

Social Distancing Individuals With Covid 19 Pandemic: Implication For Counselling Psychology

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Abstract: *The paper examined the social distancing individuals with COVID 19 pandemic and its implications for counselling. People with COVID-19 experience stigma more than their non-COVID-19 counterparts. The paper examined how symptom severity of COVID-19 affects stigmatization, operationalized as how people socially distance themselves from COVID-19 individuals. Future research should test for other mechanisms to increase social distancing acknowledging the role of participants' mental health. If clustering of people is considered a major catalyst in the spread of corona virus, social distancing is therefore important for its control. But compliance has remained a concern, especially in Nigeria. We examine the concept and global trends in social distancing in infectious disease control and the negative feedback on public health as revealed in current body of knowledge from news media and other literatures. The risks associated with failure to comply with social distancing as a result of ignorance or defiance are highlighted. The current outbreak of the novel coronavirus also known as COVID-19 was declared as a public health emergency by the WHO where over a million people have been affected by the disease with over 50000 deaths till date. Social distancing is a method to minimize crowd interactions and prevent the spread of disease within groups of people. This is a common practice which has been carried out over generations to minimize the spread of virus by limiting its reproduction rate among communities. The social distancing methods recommended to achieve this, are aimed at combating to reduce the spread of COVID-19 diseases and addressing new strategies in resolving through counselling the populace and the involvement of all stakeholders both in public and private capacity-government, counselling association, communities and individuals- to supply resources, expertise and information that are required to ensure a safe environment. The paper concluded by suggesting that trained personnel in counselling on clinical and health counselling should be placed in counselling centres to assist the populaces on the effects of COVID-19 diseases on communities and nation at large.*

Keywords: COVID-19 Pandemic, Social Distancing, Counselling, Nigeria

INTRODUCTION

The coronavirus disease of 2019 (COVID-19) pandemic gripped the world with a shock, thereby overwhelming the health system of most nations. The World Health Organization (WHO) declared the novel human coronavirus disease (COVID-19) outbreak, which began in Wuhan, China on December 8, 2019, a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 (WHO, 2020). Nigeria is also among the vulnerable African nations, given the weak state of the healthcare system (Marbot, 2020). In Africa, there are still communities without healthcare facilities, apart from the scarcity of health workers (Amzat, 2011). The projection is that Africa could bear the final burden of the COVID-19 pandemic if the countries do not institute effective measures to combat the pandemic. Coronavirus disease (COVID-19) is an infectious disease caused by a new virus that abruptly emerged in late 2019. Research has shown that this virus belongs to the genus Betacoronavirus, where Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), diseases that had caused a threatening global pandemic were also classified in (Prompetchara et al., 2020).

COVID-19

The COVID-19 coronavirus pandemic is the biggest health crisis for generations, and it is having a devastating impact on the lives of people across the world. The pandemic is also a mental health risk for our society. The uncertainty, the anxiety, the fear of becoming ill or seeing a loved one become ill, the loss of our normal routines, the difficulties of social connection, and in many cases the disruption to education could have a profound impact on the nation's mental health. The COVID-19 coronavirus pandemic is having an unprecedented impact on the lives of people across the Nigeria, including thousands of children and young people. For those with existing mental health needs, the situation is creating additional anxiety and uncertainty, coupled with increased difficulties in accessing support. Human survival has often been threatened by diverse plagues since existence. One of such recent threat is an infectious disease, the pandemic of SARS-CoV-2 also known as the Coronavirus disease 2019 (COVID-19).

The first case of the novel strain of the Coronavirus was reported in Wuhan, Hubei province in China on November 17, 2019 according to the South Morning China Post and ever since, there has been a world-wide exponential increase in the number of infections and casualties (UNDP, 2020). COVID-19 is an infectious disease that causes respiratory illness with symptoms of cough, fever, and in more severe cases, difficulty in breathing. This disease spreads primarily through contact when an infected person either coughs or sneezes openly, when a person touches a surface or object and then touches the eyes, nose, or mouth. There is currently no standard vaccine or cure for COVID-19, hence, its prevention is strongly recommended. According to the World Health Organization (WHO), preventive measures against this virus includes frequent hand-washing for at least 20 seconds; with soap and running water or using alcohol based hand sanitizer; covering the nose and mouth with disposable tissue or flexed elbow when

coughing or sneezing; avoid touching the eyes, nose and mouth if hands are not clean and, avoiding close physical contact (1 meter or 3 feet) also known as social distancing (WHO, 2020).

