

Guide for Community Social Workers to Practice Public Prevention Services in Response to
Public Health Emergency
(Psychosocial Support Services on Offering Mental Health Hotline Service)
Chengdu IYOUSHE Community Development Center
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Statement

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Preface

In 2020, pneumonia infected by a new type of coronavirus broke out in mainland China. More than 30 provinces initiated level I response to major public health emergencies. Social groups of all kinds have been actively mobilized and played significant role in fighting against the epidemic.

The management of public health emergencies is divided into two systems: professional epidemic prevention and social epidemic prevention. Professional epidemic prevention relies on administrative mobilization and overall planning capabilities to deploy experts, doctors, and medical resources to improve medical treatment of certain disease; social epidemic prevention relies on local communities whose target groups are community residents. By carrying out households management, mediating community relations, and maintaining community members' mental health as well as integrating community resources, social epidemic prevention lowers the spreading of the disease within the community.

social organizations are one of the multiple entities of diverse community governance, serving urban and rural communities in preventing the current outbreak, and play an active role in overall social epidemic prevention. Chengdu IYOUSHE Community Development Center participated in the epidemic prevention and control in Chengdu in January 2020, and more than half of its employees participated in social epidemic prevention. Relying on its own advantages, the organization actively steps into household check, psychosocial services, and community development. IYOUSHE gives full play to its professional capabilities, offering human-centered services that support epidemic prevention and control to meet the needs of residents during the epidemic outbreak. IYOUSHE improved the helping atmosphere of the community and contributed to the development of social epidemic prevention work.

In order to transfer its experience to more social organizations and provide further support for social epidemic prevention, by using action research method, IYOUSHE published a series of documents based upon its practical experience for community social workers to reference while practicing public prevention services in response to public health emergency.

The work guidelines based upon the practical experience of IYOUSHE are not impeccable. We hope that the community and social workers will correct and improve them based on feedback. We are open to criticism and suggestions from professionals and practitioners and improve our work accordingly. The source of the citations from other social organizations will be marked as we fully respect the intellectual property rights.

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Abstract

Based upon the practical experience of the IYOUSHE's households service support team, this paper outlines how the social workers, when facing the outbreak of Covid-19, opened a mental health hotline to help maintain the mental health of the public especially those of the most vulnerable ones like the old, weak, and disabled. The service effectively reduced the negative emotions of the public and maintained the normality of the community. This document summarizes the assignments, main focus of the service, essential knowledge and basic skills for social workers to provide mental health support service through hotlines and hopes that it can serve as reference for similar practice in the future to respond to public health emergencies.

1. Background

When facing the life-threatening public emergencies, panic is an instinctive response of self-protection. During the outbreak of the Covid-19, confirmed patients, suspected victims, medical staff, family members of the patients, community workers were fighting the epidemic without proper rest. They were physically and mentally exhausted and suffered varying degrees of psychological trauma.

The threat posed by the spread of the epidemic generated much negative emotion among the population. People suffered from nervousness, anxiety, panic, depression, and helplessness, which affect their normal life and even the social order. Under a worst scenario these negative emotions can cause social chaos and unrest. Thereupon, it is necessary to reduce the negative public emotions through timely mental intervention.

2. Target Users

Our target users are social organizations, social workers, community workers, volunteer teams, and psychological counselors and social service workers who are willing to participate in or be interested in providing mental health support service.

3. Working Framework

This guide aims to help public service providers by providing practical knowledge and good practices that are beneficial for the success of building a mental health hotline. Its main contents include:

Define the working assignments of the mental health support hotline;

Describe the details of the assignments and the main focus of the work to open a mental health support hotline;

Outline the necessary knowledge and basic skills and the helpful annex that were needed for carrying out the assignments;

Emphasize the importance of acting as both social worker and psychological consultant.

Above mentioned practices came from relating social support services conducted by IYOUSHE in Chengdu high-tech zones, Wuhou district, Shuangliu district and Xinjin county of Chengdu province.

Users of this guide should apply these knowledge, skill and tools to deliver successful service. Whereas, it does not mean that the knowledge described above can be applied to any work.

Establish coordinating mechanism with government agencies

- Build connections with relevant government agencies actively
- Set up a real-time working group, outline a working framework

Recruit social workers with phycological background

- Select qualified consultants
- Recruit psychological consultants as volunteers
- Conduct consultant rating
- Set up working groups for consultants
- Organize pre-service training

Search service targets

- Open mental health hotline
- Offer service to the target people
- Reach out to vulnerable population, find out those need household check
- Offer service to people reach to the hotline from community referral service

Assess the need of the of the target people

- Classify target needs
- Provide referral service based on referral mechanism

Consultant-involved service

- Personal consultation
- Group consultation

Supervise consultants

- Organize meetings to guide and supervise the consultants

Organize hotline service meetings

- Executive team meetings
- Working group meetings to summarize the tasks
- Exchange materials

4. Guidelines

4.1 Early-stage preparation

Self-evaluate the capability to carry out the task, make sure to have at least 4 experienced full-time employees.

