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Original Paper

The Spiral of Recovery: Mental Health and Psychosocial Support during a COVID-19 Environment in the Americas

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Abstract

This article introduces a path through feelings and emotions, as well as the tasks that should be completed as part of a social evolution of behavior. A Spiral of Recovery model is presented. This article explains the model, and includes the current tasks that have been taking place, to move from immediate response to early- and mid-recovery.

Keywords

COVID-19, psychosocial support, disaster response, disaster recovery

1. Introduction

COVID-19 has impacted the world. This report introduces—through a Spiral Model—the Mental Health and Psychosocial Support (MHPSS) (IASC, 2020) approach and the field-based response through the International Federation of the Red Cross and the Red Crescent. In December 2019, the Red Cross movement approved Resolution 33 (IFRC, 2019), which mandates that MHPSS becomes part of the response protocol. The MHPSS group was housed within the Health sector, in conjunction with the Health and Water and Sanitation sectors. The Spiral of Recovery was developed for this paper with the intension that the general population of volunteers and paid staff understand how the MHPSS team visualizes the problem from this perspective. The first part of the spiral (Loss of place) suggests the impact of COVID-19; the second part (Community Mobilization) of the spiral suggests the transition from immediate response to early-recovery. The third part of the spiral (mid-recovery) addresses the actions that the communities must take to change from victims to volunteers. The final box presents the feelings expressed by the community members. The spiral ends with the enthusiasm of having survived COVID-19 and its MHPSS sequelae.

The Spiral of Recovery from the impact of COVID-19 is a visual depiction of the emotional

consequences of the virus to recovery to the point that affected and infected community members develop feelings of having survived, and celebrate that they have survived. The MHPSS encourages activities that instilled hope. The article introduces the spiral in the language in which was developed: Spanish. The narrative will explain the content in detail.

