's going on around us.

5. To be in the present moment be aware of your breathing. Just focus on how you are inhaling oxygen and exhaling carbon dioxide. Feel the cold oxygen entering your body and circulating throughout your body and while exhaling feel the hot air coming out from your body.

6. Discuss about what they can do instead of what they can not do

7. Advise them to be in touch with family members over the telephone and social media

8. If they are being overwhelmed by the social media messages on the pandemic, advise them to take a break from the same

9. Ask focus on keeping a routine for themselves while in isolation

10. Encourage physical exercises

11. Ask them to pursue a hobby

12. Teach them or invite them to learn and practice mindfulness

Have a routine	Take deep breaths	Call a loved one	Have fun	Open windows	Help others

Relaxation (Abdominal Breathing)

Sit in a comfortable position on the ground or a chair.

Remove your wallet, belt or other items (phones) from your shirts, trousers or dress.

Relax your shoulders.

Bring your hands to your lower belly with your (two middle) fingers/palm touching the belly.

Close your eyes now

Take a long, deep, gentle breath through your nostrils and send this long and deep breath down to your belly, so that your stomach expands (keep your shoulders relaxed).

(You should find that your middle fingers naturally part slightly as the belly expands with the breath.)

Exhale or breathe out slowly through your mouth. Now you can feel how the belly naturally draws inwards as the breath exits the body (and the middle fingers slide to touch again).

Do this abdominal breathing a minimum of 5 to10 times (inhale and exhale slowly).

Practice these 3 times daily and whenever you feel distressed. This will make you calm, relaxed and in control. If you find any discomfort while doing this exercise (for example; excessive sweating), stop doing it and you may proceed to other relaxation techniques like PMR etc.
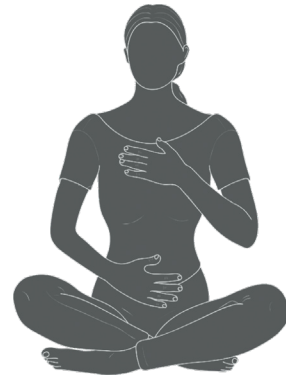
Progressive Muscular Relaxation (PMR)

Progressive muscle relaxation is an exercise that relaxes your mind and body by progressively tensing and relaxing muscles throughout your entire body. You will tense each muscle group tightly, but without straining, and then slowly release the tension and feel the muscle relax. You will tense each muscle for about 5 seconds. If you have any pain or discomfort at any of the targeted muscle feel free to omit that step. You may start from your forehead, and then proceed to face, shoulder, back and waist, chest and belly, hip, thighs and legs, and arms and hands.

