

## Mental Health

### DEALING WITH MENTAL HEALTH DURING THE COVID-19 PANDEMIC

This document is divided into 4 parts:

1. Mental health and COVID-19; stressors related to isolation and quarantine
2. Attitudes to have to provide support to patients and contacts
3. Recommendations for maintaining good mental health (for COVID-19 positive people, suspected cases and their contacts), with checklist
4. Dealing with domestic violence

#### Context

##### *General population*

The coronavirus has dragged the world into uncertainty (impact, duration and evolution of the pandemic) and the new changes with the pandemic can be difficult to live, confronting us with the unknown, often associated with a loss of control and a feeling of helplessness.

All of this has implications on mental health, especially for people who already have underlying conditions including but not limited to obsessive-compulsive disorder and anxiety. Fear and anxiety about an illness can cause strong emotions, in adults as well as in children. To note that anxiety can on the other hand have a useful function in prompting us to comply with protective measures.

It is important to remember that all the specific reactions to stressful situations can vary considerably from one person to another.

#### **The various stressors linked to isolation and quarantine are:**

- Worry about the unknown over an indeterminate period of time
- Frustration and boredom with loss of usual routines (professional and personal activities, shopping, physical activity...) as well as reduction of social and physical contacts
- Worry about insufficient resources: food, medicines, protective masks, hospital capacity
- Information: overload, contradictory, rumors
- Fear of infecting others
- Fear of the disease (with the appearance of physical symptoms which could be linked to the disease - even if minor, can generate reactions of fear and concern for one's health.)
- Financial worries: loss of income, medical costs
- Stigma
- Not being able to do normal work or parenting during isolation / quarantine could also lead to guilt

#### **Helping attitude**

##### *Professionals in ambulatory care centers*

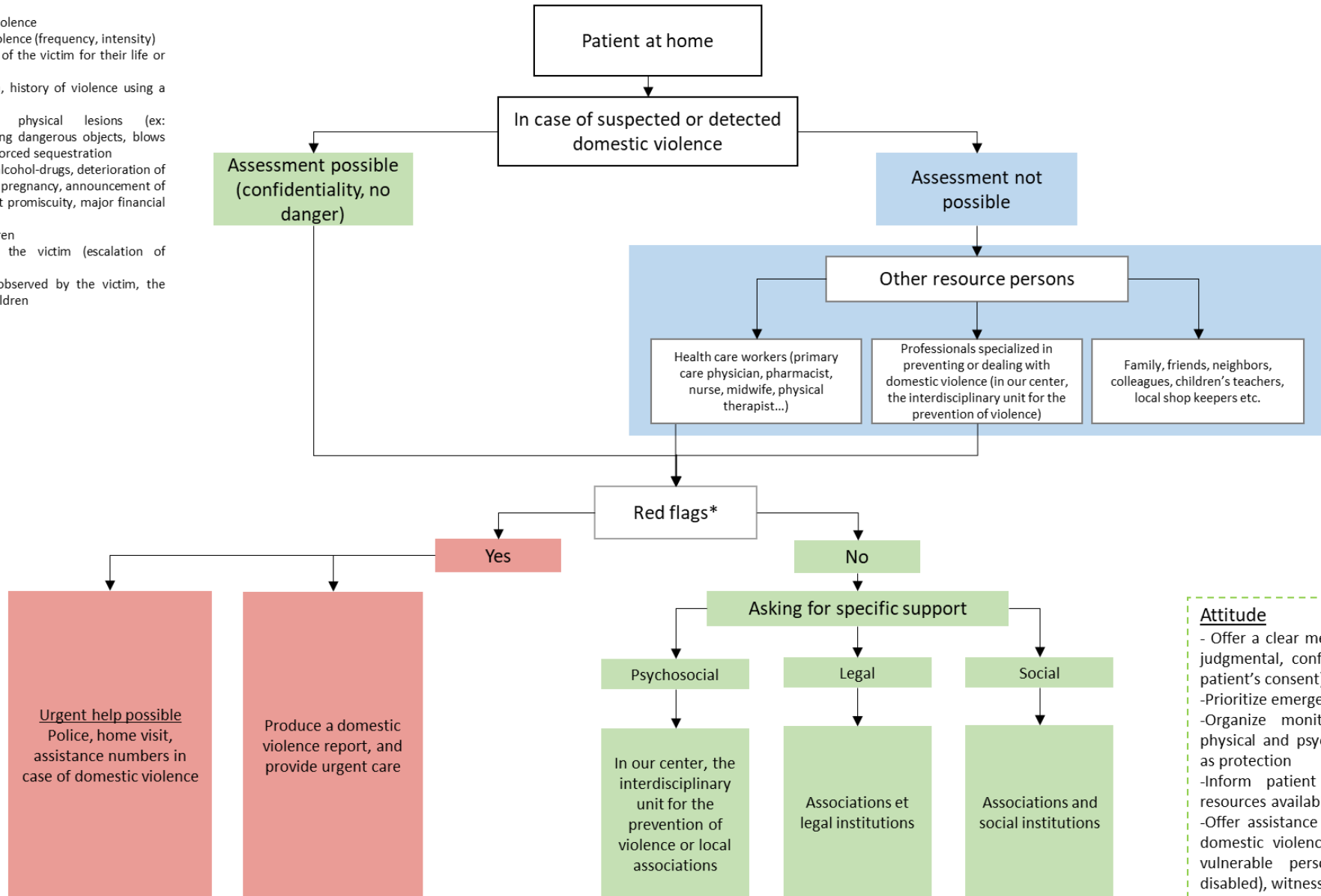
- Keep up to date with the pandemic
- Listen to people, inform them, correct rumors
- Anticipate and normalize stress reactions: normal reactions in an abnormal situation (being more worried, nervous, irritable) and offer to monitor their development
- Explore with the person what their usual resources are
- Identify the signs of advanced stress: fear, insomnia, avoidance, interpersonal problems, concentration problems, alcohol abuse



# COVICARE

## IN CASE OF DOMESTIC VIOLENCE

- \*Red flags**
- Previous history of violence
  - Increase in acts of violence (frequency, intensity)
  - Death threats, fears of the victim for their life or safety
  - Presence of weapon, history of violence using a weapon
  - Potentially lethal physical lesions (ex: strangulation, throwing dangerous objects, blows to the head ...) rape, forced sequestration
  - Several risk factors (alcohol-drugs, deterioration of psychiatric condition, pregnancy, announcement of separation, significant promiscuity, major financial difficulties, etc.)
  - Direct harm to children
  - Violence acted by the victim (escalation of violence)
  - Suicidal thoughts observed by the victim, the perpetrator or the children



### Attitude

- Offer a clear message of support (non-judgmental, confidentiality, respect the patient's consent)
- Prioritize emergencies
- Organize monitoring and access to physical and psychological care, as well as protection
- Inform patient of their rights and resources available
- Offer assistance to the perpetrators of domestic violence as well, minors and vulnerable persons at home(elderly, disabled), witnesses