People who are sick are encouraged to self-isolate to avoid infecting others (if shedding coronavirus) or being infected as the immunity of a sick person is usually compromised. Sociologically, the pandemic has caused global social disruption by limiting global social relations. The idea of "social distancing" negates regular social interaction, which is the bedrock of human society (Amzat & Razum, 2020). COVID-19 deglobalizes the world in terms of human migration with airports shut, and social events (sports, festivals and the like) postponed indefinitely. The "stay-at-home" campaign and proscription of (large) social gatherings mean that social interaction has been limited. Globalization, which signifies compression of time and space, aids the transmission of diseases on a global scale, facilitating the spread of COVID-19. The world has been witnessing global trade, movement of people, and the globalization of health (Youde, 2020).

The global transmission of diseases is one of the dysfunctions or latent functions of globalization, which offers both opportunities and catastrophes. The world is a global village; hence the health of individuals is intrinsically linked irrespective of distance. According to the Nigerian Centre for Disease Control (NCDC, 2020), the training of the rapid response teams across the 36 states in Nigeria was concluded in December 2019. On January 28, the NCDC further revealed that a Coronavirus Group had been set up to activate its incident system to respond to any emergency. Additionally, the NCDC worked with 22 states in Nigeria to activate their emergency operations centers to manage and link up with the national incidence coordination centers (Ihekweazu, 2020). Although the government had strengthened the surveillance at the airport since January 2020, Nigeria recorded its COVID-19 index case that was imported from Italy, on February 27. This raised concerns about the effectiveness of airport surveillance and, by extension, the country's general preparedness.

The index case (an Italian) had visited some other states of the federation before testing positive for COVID-19. The pre-COVID-19 preparedness was grossly inadequate. Upon the detection of the index case, the NCDC activated a multi-sectorial National Emergency Operations Centre (EOC) to oversee the national response to COVID-19. Subsequently, the Presidential Task Force (PTF) for coronavirus control was inaugurated on March 9, 2020. The PTF announced that travelers from 13 COVID-19 high-risk countries had been restricted from entering the country. The Port Health Services and NCDC monitor the self-isolation of returnees from the affected countries from then onward. The concern from several quarters was that the ban on high-risk countries would have taken immediate effect. By the time the ban took effect, the nation had recorded more imported cases. Unfortunately, most of those who arrived in the country did not comply with the 14 days self-isolation recommended by the NCDC.

Social Distancing

The word distancing has its origin in Latin word *distare*, distant meaning standing apart, add to it the "social" term to mean you stay away from others whoever they are, your friends, your neighbours or people you used to see in your daily life (Leigh-Hunt, Bagguley & Bash, 2017). CDC see that social distancing means maintain a distance of at least 6 feet (2 meters) from others. Stay out of crowded places; also it defines the social distancing by keeping space between yourself and other people outside of your home. To practice social or physical distancing: Stay at least 6 feet (2 meters) from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings (Sheldon & William, 2003). European Centre for Disease Prevention and Control (2020) defines the social distancing by an action taken to minimise contact with other individuals; social distancing measures comprise one category of non-pharmaceutical countermeasures aimed at reducing disease transmission and thereby also reducing pressure on health services. The side effects of social distancing measures are often overlooked in most countries.

Social distancing combined with good respiratory hygiene and hand washing are considered the most feasible way to reduce or delay a pandemic that is on course. The Centers for Disease Control and Prevention (CDC) described social distancing as a set of "methods for reducing frequency and closeness of contact between people in order to decrease the risk of transmission of disease". CDC (2020) define social distancing as "remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately six feet or two meters) from others when possible". Therefore, in basic terms, social distancing entails physical distancing. The key reason for physical distancing is to reduce the spread of the virus by contact. WHO elucidates that the instance an infected person coughs or sneezes, droplets containing the virus are deposited on objects and surfaces where people may likely touch and as such anyone in close proximity of about 1-2 meters may be at risk. When appropriate physical distance is maintained, the potential to contract and spread of the virus is reduced (NCDC, 2020). Each country affected by the pandemic has reported similar narratives of social, cultural or religious gatherings where large numbers of people spent extended hours in close proximity promoted the spread of the pandemic. People around the world have not taken physical distancing seriously, and this seems to also be the case in Nigeria. When Italy witnessed its first cases of coronavirus, 'physical distancing was not one of the measures required by their government, consequently, the population continued with close physical interactions which led to widespread community transmission of the virus.