Reduce stress
and anxiety

Helps with any
stress-related conditions

Less headaches

Decrease aches
and pains

**Progressive
Muscular Relaxation
(PMR)**

Sleep better

Power Pose

STANDING, WIDE STANCE

ARMS CROSSED
BEHIND THE HEAD,
SITTING OR STANDING

HANDS ON HIPS

MS RAISED IN A "V"
OVE THE HEAD
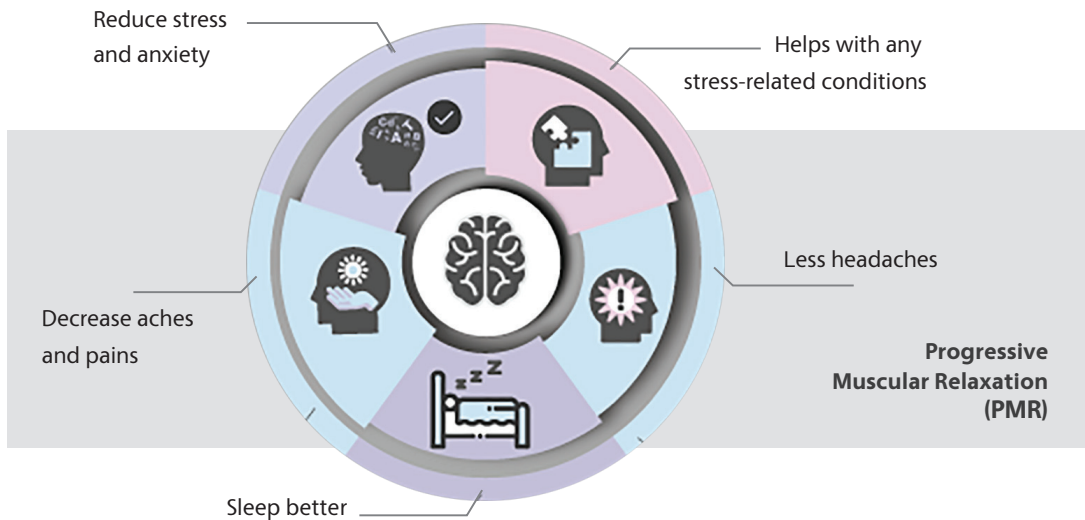
Power pose is changing your body language in ways that can make you feel more confident.

It's a self-improvement technique in which people stand in a posture that they mentally associate with being powerful, in the hope of feeling and behaving more assertively.

Certain "power poses" immediately change your body chemistry. You may simply follow this to boost yourself.

Stand with your feet apart, your hands on your hips/waist, and your chin tilted upward. Stand in this position for 3 minutes. At the same time say to yourself, "I can do it", "I'm capable" etc.

Handling grief or loss of near relatives and friends

Pandemics can cause tragic loss of lives. People may lose their family members, friends, and other loved ones. Things can be further aggravated owing to the inability to attend funerals, guilt regarding the inability to save etc.

Steps:

1. Acknowledge feelings of loss

2. Tell them that I could imagine to some extent how difficult it must be for them

3. Allow them to express their emotions (crying, shock, disbelief)

4. If the person is crying or in shock, be with the person and do not interrupt them. Give them time to express their feelings.

5. Allow them to talk about the loved person if possible.

6. Let the person express about the loved person if they are ready to speak.

7. Ask them what they need

8. Help them to connect with the persons who will support them

Helping people solve problems

Pandemics along with the infection also bring in a host of problems including social and economic challenges. Individuals might feel overwhelmed and may struggle to manage problems. Simple problem-solving strategies described below may be helpful.

Steps:

1. Introduce problem-solving techniques as a way to find solutions by themselves with some support

2. Ask the person to identify their problems and amongst them the most bothersome problem.

3. Once identified, ask the person to list out all possible solutions

4. Help them to choose one or two appropriate solutions and ask them to try out

5. Make an appointment for the next visit where they can share the experience of trying these solutions

6. If the problems are unlikely to be resolved, help the person to recognize that the problem might not go away and the person needs to think of ways to reduce the problems

Use of psychotropics among the covid-19 infected persons

Common psychotropics and their safe uses in patients with novel coronavirus infection

ANTIPSYCHOTICS: Precautions in COVID-19 patients

Potential drug interactions are secondary to Cytochrome P450 Inhibition by antiviral medications like lopinavir and ritonavir are CYP inhibitors and can increase levels of Haloperidol, Olanzapine, and Quetiapine. Hence it is imperative to monitor for adverse effects and reduce the dose of the latter if required.

Azithromycin can cause QTc prolongation which can worsen when combined with Haloperidol or Quetiapine. They must be used cautiously, with ECG evaluation, in patients with underlying cardiac conditions.

ANTIDEPRESSANTS

(Tricyclics and SSRI)

Precautions in COVID-19 patients: Antivirals tend to increase levels of certain SSRIs particularly Fluoxetine, Paroxetine and may cause toxicity.

MOOD STABILIZERS

Lithium: adverse effects must be monitored because of the narrow therapeutic index and propensity to cause cognitive effects in patients on multiple medications.

Valproate: level may decrease with ritonavir but is generally safe with other antiviral drugs.

