Guidelines for Post School Education and Training (PSET) Institutions for management of and response to Mental Health and Substance Abuse in relation to COVID- 19

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Disclaimer

Guidelines writing committee: Dr Ramneek Ahluwalia, Professor Melvyn Freeman, with updates supported by a Mental Health and Substance Abuse technical Task Team of HIGHER HEALTH, Professor Dan Stein, Professor Jason Bantjes, Ms Cassey Chambers, Professor Terry Mashego, Dr. Bunki Pitsoane, Ms. Dudu Shiba, Dr Vincent Zishiri and Ms Anuysha Naidu

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Background

These guidelines expand on the section on Mental health and Substance Abuse in the HIGHER HEALTH Guidelines for Post School Education and Training (PSET) Institutions for management of and response to the COVID-19 outbreak published on 30 April 2020.

Given the large diversity amongst PSET institutions, their different student populations and the variations in resources available to them, these guidelines do not provide specifics of how to implement the recommended interventions. Nor do they set timelines for implementation. However, mental health and COVID-19 is an urgent matter and all PSET institutions are urged to implement these guidelines in accordance with local need and resources as quickly and thoroughly as possible. HIGHER HEALTH will play a supportive role to PSETs in terms of training, providing materials and direct interventions within the constraints of its own resources

The COVID-19 outbreak, and the responses that have had to be put in place to control this outbreak, have in all likelihood profoundly impacted the personal well-being/mental health of all South Africans[i] – together with the mental health of people around the globe[ii]. In a significant policy brief on action needed to deal with COVID-19, the United Nations and the World Health Organization have emphasized the importance of mental health, stating that mental health "must be front and centre of every country's response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently"[iii].

For the PSET community this requires:

1. Minimising the external factors that negatively impact on mental health wherever possible
2. Assisting students and staff to deal with the stressors arising from the COVID-19 virus and reinforcing their resilience.
3. Programmes to deal with the stigma around mental health.

4. Identifying mental health problems as early as possible and intervening using evidence-based interventions at the most appropriate level and use of human resource.

5. Ensuring that people in need of care and treatment arising from the current crisis situation are provided with the mental health assistance they need

6. Ensuring that those with existing mental health conditions are provided with the full care, treatment and support that they need

7. Building mental health promotion/prevention and care services within PSET institutions to deal with the many problems that exist even without COVID-19, and to pre-empt future mental health crises[1].

Adversity such as COVID-19 is a well-established risk factor for short and long-term mental health problems[iv], while research on past epidemics has highlighted the negative impact of outbreaks of infectious diseases on people's mental health[vvi]. Research already completed in countries where COVID-19 has been around for longer periods than in South Africa, such as China and Canada, shows numerous negative mental health impacts on people[i]. The likelihood of large numbers of students and staff in PSET institutions thus being mentally affected by COVID-19 is extremely high.

Many staff and students are extremely fearful and distressed by the many unknowns presented by COVID-19; by the immediate health impacts of the virus and the consequences of physical isolation. Many are afraid of infection, dying, and losing family members. Individuals have been physically distanced from loved ones and peers and this causes psychological stress. Many people are facing economic turmoil having lost or being at risk of losing their income and livelihoods and this impacts on students and staff at PSET Institutions. Students are particularly concerned that they may not complete the academic year and the

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[1] This should include a range of promotive and preventive and curative services and should include the development of mental health within the second curriculum.

consequences this may have for them economically and personally. We simply cannot ignore the profound negative effects of stress, fear, profound loss and grief.

While the mental health impacts are not completely avoidable, there are a number of interventions that can mitigate the impacts. While students and staff share many COVID-19 mental health impacts with others, this pandemic has also impacted these groups of people in unique ways (see below). It is critical that PSET institutions put in place interventions and mechanisms to mitigate the mental health aspects of COVID-19 and the impacts it has, as not doing so will not only have individual health consequences but also academic and institutional consequences.