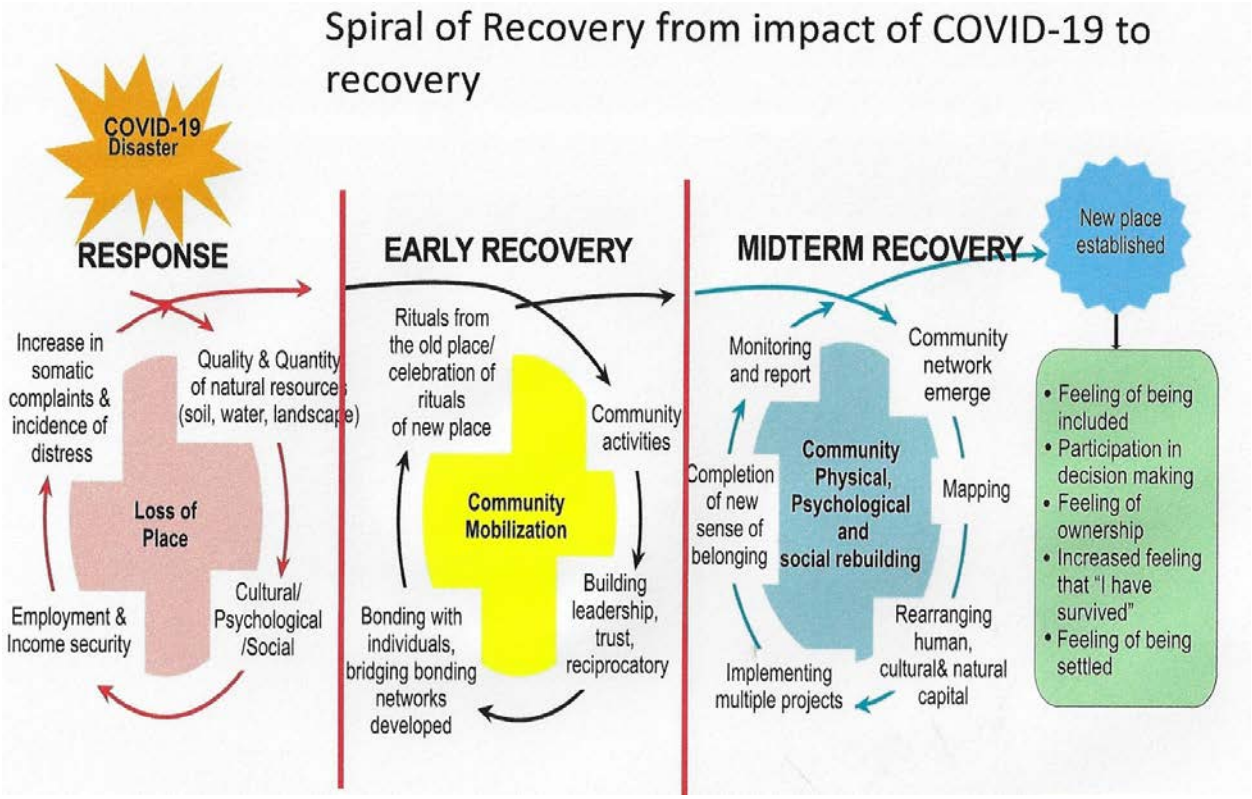

Figure 1. Spiral of Emotional Recovery after COVID-19

2. First Spiral

This spiral represents the cycle of response. It began on April 3 to June 30, 2020. With the peculiarities of the response which included based on quarantine at home, wearing mask, receiving communication through telephone, TV, radio or other medium and keeping distance has been distressing for a large portion of the population in the Caribbean, Central and South America. The MHPSS responders and volunteers found that staying at home, frequently in small spaces, deprived of access to the national resources (going to parks, taking walks, looking at the mountains, tending to animals, as well as being able to go to parks and open areas with family and place is best described as “loss of place”. The extent to which the distress mental health and the unaddressed psychosocial support needs will not be known for an extended period of time.

At the upper left is the COVID-19 represents destructive force in the Americas Region (Central and South America and the Caribbean) impact to the on the mental health of affected population. This leftmost spiral, we attempted to describe the immediate impact of COVID-19: movement restrictions,

curfews, isolation, no public gatherings and borders closed. This was not a regular disaster response; it was a Health response (physical and mental health). The whole of the community in the region lost their sense of place. Physical structures were still intact, but not the figurative, perceived, and emotional self. The people lost their ecology (the everyday visuals, such as trees, hills, and rivers). The population was put into quarantine. You could no longer see or interact with the ecology. The new ecology was defined by a confined space. As time went by, and uncertainty set in, there was limited opportunity to interface "face-to-face" with the larger geography of the neighborhood, the community, and the town.

With the quarantine came learned helplessness: "I don't have anything here, everything I need is out there". As time went by—1 week, 1 month—the cultural, psychosocial, and social self began to wither away. The window onto the world is TV, radio, and unscheduled conversations on the phone. The news was horrible; the topic of conversation was death, the inability to control the pandemic, or the dispositions of dead bodies. Safety and security had been curtailed. There were feelings of alienation, loneliness heightened fear, loss, and uncertainty of what will happen in the future.

The quarantine made necessary by COVID-19 resulted in the loss of employment and economic security. In many countries, the economy is based on day-to-day jobs. Citizens were unable to leave their homes, and there was much uncertainty; the fear of being infected, and an increase in the time of quarantine. The survivors developed somatic complaints, increased stress, leading to anger, and frequent expression of complaints with their dear ones, experiencing, at times, abusive behavior and, sometimes, causing fractures between those quarantined in a confined space.

The COVID-19 response has required the volunteers to commit long hours in the community and operating the phone lines. As a result of the closing of the borders, or being a part of a migrant group, many people might be absent physically from their family. However, within the thoughts, plans and dreams, the person is present within the family group, or within the community. Family members have a tendency to swing between hope and disparity, so it is extremely important to train volunteers with the skills needed to provide psychosocial support, such as listening, referring to appropriate resources and providing follow-up, helping families to acknowledge, and integrating with the loss.

3. Spiral Two: Begins the Recovery Process with a Focus on Transition to Community Mobilization

This section is divided into four major parts community activities, leadership development, networking, and rituals to celebrate the past and embracing the future after COV ID-19. This second spiral begins with volunteers facilitating the space to assess the needs, identify community capitals (cultural, ecological, social), and community physical resources. Once the assessment has been completed, community activities should be planned (the more active, the better), including community meals, games, and other activities that are inclusive of all segments of the population. Once such activities

have been initiated, then safe spaces will be helpful as the initial recovery evolves.

The spiral includes four spaces: (1) community activities; (2) encouraging community volunteers; (3) that in turn builds the confidence to link with others in your neighborhood or communities; and (4) celebrate the new community as people begin to exit quarantine, develop new rituals, and prepare to continue on the road to recovery.