Lamotrigine: levels may decrease with ritonavir.

SEDATIVES/HYPNOTICS

COVID-19 is known to affect the respiratory function of patients. Benzodiazepines, can cause respiratory depression, so should not be used when a patient has acute pulmonary insufficiency. Lorazepam would be the preferred benzodiazepine as it has a shorter half-life.

Treatment of acute onset behavioral disturbances with psychotropics:

DELIRIUM	Haloperidol 2.5 - 5 mg po/ Risperidone (1mg in divided doses) *po.* * If the patient cannot take orally then inj. Haloperidol 5 mg intramuscular twice daily.
ACUTE PSYCHOSIS/ MANIA	* Risperidone 4-8 mg/ day. / Olanzapine 10 mg / day. * Add Procyclidine 5-10 mg daily if there is extra pyramidal side effects.
ANXIETY	For acute anxiety: Lorazepam 1-2 mg daily and 5-7 days *po.* For chronic anxiety: Escitalopram 10 mg daily *po.*
DEPRESSIVE DISORDER	Escitalopram 10 mg daily *po.*/ Sertraline 50 mg daily *po.*
INSOMNIA	Lorazepam 1-2 mg daily if no contraindications to Benzodiazepines Quetiapine 25 mg/ day if Benzodiazepines is contraindicated.

Psychological issues of frontline personnel combating COVID-19

Doctors and nurses

- COVID-19 presents the front-line of a new uncertain battle.

- Thousands of healthcare personnel, police and government officials are working round the clock to confront it head-on.

- Some of them may experience distress to the point of not being able to carry on. They require help. It is critical to ensure that those in need are identified early and offered an appropriate intervention.

The commonest disabling mental health issue experienced by personnel in the front-line of any pandemic is "burnout". Described classically as a triad of emotional exhaustion, depersonalization (loss of one's empathy, caring, and compassion), and a decreased sense of accomplishment. Burnout can have a significant impact on competence and can impact health care delivery.

Risk factors for burnout

- Long working hours

- Worry about risk to self and family

- Concerns about inadequate personal protection materials

- Separation from family/loved ones

- Pre-existing mental health & addiction issues

How to prevent and combat burnout?

Appropriate appreciation and recognition from the authorities and the ministry officials is a must for maintaining moral and confidence of the health care professionals.

Online telepsychiatry and tele counselling service from the mental health professionals.

Self-care: All personnel in the front line should be made aware of the principles of self-care. Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness. These include the following:

- Have a routine
- Ensure breaks and adequate sleep
- Keep in touch with relatives/friends
- Carry out some activities and hobbies unrelated to work
- Exercise regularly and have a healthy diet
- Practice relaxation exercises like yoga
- Religious activities (if you are a religious person)
- Make time for yourself and your family

Role of health managers/ team leaders/ supervisors

To reduce the stress of the health care workers, team leaders are encouraged to:

- Mix and match, ensure that juniors with limited experience work with their senior colleagues

- Ensure staff rotation from jobs of higher stress to lower stress and vice-versa

- Duty/shift breaks/holidays to be agreed within the team and ensured as far as possible

- Ensure good quality communication with accurate information updates

- Have regular team meetings even if its brief. It helps to develop a 'bond' and also to sort out issues that may emerge because of working in stressful situations

- Team meetings may also be used to discuss common mental health issues that arise out of working under difficult circumstances (stress, burnout, anxiety, fear, etc.) and simple steps for psychological 'self-care'

- In the event of unfortunate outcomes like death, ensure that the team has an opportunity to "debrief" (Discuss the situation in a nonjudgmental environment).

- Team members may been courage to share their emotions which may include guilt, anxiety, and distress.

- A flexible schedule may be considered for any person who has been directly impacted in some way or has an affected family member

- If a team member is experiencing mental health difficulties, provide a senior colleague/workmate, who may be expected to talk, listen and provide commonsense suggestions for mental health care. They can also be asked to report back if things deteriorate.