Social distancing scenario in Nigeria: the first confirmed incident of the COVID-19 in Nigeria was announced on February 27, 2020, when an Italian citizen arriving Nigeria through the Lagos Airport tested positive for the virus (NCDC, 2020). On March 9, 2020, a second case of the virus was reported in Ogun State, a Nigerian citizen in transit from Milan to Lagos who had contact with the Italian citizen. Afterwards, the Nigerian Health Minister announced that 60 persons who had contact with the index Italian patient were under isolation, 40 persons in Ogun State and 20 in Lagos State. However, there has been an increase in confirmed cases and consequent mortality. As of August 25, 2020, according to report from Nigeria Centre for Disease Control (NCDC), there

have been 52800 confirmed cases, 12,836 active cases in 36 states including the FCT with 1007 deaths and 39964 recoveries (NCDC, 2020). On March, 9, 2020, the Nigerian President in a proactive measure to curtail the spread of this virus declared national border closures, State of emergency in the health sector was ordered and cessation of all movements in the FCT, Lagos State and Ogun State for an initial period of 14 days. Relatedly, other states of the federation taking cue, initiated partial lock-downs with each closing their respective borders. During this period, businesses, markets, religious centers, schools and other public institutions and spaces are to be on temporal shut down. All forms of corporate, social and religious gatherings were prohibited, howbeit; strict adherence to social distancing is expected in exclusive cases. Unfortunately, compliance with the directives has become a challenge as many fail in its adherence either due to ignorance or complete defiance.

Several cases abound where there were partial or zero adherence. For instance, a typical scenario plays out in most public places such as banks where customers seeking to gain access into banking halls clustered outside. In more organized societies, in helping people maintain the required distance apart during this pandemic, standing boxes measuring 2-3 meters are drawn for queue in most public places. In states with partial lock-down people are not cognizant of maintaining the required interpersonal distancing. Recent local news that made rounds during the lock down involved celebrities and politicians hosting a house party in the city while under lock down. After being duly arraigned, it was also observed that the caution of physical distancing was also not respected at the court hearing as journalists and onlookers milled together. Another audacious show of defiance to the call for social distancing was on display on a national television, TVC during the funeral of the Chief of Staff to the President. Prior to his death he had tested positive to the COVID-19 virus after a return trip from Germany on March 24, 2020. Despite government's initial announcement that the burial would be conducted in private to show compliance with the guidelines against the spread of COVID-19, it was observed that a cross section of the sympathizers in attendance were crowded with only very few observing physical distancing.

Negative feedback in the enforcement of socio-distancing: in restricting movement and encouraging social-cum-physical distancing, the lockdown having its positives also has its fair share of negative feedback. Instances of defaulting, defiance and violence bring to question whether the lockdown is really serving its purpose. The apparent psychological state of the people coupled with the harsh situation in the country may have contributed to the unrest and resistance. Hence, in the face of provocation and rebellion, law enforcement agents should be humane with civilized sense of duty. A common consequence of stigmatization is social distancing, in which people with mental illness are less socially desired than those who do not have a mental illness (Follmer & Jones, 2017). Other attitudes or perceptions that lead to social distancing are the supposed "cause" of the depression, with the belief that depression is caused by personal failure (Cook & Wang, 2011). Furthermore, social norms and negative stereotypical beliefs about the mentally ill lead to further social distancing. Social distancing is especially deemed harmful for mentally ill individuals due to their need for social support from others (Davidson, Dowrick, & Gunn, 2016).

Counselling

Counselling is a process of helping individuals or group of people to gain self-understanding in order to be themselves. Burks and Steffler (2009) see counselling as a professional relationship between a trained Counsellor and a client. Ojo (2015) defined it to be a process whereby a person is helped in a face-to-face relationship while Makinde (2014) explained counselling as an enlightened process whereby people help others by encouraging their growth. Counselling is a process designed to help clients understand and clarify personal views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and a resolution of problems of an emotional or interpersonal nature. It believes that every human individual has the potential for self-growth, self-development and self-actualization.