4.2 Working assignments

Serial Number	Primary Task	Secondary Task	Output
1	Establish coordinating mechanism with government agencies	Build connections with relevant government agencies actively Set up a real-time working group, outline a working framework	Organization structure map
2	Recruit social workers with phycological background	Select qualified consultants Recruit psychological consultants as volunteers Conduct consultant rating Set up working groups	Consultants directory Consultant rating criteria Service standing book Pre-service training materials

		for consultants Pre-service training	
3	Search service targets	Open mental health hotline Offer service to the target people Reach out to vulnerable population, find out those need household check Offer service to people reach to the hotline from community referral service	Advertising articles Hotline service standing book Vulnerable people directory Service recording for vulnerable people
4	Assess the need of the of the target people	Classify target needs Provide referral service based on referral mechanism	Referral service system
5	Supervise consultants	Organize meetings to guide and supervise the consultants	Consultation recording form Group consultation plan Group consultation recording Pedagogical materials
6	Organize hotline service meetings	Organize meetings to guide and supervise the consultants periodically	Supervising recording Consultants working plan Consultants meeting recording
7	Organize hotline service meetings	Executive team meetings Working group meetings to summarize the tasks Exchange materials	Mental health service work summaries Plans for holding summary meeting

4.3 Guidelines

1. Establish coordinating mechanism with government agencies

Build connections with relevant government agencies actively

When an epidemic outbreak occurs, contact with relevant government agencies immediately to express willingness to offer service and communicate working plans and details.

1.2 Reach consensus on work plans

Negotiate the work plan for joint epidemic prevention and control with each other, and agree on the scope of work, communication methods, organizational structure, service content, key service targets, resource mobilization, division of labor, time schedule, risk estimation and response measures.

1.3 Build up work group for real-time connection

1.3.1 group building methods

Use established working group or build new QQ , Wechat or other social media group for work.

1.3.2 Group members

Including at least task leader, supervisor and service provider

1.3.3 Group function

send tasks on the group in time so that group members can solve tasks together. For example: send referral service applicants' information , material links in forms of texts and pictures. Social workers can send the summary of daily work as work report.

1.4 Establish organization structure

Task leading group

At least 3 members composed by team leaders and supervisors are needed. They are responsible for program decision-making, resource linking, and relationship coordination.

Supervision team

At least two people are qualified as social workers and psychological consultants. They are responsible for staff training and supervision.

Executive team

Composed of at least 3 institutional social workers, responsible for the implementation of the overall plan, including: hotline answering, overall publicity, data archiving, etc.

Consultation team

Recruit at least 6 social workers or psychological consultants, responsible for personal consultation, group consultation and other psychological assistance services.

Caring team

It is composed of at least 3 qualified social workers or community workers who are responsible for actively caring for potential service targets, assessing needs, providing direct services or referral services.

1.5 Main focus of the service

Choose former partners or familiar ones.

Cooperate first with district and street level government agencies.

Swift responses are needed to form and carry out plans.

At the onset of epidemic outbreak, execution were conducted by institutions while government agencies in charge of decision-making and supervising.

2. Build up “social worker + psychological consultant” team

2.1 select qualified consultants

Inventory employees who meet the qualifications of “Social Worker + Psychological consultants” in this institution are required to apply for registration (except those who are not convenient to participate in the work), and screen the applicants for registration.

If there's not enough staff of this institution who meet the requirements of the consultant team, they can be recruited through other channels, including: invite relevant agencies to recommend candidates, conduct target recruitment, public recruitment etc.

2.2 Recruit psychological consultants

Members who hold any qualification certificate of Assistant Social Worker, Social Worker, Level 3 Psychological Counselor, Level 2 Psychological Counselor and have community service or consulting experience can fill in the Counselor Registration Form (Annex 1), within the specified time span and send the application form to the required mailbox.

2.3 Consultants qualification review and rating

Qualified and experienced staff members within the institution are invited to review the consultant registration form, and according to the qualifications and experience of the consultant, the consultant is rated and graded. The rating standards are shown in the table below:

Assessed Level	Qualification	Ability Level
Level 1	Junior social worker, at least reach to level 1	Level 1: According to medical information and relevant department policies and regulations, provided consultation to individuals and groups to guide general prevention. High degree of professional ethics, master communication skills and casework techniques.
Level 2	Intermediate social worker, at least reach to level 2	level 2: level 1, with additional primary psychological knowledge, identifying emotion, mental and social state for the targets, providing them with help, guidance and comfort. Master the skill of listening and empathy, focusing on talking skills.
Level 3	Junior social worker with both certificates (counselor certificate III and social worker certificate), clinical counselor certificate III, at least reach to level 3	Level 3: Level 2 with additional knowledge that related medical treatment, prevention, public welfare information and behaviors can interact with each other, triggering the client 's past, present, and future anxiety, fear, suffering, disputes and conflicts. With the ability to fully listen to, accept, support the target. Equipped with the knowledge of stress response, emotional stabilization skills, muscle relaxation skills, being able to offer educational group consultation.
Level 4	Intermediate social worker with both certificates (counselor certificate II and social worker certificate), clinical	Level 4: Level 3 with additional understanding of excessive anxiety, fear, and anxiety will damage the immune system and

	counselor certificate II, at least reach grade 4	therefore lead to emotional, personality, and mental problems. Consultant at this level should master all the knowledge and skills of this guide and the theory of abnormal psychology, and are able to carry out structured psychological group consultation.
Notes: consultant can only offer services within their scope of capabilities.		