For South Africa to go through the current crisis and come out of it intact or even enhanced by our resilience and ability to stand together to overcome adversity, we need to acknowledge and care for peoples' mental health. The stressors that most people have been put under have been extreme and it takes special internal as well as external resources to cope and build towards the future. We need to find ways to psychologically manage our personal situations while at the same time changing those external factors that can be controlled and putting in place mechanisms to prevent psychological problems arising in the first place. We must also put in place measures to assist people in need of mental health care.

All professionals dealing with emotional health such as social workers, registered counsellors, psychologists (educational, counselling and clinical) and where required psychiatrists, can play important roles in implementing these guidelines. For some students and staff, spiritual support and counselling is important to achieve solace and healing and this may be linked into other forms of emotional care provided. Traditional forms of care and rituals are likely to be important for a number of students and staff and facilitating access to such interventions is vital. Where feasible PSET staff should work together with traditional practitioners. It is also essential to link with NGOs that provide more specialised services such as rehabilitation for substance abuse.

Improving mental health is not just about providing mental health services to those that develop mental health conditions, it is also about: -

- Identifying the factors that lead to high levels of stress and wherever possible changing or altering these stressors;
- Normalising peoples' reactions and responses;
- Assisting people to build their resilience to stressors, including utilizing past ways of coping with stressors;
- Helping people to identify the symptoms of mental distress;
- Recognising age specific frustrations and assisting people in dealing with difficulties brought on by the pandemic;
- Helping people to control the stressful environment where this is possible and finding ways to deal with the environment where it is not;
- Offering people healthier options for dealing with stress that do not involve alcohol, tobacco or other substances;
- Assisting people with anger control that may arise through the frustrations around COVID-19;
- Strengthening community and peer level assistance where possible.

Improving mental health though is also about a comprehensive, integrated strategy focused at a primary, secondary and tertiary level of intervention

PSET institutions must ALWAYS regard mental health and substance abuse as an integral health element of COVID-19 and plan mental health promotive, preventive and care components as an ESSENTIAL part of their COVID-19 response. It is highly likely that the principle academic and educational consequences from COVID-19 will be due to mental health difficulties experienced by students rather than through the direct physical impacts of the virus itself. This is likely to occur through people prematurely dropping out of their courses, not being able to meet deadlines, or failing exams as a result of the mental health problem.

It is even possible, given low mortality rates amongst younger people from the virus, that deaths from suicide linked directly to the virus, especially for people with pre-existing mental

health conditions, may be higher than the numbers of deaths of students from the virus itself!
It is hence not negotiable for plans for dealing with mental health to be included in the plans
of PSET institutions to deal with COVID-19 and for these plans to be implemented.

Why are students and staff at risk for mental health problems?

Students and staff are at risk for mental health problems because they are exposed to numerous pressures related to COVID-19 in just the same way that other people are. In addition, though, they have unique pressures and stressors related to their age, position and status.

Stressors currently being experienced by many people of different ages, and recognised by the World Health Organization and the United Nations include:

- Distress due to the immediate health impacts of the virus.

- Uncertainty about the spread of the virus

- Consequences of physical isolation.

- Fear of infection, dying, and losing family members.

- Enforced distanced from loved ones and peers.

- Loneliness.

- Death of people that are known to you from COVID-19 and restrictions on funerals.

- Economic turmoil having lost or being at risk of losing income and livelihoods.

- No food.

- Difficulties distancing from others due to house and settlement overcrowding

- Misinformation and rumours about the virus

- Deep uncertainty about the future.

- Domestic violence against children, women and older adults.

- Parents are worried about their children, who are missing education and their routine lives.

- First responders such as health care workers, security officials, municipal workers and so on have been exposed to the virus, to long working hours and to numerous stressors associated with being essential workers.