Social Distancing in Pandemics

Social distancing is a method to minimize crowd interactions and prevent the spread of disease within groups of people. This is a common practice which has been carried out over generations, i.e. the student and teacher interactions where most students avoid being closest to the teacher and prefer staying in last rows. During the 1918 influenza pandemic a reported 50 to 100 million deaths were reported worldwide, although social distancing was not implemented back in 1918 majority of the population took "reactive social distancing measures" that made it possible to escape the disease outbreak (CDC, 2020). This behavioural practice followed by several millions led to the pandemic limiting the damage after WW1 in several European countries. The same process was followed during 1957/58 for the spread of H2N2 virus (Asia Flu) where Asians were limited to travel across borders and stay indoors during the pandemic (Amzat et'al, 2020). Most recently a decade ago the outbreak of H1N1 also known as swine flu affected nearly 60 million individuals, the spread of the disease was controlled using general measures such as social distancing to avoid human to human transmission of the disease.

Importance of Social Distancing Practices

In the modern world interactions are done on regular basis using technology available but majority activities carried out on a daily basis relies on social interaction. Social interaction and contact is necessary as an economical perspective for the country as workers need to function on a regular basis to allow cash flow in their respective companies, it is also essential part of traders and consumers to generate income (Maharaj & Kleczkowski, 2012).

Social distancing practices allow individuals to maintain distances from each other for a period of time to ensure the spread of the disease is minimized. This would reduce the basic reproduction number of the virus which would minimize the disease spread. A study carried out by Prem et'al (2020) asserted that is social distancing practices were carried out properly an estimate of 92% of

cases will be lowered by the end of 2020. An individual affected with COVID-19 has the ability to spread it to 2-3 people which will go on until they are distanced from each other. There are two common practices followed using social distancing, one of them is social distancing and maintaining a distance of nearly 1m within individuals and the other being staying indoors at home.

This practice has been successful in the past and in the present as well where Wuhan was able to flatten the disease spread by following these practices. This is a zero-cost method that is entirely dependent on behavioural patterns of individuals where most of them do not abide by the rules put out in the country (Reluga,2010). If social distancing methods are ignored the effect could last on for the upcoming generations as the COVID-19 virus will be able to develop different strains where till date eight different strains of the virus has been discovered by scientists (Reluga,2010).

Counselling Youths on COVID-19 Pandemic

Counselling is viewed as a personalized, intimate interview or dialogue between youths experiencing some symptoms of COVID-19 disease or viruses and seeks professional counsellor. It can also be seen as a service that helps Nigeria youths to solve problems on COVID-19 disease and learn to cope with this COVID-19 disease that are not easy to solve. This is why the Nigeria youths population can be focused so that they are assisted out on social distancing methods. Counselling psychology is designed to remove the emotional, psychological and personal social roadblocks placed in the way of Nigeria youths by the multidimensional problems (COVID-19 disease) of the day to day life. The involvement of counselling with youths therefore is to improve and possibly remedy the challenges, facing Nigeria youths. The challenges posed through COVID-19 disease facing this category of people are quite obvious and they need new strategies in resolving through counselling.

This is because according to Darling and Steinberg (1993), the individual learns new ways if interacting, new ways of obtaining information, new ways of making decisions, and new ways of responding to the environment and new ways of interacting. The task of counselling therefore as seen by Denga (2009), is to give the individual the opportunity to define, explore, discover and adopt ways of living a more satisfying and resourceful life within the social, educational and vocational groupings within which he or she is identified or finds himself or herself. The challenges of life has made some people feeling as not existing well, but through education as a tool for moral, social, economic, political and technological development, has affected some changes in human lives and the society as well (Nweze and Okolie, 2014).

Human communities have used education to improve their standard of living, develop new methods and skills of production, so is the need of counselling practices for Nigeria youths. Counselling has been used to designate a wide range of procedures comprising advice giving, support in times of COVID-19 disease, crisis or need, encouragement, information giving, and test interpretation. Counselling is a process by which a person is assisted to behave in a more rewarding manner. Often times, Nigeria youths are very difficult to handle and teach; the counselling strategies that can be employed for such people or groups should include the following:

- a) Dialogue
- b) Accurate education
- c) Assertiveness training
- d) Decision making strategies
- e) Peer cluster involvement