4. Community Mobilization

The team was composed of five volunteers responsible for the five clusters in Central and South America, and the English-speaking Caribbean National Societies, as well as Cuba and the Dominican Republic. The team came online in late March.

The initial stage of the response included major challenges: how can we communicate with the population when we were trained to deliver psychological first aid, and community-based psychosocial support face-to-face? The team was able to identify MHPSS contact persons in most National Societies. A second challenge was that most volunteers needed to develop their capacity in psychosocial support. Also, it was unclear what would be the best way to support the volunteers.

Communicating with the population (Vaughan & Tinker, 2009): The team realized that accurate, timely, and linguistically appropriate action was needed. The objective was to share information when the traditional medium would not apply. The team shifted to a communication mode that relied on Information & Technology (IT). Messages went out on radio, TV, the internet, and short scripts that would “sing” in the eyes of the population. Radio support is being used extensively in the region: what are the normal reactions during quarantine, healthy ways of handling stress, or when and how to access help (Cork, Kaiser, & White, 2019).

The team developed webinars on the topic of MHPSS in both English and Spanish, messaging, and conducted phone banks and used the telemedicine mode to meet the immediate emotional needs of the populations. The team is still working with appropriate ways of communication with a large segment of the population in the Americas who speak native languages: Aymara, Quechua, Guarani, or Mayan (United Nations, 2019).

Building the capacity of volunteers to conduct APS and PFA: The team has relied on pre-existing documents (IFRC Psychosocial Centre, 2015). The team determined that all the MHPSS volunteers in NS should develop their knowledge base by completing three pillars: (1) Psychosocial Support (IFRC Psychosocial Support Centre) (Psychosocial Centre, 2020), (2) Lay Counseling (Lay Counseling), and (3) Psychological First Aid (American Red Cross, 2017). The volunteers will facilitate: community assessment, community self-help and support, psychological first aid, or other psychologically and culturally appropriate interventions (SPHERE Association, 2018).

Psychosocial Support (Psychosocial Centre, 2009): Applies to conducting the assessment, identifying what is going on in the community, what the Red Cross volunteers should do about the situation, and

determining what other activities should be contacted as the community moves towards mobilization. Psychosocial support involves volunteers and clients. The objectives include knowledge acquisition and skill development to mobilize the community and to provide psychosocial support.

Lay Counseling (Psychosocial Centre, 2014): There are three approaches: (1) face-to-face counseling, (2) counseling by phone, and (3) online counseling), and tele-counseling. These services were offered by several National Societies prior to COVID-19. Text messaging was also used to provide important information.

Psychological First Aid: The teams trained in psychological First Aid can address the emotional needs of a person who has lost a family member or their source of livelihood. They provide practical assistance, assessment, and determine whether further mental health assistance is needed.

5. Third Spiral: Focus on Late Recovery

As the COVID-19 reduces its impact in the target communities. The tasks outlined in this spiral grow in importance. This third part leads focuses on mid- to late recovery by leading the target communities into a journey of self-exploration of what is my new me: physically, psychologically, and socially. The characteristic of this phase is the emerge of community networks, the affected people conduct mapping to determine psychosocial needs, there is a re-invention of physical and emotional sense of culture, socialization activities and a return to the physical and natural environment. As a result of the mapping exercises projects by community groups is initiated. These projects may include: (1) save spaces for children, the elderly and groups at risk; (2) informal schooling for young women, or (3) exercising and selfcare for yet other members of the community. The feelings of belonging increase, and community leaders monitor the activities and lessons learned and report to the donors.

Ultimately, the COVID-19 survivors and affected communities will realize that “I” have survived. The results of this moment are the realization that the person is included, “I am included”, “I belong”, “I have a place”, “I can now participate” in re-inventing myself in this new life after COVID-19.

6. Summary

MHPSS is a new pillar in the repertoire of services in disaster response and recovery within the Health sector, complementing Physical Health and Water and Sanitation. The Red Cross movement approved a resolution in December 2019 related to guidance on MHPSS as a transversal disciple within its repertoire of services. The COVID-19 pandemic is the first major disaster since the MHPSS resolution. The Americas MHPSS team, as part of a regional team, is trying to identify the most effective ways of reaching the clients, alleviating fear, and prepare a cadre of volunteers that are prepared to provide psychosocial support. This paper suggests a path to provide such assistance.

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