- Stigma following a diagnosis of COVID-19
- <mark>Stigma related to having, or being perceived to have, a mental health condition.</mark>

Some of the more unique and additional stressors for students include:

- Disruptions in studies and the need to adjust to online learning and assessment,
- Fear of not completing the academic year and the consequences that this may have for them.
- Economic problems related to being students and fears about coping if they do not complete their studies,
- Unavailability of the tools needed for online study such as computers and/or data,
- Social isolation at a development period of life where peers are particularly important,
- Relationship issues including forming and sustaining intimate relationships,
- Not being able to engage in sexual activities and relations.
- <mark>Fear of, or actual loss of financial assistance from scholarships or bursaries.</mark>
- Home environment not conducive to study. Women students may be forced to do housework or child-minding during lock-down, taking them away from their studies.
- Difficulties with carrying out physical distancing due to their home and community conditions despite wanting to do so.
- Having to be locked down with members of the family that one would prefer some distance from – including parents and other siblings.
- <mark>Having an increased sense of mortality and engaging in behaviours such as. self-harm, unhealthy sexual behaviours, aggression.</mark>
- <mark>Cabin fever.</mark>
- Students that smoke may experience withdrawal symptoms that may cause or exacerbate mental health problems.
- LGBTIQ students may find the stressors related to COVID-19 particularly difficult to cope with in additional to the stressors they must ensure as members of the LGBTIQ community.
- Many students enjoy socializing using alcohol and not having this may result in mental distress.
- Some students will be alcohol or substance dependent and may experience withdrawal symptoms that may cause or exacerbate mental health problems.

- Student with disability may no longer be able to access reformatted academic materials.

- Some students who have learning challenges may have difficulties adapting their mode of learning to online.

- As mental health support services are limited to virtual support, students need to adapt to this.

- Career guidance support is likely to be limited.

Stressors for academic staff include:

- Having to adapt to online teaching.

- Having to prepare detailed online teaching materials and experiencing added time pressures as a result of this.

- Not having student contact and not being able to debate and talk through issues with students resulting in poorer performance from student's experiencing difficulties in enforcing boundaries within the home environment and not having conducive workspace.

- Added domestic work.

- Not being able to discuss academic/research issues with peers.

- Not being able to do field research and hence having their own research delayed resulting in fewer publications and hence opportunities for promotions.

- Not being able to provide practical/industry/clinical skills remotely to students and not being able to know if students understand via virtual demonstrations

Students and staff with pre-existing mental health problems or conditions are likely to be particularly severely affected in that they may have problems accessing their medication, be unable to have face to face therapy sessions and have difficulties adapting to remote counselling and so forth.

Administrative /professional services staff are also impacted in many of the ways described.

What mental health problems/conditions are likely to be induced by COVID-19?

Mental health falls on a continuum from a person being in an excellent state of mental health to those experiencing extremely poor mental health[vii]. Such states are variable and can change over an extended period of time or may change rapidly depending on many factors, including crisis situations. As a result of COVID-19 and the consequent actions taken to protect the population from the spread of the virus, most students are likely to experience some anxiety or feelings of depression at some point or points. This is normal. It is very important though that students are encouraged to speak about their feelings and concerns, especially within their social circle of family and friends, religious leaders or community.

For some students, symptoms may be somewhat more severe, and they may need assistance for clusters of symptoms that are indicative of mental health conditions such as: -

- Anxiety,
- Depression,
- Substance abuse
- Post-Traumatic Stress Disorder
- In rare instances additional stress may induce the development of severe mental disorders such as schizophrenia or bi-polar mood disorder.

Depending on the severity of the condition and what may be accessible, affordable, available and appropriate to them, those with symptoms may be able to get support from various options that are currently available. For example, students with less serious conditions may get assistance from the many online APPs that have been developed to assist people with common mental disorders – some of which are targeted specially for students[2]. Other students may get assistance from their university/TVET student counselling service, use call centre help-lines, get support from peer counsellors or on-line professional counselling. Psychotic students will need to be referred for inpatient or outpatient care and management.

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[2] It is an ongoing area of investigation as to which are helpful, and which harmful. Students and those recommending such APPS should thus be careful about which to use or recommend.

What should be done by PSET institutions?

Where PSET institutions have student counselling and support units (whatever form and structure they take), these units must be in the forefront on dealing with the COVID-19 and mental health response. (Most are in fact already playing this role). In addition, HIGHER HEALTH are hiring clinical/counselling psychologists to support institutions in providing mental health support to students and staff – especially to those institutions that currently have very minimal support available.