- All staff to be made aware of the nearest specialist mental health service and access to its services.

- Lastly, refer to any staff member who appears to have uncontrollable distress for assessment and intervention to the nearest specialist mental health service.

Indications for referral for mental health assessment

In most cases, mental health issues are self-limiting. But it is not uncommon for some personnel to show more severe and persistent mental health symptoms which may require immediate assessment and specialized intervention. The common among them are:

- Expressing suicidal ideas
- Violent/aggressive behavior
- Uncontrolled use of alcohol/drugs
- Crying or expressing uncontrollable distress
- Unexplained bizarre behavior like talking or smiling to self
- Significant deterioration in occupational functioning

Specific issues in pandemics

Medical personnel in quarantine -

- There is an increased risk of health-care workers themselves being infected or quarantined.

- In addition to stress-related to quarantine, most experience increased concern that their absence will create more under staffing issues. They may also experience guilt and fear that they may have infected their team, family and other patients. A sudden separation from their team also means an increased likelihood of experiencing more social isolation.

- It is essential that staff in quarantine feel supported by their immediate colleagues.

Life and death decisions:

- Doctors and team heads working in the frontline of pandemics often have to make difficult and consequential choices.

- Frontline personnel making these choices may be better served to discuss these decisions in a group or with colleagues.

- On occasions, professionals may be alone and then they can discuss their emotions with a close friend or family may help.

- At all times, professionals must remain aware of the legal and ethical obligations of protecting patient confidentiality.

Fight with stigma by the health care personnel:

- Personnel working in hospitals in times of pandemic often experience stigmatizing attitudes from the general public.

- The organizational leadership should not be dismissive of these aspects and ensure the safety of their staff.

- They should encourage staff to remain connected to their friends/family through digital methods.

- Policymakers should implement local programs of "honouring front line personnel" and acknowledge their role using various media platforms.

- All staff should be sufficiently informed on means to access mental health and psychosocial support services if required.

Using some common psychological measures

   a. **Praising ownself**

   b. **Find out positive things around you**

   c. **Relaxation (Abdominal Breathing)**

   d. **Handling grief**

   e. **Helping to solve your problems more effectively**

   f. **Mindfulness/ grounding technique this can go to the previous part where mindfulness has been described.**

- Use your sense organs

- Look around and name 5 things you see

- Feel 4 body sensations (touch and temperature)

- Listen to 3 sounds you are hearing right now

- Identify 2 smells

- Feel at least 1 taste

How to break bad news

This may involve communication about the death of a loved one to their family members, deterioration of health status, positive test result for COVID-19, suggesting quarantine and others.

- Before breaking bad news, confirm the information and study the details. Ex: Breaking the news of the death of the close person to the family member in an ICU setting

- Prepare yourself to deliver the news.

- Be genuine and honest

- Rehearse in mind how to deliver the news.

- Have details of how the person might respond to bad news

- Choose the right setting to break the news

- Keep patients' family members or relatives around when breaking bad news

- Use simple sentences to deliver the news "I'm sorry to have to tell you this". Do not overload within formation

- Provide information in two or three simple sentences

- Allow the person to respond. The responses may vary from silence to anger. Be prepared to deal with all these emotions.

- Don't be in a hurry. If the person is crying, allow them to do so. If the person is angry (you sense signs of aggression, call for help). If the response is silence give them some time

- Provide emotional support until the person gains control

- Summarize, plan further support and revisit.