The main purpose of this paper is to ascertain the counselling needs for Nigeria youths on importance of social distancing especially on COVID-19 diseases. Firstly, Nigeria youths face myriad of problems that have become increasingly complex including, academic, personal-social, financial, unemployment, family and emotional problems. Secondly, there is noticeable absence of information, placement, appraisal, counselling, orientation, follow-up and referral services in Nigeria's school system and centres. Thirdly, there are identifiable settings in which the counselling of youths with special needs takes place in Nigerian school systems. However, most of them do not utilize the services rendered in these settings. Fourthly, the existing guidance counselling services in Nigeria's system are not adequate. Fifthly, the problems facing counselling practices in Nigerian system include, lack of trained and competent human resources to man the counselling centres, lack of physical facilities and working materials for counselling conveniences.

Since many Nigerian do not have formal counselling centres established for the purpose of meeting counselling needs of Nigeria youths (where they are established, they exist only in name), Nigeria youths will not see the necessity for counselling services so as to meet up their counselling needs. Where non-professionals man the counselling centres in Nigeria, the populace will not have confidence in them. As such, they will feel that such personnel will not meet their counselling needs. Therefore, Nigeria youths would sometimes prefer to go to their parents or friends for their counselling needs who lack expert knowledge (Nweze and Okolie, 2014). The implication here is that the problems they required assistance remain largely unresolved. The largely unresolved problems result in social and psychological inadequacies, which express themselves in riotous behaviours.

The establishment of counselling centres in Nigerian and employing professionally trained counsellors to man the centres would relieve the societal problems of managing Nigeria youths. The establishment of fully functional counselling centres has implication of producing better-adjusted Nigeria youths who will find themselves more useful to the society despite their needs. Experts are to be properly trained to man counselling centres in Nigerian. For a more effective counselling services delivery to Nigeria youths, certain activities should be undertaken. A vigorous enlightenment of youths' programme should be mounted to sensitise them on the need to seek counselling intervention whenever they have problems that weigh them down.

Nigeria authorities should allocate offices where there are no existing ones (and more offices in addition to the existing ones where existing ones are inadequate), to be used as counselling rooms for populace with COVID-19 diseases. The counselling centre should be properly equipped with the following; furniture for administrative and counselling conveniences; file cabinet for record keeping, notice boards for information dissemination; log book; advertisement forms to enlighten Nigeria youths on services in the counselling centre, files; counselling record; registration form; request form for counselling interview, case report sheet, consultation forms, and appointment slip (Nweze and Okolie, 2014).

Public health education on social distancing and response to COVID-19

Public health education and risk communication campaigns on coronavirus commenced in earnest with the reported index case of COVID-19. Both conventional and social media, including What-sApp, Twitter, and Facebook, have assisted in disseminating updates on the virus (Akinmayowa and Amzat, 2020). The NCDC provides regular updates on the outbreak with support from major telecommunication operators in the country. Additionally, there are sensitization activities across some streets in the country by the National Orientation Agency (NOA), non-governmental organizations (NGOs), faith-based organizations (FBOs), and other development partners. The NCDC regularly publishes guidelines on the prevention of coronavirus (social distancing, safe hand-washing, maintenance of personal and respiratory hygiene, etc.) as well as a directory of helplines for each state (NCDC, 2020). Messages on the COVID-19 infection were equally translated into local languages to reach the general Nigerian population. The NCDC uses a communication campaign with the theme, Take-responsibility, on social media for a Nigerian audience (NCDC, 2020). This is to emphasize the role of the individual both in the prevention of COVID-19 and the social upkeep of their health while the pandemic lasts. However, the extent to which public health education has influenced positive behavioural changes among Nigerians remain vague. Many people and faith-based organizations have continued to defy the directives on social distancing and public gatherings by organizing social events, while some worship centers also conducted congregational services. The government consequently adopted enforcement strategies through the deployment of police, military, and paramilitary organizations. However, this development also generated many problems due to the brutality of some security officers (Kalu, 2020). Experiences from the 2014 Ebola outbreak and Lassa fever should have helped the country prepare for the COVID-19 outbreak. The first strategy after the index case was contact tracing. Some of the challenges to the implementation of the contact-tracing strategy include lack of support and cooperation from the returnees who reportedly filled fake contact addresses and incorrect phone numbers in the forms at the point of entry (News Agency of Nigeria, 2020b). Consequently, the early days' initial bottlenecks included poor contact tracing and delayed closure of all entry points into the country. Another vital response was a lockdown to prevent community transmission of COVID-19. There was a lockdown in two states (Lagos and Ogun) and the FCT for four weeks effective from March 30, 2020, with restrictions on inter-state travels throughout the country (Muanya et al. 2020). Then a relaxed lockdown began on May 4, 2020, replacing the total lockdown with a curfew from 8 pm to 6 am while the interstate travel ban was still in place. Both the lockdown and the curfew exempted workers in essential services (health workers and security personnel) and those involved in the movement of essential commodities (food and drugs). The lockdown/curfew was put in place with the hope that people would adhere to the basic safety guidelines of social distancing, hand-washing, and the use of facemasks in public places. Nigeria recorded a relative increase in the number of COVID-19 cases during the relaxed lockdown.