A) Promotion of mental health and primary and secondary prevention of mental health conditions

1) PSET institutions must consider how their general actions and activities impact mental health. All decisions around COVID-19 should be well consulted with students and staff. Messages around COVID-19 should be framed so that students and staff feel for example that staying away from their places of study or work, or distancing, is a shared endeavour of containing the virus and saving lives, not a coercive or punishing decision by government or the PSET institution. It should be understood also that this decision is not only in their own best interest but in the interests of their loved ones, especially more vulnerable loved ones such as older people and those with compromised health due to various conditions. Drawing on student's altruism can enhance their sense of well-being. Undue anxiety caused by inconsistent, incomprehensible or threatening communication can and must be avoided.

Telling people that they should "social distance" is unhelpful at a time when social support is absolutely central. Rather talk about "Physical distancing" and "social connectedness" or "social solidarity", which are both critical for students and staff.

Not having good academic support or the tools to keep up with distance learning can elevate feelings of stress, anxiety and depression and cause students to simply give up. There must be equity in support so that those that need supplementary support are given it. Not understanding academic work, but not being able to get academic assistance will increase feelings of insecurity and worthlessness.

In short, each and every decision that the PSET institution makes is likely to have some either positive or negative consequence for students and before making almost every decision that affects learning and the institution, authorities should consider what the mental health

implications might be. While mental health considerations are often highlighted, this should be right up and together with considerations around physical health and promoting education when broad decisions around dealing with COVID-19 are made.

2) Institutions must take actions that support student mental health and build resilience. This should include:

1. Ongoing Communication
2. Positive messages
3. Maintaining social connectedness
4. Activities to promote mental health
5. Campus culture
6. Acknowledging student realities
7. No student left behind

Messages should include information such as the importance of a structure and having a routine, doing physical exercises, not immersing oneself in watching or listening to COVID-19 related information too often and relaxation or meditation exercises. It should also deal with issues of the importance of creating a social network and keeping in contact with key people in one's life in whatever ways are feasible within the regulations for lockdown. For students it should also deal with more sensitive topics such as relationship and sex during lockdown and after.

3)Students should be made aware of some of the common signs and symptoms of mental ill-health and that should they should take action if for example they are experiencing things like:

- extreme sadness,
- loss of interest in life,
- suicidal ideation,
- lack of sleep / changing patterns of sleep,
- change in appetite,
- multiple body pains,

- self-doubt, negative perception of self,

- extreme lethargy,

- high levels of fear,

- obsessive or compulsive actions

- increased intake of alcohol or other drugs.

The Mental Health and Gender-based Violence Risk-screening Questionnaire developed by HIGHER HEALTH should be utilized for screening students that may require mental health intervention.

4)Institutions must consider training and setting up peer/student counsellors/mentors/moderators to assist students with their mental health concerns. Such counsellors should deal with what have come to be termed the "worried well" rather than persons with diagnosable mental health conditions, but this is extremely important as without help many of these students could develop serious mental health conditions. These peer counsellors must be carefully trained, supported and supervised. They must also be able to recognise symptoms of mental health conditions that require more professional support and have professionals on hand that they can refer to. Again, the Mental Health and Gender-based Violence Risk-screening Questionnaire can be utilized to screen students and staff. Peer counsellors must be aware of their limitations and not attempt to do work for which formal registration is required. They are also likely to themselves require emotional support, as dealing with mental difficulties can be highly stressful. The psychologists hired by HIGHER HEALTH can be utilized to train, support and supervise the counsellors at this level.

5)Many students have become used to using alcohol and drugs as an integral part of their lives and socialising. PSET institutions can give students alternative ways of enjoying themselves even within the constraints of COVID-19 restrictions.

6)Students and staff must have a help-line to call into if they are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like wanting to harm themselves or others or simply battling to cope with their lives. It must be made clear that there is absolutely

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no stigma in calling into a helpline. No-one should wait until they are seriously suicidal before seeking help. PSET institutions should either have their own help-lines or they must liaise with other help-lines such as Life-Line or the Depression and Anxiety Support Group help-line. These help-line numbers must be distributed to all students in case they may need them.