Resource and further readings:

Disability considerations during the COVID-19 outbreak [Internet]. Dghs.gov.bd. Available from:
https://dghs.gov.bd/images/docs/Notice/31_03_2020_Disabilty%20considerations%20during%20the%20COVID-19%20outbreak_HM_formatted.docx.pdf

Mental health and COVID-19 [Internet]. Available from:
https://www.who.int/teams/mental-health-and-substance-use/covid-19

Coronavirus Disease 2019 (COVID-19) [Internet]. Centers for Disease Control and Prevention. 2020. Available from:
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

Addressing mental health during COVID-19 | UNDP [Internet]. UNDP. 2020. Available from:
https://www.undp.org/content/undp/en/home/blog/2020/addressing-mental-health-during-covid-19.html

Uddin, M., Alam, M. T., Ahmed, H., Mohammad Khan, N., &Talukder, S. (2020). Mental Health and Psychosocial Support (MHPSS) in COVID-19 Outbreak. Bangladesh Journal of Infectious Diseases, 7, S45-S47. https://doi.org/10.3329/bjid.v7i0.46801

How to protect your mental health during the coronavirus (COVID-19) pandemic [Internet]. Unicef.org. 2020. Available from:
https://www.unicef.org/serbia/en/how-protect-your-mental-health-during-coronavirus-covid-19-pandemic

Mofa.portal.gov.bd. 2020. Available from:
https://mofa.portal.gov.bd/sites/default/files/files/mofa.portal.gov.bd/page/ad1f289c_47cf_4f6c_8dee_887957be3176/Guideline%20for%20Mental%20Health%20Issue-COVID-19-%20DGHS.pdf

Coronavirus disease (COVID-19) update [Internet]. Who.int. 2020. Available from:
https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update

গাইডলাইন Dghs.gov.bd. 2020. Available from:
https://dghs.gov.bd/index.php/bd/publication/guideline

Guideline for mental health issues during COVID-19. Available from:
https://dghs.gov.bd/images/docs/Guideline/Guideline%20for%20Mental%20Health%20Issue-COVID-19.pdf. Retrieved on 09.09.2020

Mental health considerations during COVID-19 outbreak. Available from:
https://dghs.gov.bd/images/docs/Notice/05_04_2020_Mental%20Health%20during%20Covid-19.pdf. Retrieved on 09.09.2020

Basic Psychosocial Skills: A Guide for COVID-19 Responders. Inter-Agency Standing Committee. 2020.
https://www.who.int/news-room/detail/01-06-2020-basic-psychosocial-skills-a-guide-for-covid-19-responders Retrieved on: 09.09.2020

Shikhte Chai. https://www.shikhtechai.com/ Retrieved on: 09.09.2020

Mental health advice during COVID-19 outbreak. WHO.2020.
https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/mental-health-advice-for-healthcare-workers. Retrieved on: 09.09.2020

Coping with stress during COVID-19. WHO 2020.
https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/protect-mental-health-during-covid-19. Retrieved on: 09.09.2020

Parenting in the time of COVID-19. WHO 2020.
https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/parenting-in-the-time-of-covid-19. Retrieved on: 09.09.2020

Policy Brief: COVID-19 and the Need for Action on Mental Health. 13 May 2020.
https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf. Retrieved on 09.09.2020

Mental health and psychosocial support. WHO 2020.
http://www.emro.who.int/mhps/index.html Retrieved on 09.09.2020

Frontline workers and COVID-19: Coping with stress. WHO 2020.
http://www.emro.who.int/images/stories/mnh/documents/1_flyer_flws_covid_coping_with_stress.pdf?ua=1. Retrieved on 09.09.2020

Helping frontline workers cope with stress during COVID-19: actions for team leads. WHO 2020.
http://www.emro.who.int/images/stories/mnh/documents/3_flyer_flws_covid_coping_with_stress_team_leads.pdf?ua=1. Retrieved on 09.09.2020

Helping frontline workers cope with stress during COVID-19: actions for peers. WHO 2020.
http://www.emro.who.int/images/stories/mnh/documents/2_flyer_flws_covid_coping_with_stress_peers.pdf?ua=1. Retrieved on 09.09.2020

Non-communicable Disease Control (NCDC) Programme
Directorate General of Health Services
Mohakhali, Dhaka, Bangladesh.