The UNDP (2020) observed that the vulnerable population mostly works in the informal sector, which requires close person-to-person interactions for cash transactions and patronage. While the lockdown was critical for disease containment, it undermines the economic and social foundations for survival and the resilience structures of Nigeria's most vulnerable population (UNDP, 2020). The projection is that millions more Nigerians will be pushed into poverty, and temporary and permanent unemployment, which will further expose them to the "hunger-virus." Lockdown-induced poverty and unemployment might, therefore, trigger an increase in other social problems, including general insecurity, kidnapping, and gender-based violence. The response to COVID-19 presents a dilemma involving a consideration of the trade-offs between public health interventions and socio-economic consequences. The economy can be reactivated through sound economic stimuli, and recovery policies, since the country has obtained COVID-19 recovery loans of US \$288.5 million and US \$3.4 billion from the African Development Bank (AfDB) and the International Monetary Fund (IMF), respectively (IMF, 2020; AfDB, 2020). A hurried reopening would intensify the health crisis, nullify any presumed early economic gains, and delay the recovery process. Generally, the response to the coronavirus outbreak in Nigeria could be described as medico-centric and reactionary. The federal and state governments only set up isolation centers after positive cases were confirmed in the country. For instance, there was no molecular laboratory in Ogun State, where the index case was identified; the patient was transferred to Lagos State for diagnosis and treatment. The same applies to other states (such as Akwa Ibom, Oyo, Sokoto, and Abia), where the governments acquired medical equipment to fight the outbreak only after positive cases had been reported. The inadequate proactive preparedness accounted for the initial panic wave created by COVID-19 in Nigeria.

The pandemic also exposed the healthcare infrastructure's generally deplorable state—a significant reason for the medical tourism embarked on by the Nigerian elite.

CONCLUSION

There is an obligation to intentionally stay safe during this pandemic period. This is because the global impact of COVID-19 pandemic, including socio-economic fallout of the scourge, is far-reaching than most can imagine, hence doing the needful in abiding by preventive processes should not be difficult. As it is often said, prevention is better than cure. It is better to stay safe. The approach

towards curbing this menace has been to respond when the crime has been committed and the harm has been done. Therefore, the counselling psychology and individuals must inform the masses on impact of social distancing on COVID-19 pandemic diseases so as to create an enabling environment where nation will feel free and secured to achieve their full potentials and the country will itself be safe to achieve sustainable development.

RECOMMENDATION

Keeping all masses and health workers protected from COVID-19 pandemic diseases during this response means that they will have a better capacity to fulfil their roles. Be sure to keep in mind that the current situation will not go away overnight and you should focus on longer-term capacity rather than repeated short-term crisis responses.

- Ensure that good quality communication and accurate information updates on COVID-19 pandemic diseases are provided to all masses.
- Ensure that peoples are aware of where and how they can access mental health and psychosocial support services and facilitate access to such services on COVID-19 pandemic diseases. It is important that the above provisions and strategies are in place for both health workers and peoples can be role-models for self-care strategies to mitigate stress.
- Orient all masses, including health workers, ambulance drivers, volunteers, case identifiers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid.
- Manage urgent mental health and neurological complaints within emergency or general healthcare facilities. Appropriate trained and qualified staff may need to be deployed to these locations when time permits, and the capacity of general healthcare staff capacity to provide mental health and psychosocial support should be increased
- People infected with COVID-19 pandemic diseases will need uninterrupted access to their medication, and sudden discontinuation should be avoided.

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