B) Care and treatment

7)PSET institutions should provide an on-line service/telephonic service for students and staff needing counselling during COVID-19 lockdown where face to face sessions are not possible. This should be more in-depth than a help line and depending on the resources of the institution and the need of the student should probably extend to between 6 and 10 sessions. As the response to COVID-19 changes and more face to face interaction are permitted, in situ sessions are likely to replace many of these more remote interactions. However, some users may find this way of working preferable. Resources lists must be available for the referral and/or admission of student or staff requiring more intensive interventions. The psychologists hired by HIGHER HEALTH can be utilized to provide this level of service, especially in the institutions that are less resourced in providing psychological interventions.

8)Some students may experience physical withdrawal due to the current unavailability of alcohol or other substances. This requires medical intervention and support and NOT stigma, ostracization and punishment. PSET institutions should assist wherever possible to get students and staff into a care and rehabilitation programme as soon as possible.

Other students and staff may not require detoxification treatment but still have psychological symptoms of withdrawal or want to deal with a substance abuse issue. They too will need intervention. The intervention in (7) above may be sufficient for some people or referral to a counsellor/therapist that specialises in substance abuse may be needed. There may be underlying psychological reasons why a person has become dependent on substances and these must be dealt with. For some students and staff, the unavailability of alcohol or other drugs during the COVID-19 lockdown may be an unexpected window or opportunity to get care or therapy.

9)Students and staff are particularly vulnerable to gender-based violence (GBV) during this period and PSET institutions must take all the necessary steps to prevent GBV and offer support to the victims/survivors, including with the mental health consequences.

Counsellors dealing with gender-based violence need to be acutely aware of the psychological issues around GBV and know how to respond in a gender sensitive way. Most women who have been through GBV prefer to have a woman counsellor and they should ideally be allocated a woman counsellor if at all possible. Moreover, counsellors must be aware of options available such as shelters should this be necessary.

10)Particular attention must be given to supporting LGBTQI students and staff so that they can obtain the necessary support when feeling discriminated against.

11)Students with pre-existing mental health conditions must be strongly encouraged to continue with their care programme - whether this is medical, counselling/therapy, rehabilitation or whatever programme they may be on. Due to COVID-19 this may require additional effort and be quite stressful to them as service may have changed or even scaled down. PSET institutions need to give special levels of support to such individuals and help them access services and provide additional support to them. Without this the student's condition may well deteriorate or relapse and this will impact on their academic responses, outputs and outcomes.

Promotion of mental health, prevention of mental ill-health and providing care services is an integral part of good quality higher education as good mental health is essential for good learning and development. Investment into student mental health is not only an investment into an individual, but an investment into the success of the PSET institution and indeed into the country as a whole. The mental health crisis created by the COVID-19 pandemic and the responses that are required to deal with it lays excellent foundations for medium- and long-term development and expansion of current services provided.

LIST OF RESOURCES

South African Depression and Anxiety Group 24-hour helpline 0800 456 789

Suicide line 0800 567 567.

Life Line 0861 322 322

Life Line gender violence line 0800 154 154

References

[i] **Seedat S. OPINION | COVID-19: May be prudent to over-estimate the mental health consequences of the virus. 27 May 2020.** https://www.health24.com/Medical/Infectious-diseases/Coronavirus/opinion-COVID-19-may-be-prudent-to-over-estimate-the-mental-health-consequences-of-the-virus-20200526-2

[ii] Mezzina R, et al. Mental Health at the age of coronavirus: time for change. Social Psychiatry and Psychiatric Epidemiology. May 2020 DOI 10.1007/s00127-020-01886-w

[iii] United Nations Impact Of COVID-19 | United Nations Policy Brief: COVID-19 And The Need For Action On Mental Health. https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

[iv] Dohenwood B. Toward a Typology of High-Risk Major Stressful Events and Situations in Posttraumatic Stress Disorder and Related Psychopathology. Psychol Inj Law. 2010 Jun 1; 3(2): 89–99. doi: 10.1007/s12207-010-9072-1

[v] Shultz et al, 2015. Quoted in iii above

[vi] Tsang et al, 2014 Quoted in iii above

[vii] Patel V, Saxena S, Lund C et al, The Lancet Commission on Mental Health and the Sustainable Development Goals. 2018. DOI:https://doi.org/10.1016/S0140-6736(18)31612-X