2.4 Build up consultants' work group

2.3.1 Group organizing

The executive team is responsible for building up the group and is responsible for the group management. All qualified consultants would be included in the working group. The alias of group member should be their real name. The consultants also need to fill in their own rating at the beginning of their alias, such as: level 1-Zhangshan, that means he is a consultant with level 1 qualification.

2.4.2 Group working mechanism

The social worker sends the consultation recording form (Appendix 2) and the consulting service standing book (Appendix 3) to the group. The corresponding consultants need to fill in the forms after each service. The service standing book needs to be filled in every day and summarized by the executive team. Every other night there needs to be a scheduled meeting for the day's summary, the executive team made a record of the meeting. (Annex 4)

2.4.3 Group function

Work related communication; offer referral service; case sharing; supervise and summarize the meeting information; special training;

2.5 Organize pre-service training for consultants

Before offering service, consultant must attend a pre-service training meeting, and the institution will give important service instructions, service directions, real-time information on the epidemic outbreak and service recording forms and teach consultants how to fill in the standing book.

Consultants should make sure to have all the relevant information, keep notes, and write down the key points.

3.Searching for who to be served (WBS)

3.1 Providing mental health hotline service and receiving assistance from WBS.

3.1.1 Providing mental health hotline service with widely publicize.

Use an office landline number with call forwarding function or a fixed phone number as the hotline. An edited article for promotion should be over there and include: joint hosts, hotline services, service time and the expertise of the team. The article needs publicizing through official websites of governments, WeChat official accounts, WeChat groups and moments, and QQ groups,

3.1.2 Hotline answering and recording

One or two personnel should be there to answer calls in shifts, if the pandemic is serious, the work can be done at home. Personnel should make records for each calling (See as Attachment 6) including: date, name (for privacy, Mr. XX or Ms. XX is acceptable), phone number, what they consulted, what they need, calling duration and personnel's name.

Hotline is mainly used to answer phone calls. In order that nobody in need might be refused because of the busy line, every single phone call should be controlled within 15 minutes. If anti-anxiety assistance is needed, transfer the line to specialties as soon as possible.

The caring hotline for the epidemic is just an early evaluation where we do not expect to solve problems at once.

As for the calls which counsels cannot answer directly, such as epidemic reports, please remind callers that there will be someone for the further services or they will be informed afterwards.

When answering phone calls, we serve as a good listener, taking notes of callers' words. If a return call or transfer call is needed, there should be complete information and callers' phone numbers.

As for the request of assistance reliefs, we are unable to make a promise of it but we should first write down their requests with providing support by their located community.

The best time of starting a hotline service is at the time the pandemic just break out, when governments serve as the pillar to promote it.

However the mood of callers is, there shall be no conflicts between callers and staff.

3.2 Reach out to vulnerable population, find out those need household check.

The vulnerable population mainly refers to the old, the weak, the sick, the disabled and other vulnerable groups, including: the seriously ill people on the subsistence allowance and the marginal people on the subsistence allowance, the people living in isolated communities, the elderly people living alone in empty nests, the children in distress, the rural left-behind children, the severely disabled people without attendance, the patients with mental disorders, etc.

These vulnerable people have poor abilities to obtain information and resources while their understanding of the epidemic and response is relatively inadequate. Due to the outbreak it may affect these people's original conditions and treatments on the one hand. On the other, most people have already lived with underlying disease itself, should infected, they would easily become critically ill patients. At that time whether or not the village (community) is screening door-to-door, there should be a telephone interview conducted to check upon them at once.

3.2.1 Care proactively, assess needs.

The village (community) and social service agencies shall check the list, and then appoint one party's staff to make one-to-one telephone calls to learn about the home conditions of the special stranded people under the epidemic situation and to inquire about their primary and secondary needs. The workers should also publicize the correct knowledge of the epidemic situation, and make service records (annex 7). The primary demand refers to the non-epidemic demand of the served object, and the secondary demand refers to the material, psychological and physiological demand for help caused by the epidemic.

Demand response and referral

Primary needs: Such needs should be accommodated or delayed with minimal exposure; For emergency and needs that require face-to-face services, both of the social workers and served

objects should take precautions, and services should be provided according to the original service procedures and methods of the institution.

Secondary needs: material needs in secondary needs should be registered properly, social workers link resources or refer to the community; When physical needs are assessed as necessary, social workers ought to assist in purchasing medicines or in seeking medical treatment; Psychological needs should be registered before being referred to the consultant team to follow up.

3.2.3 Main focus of the service

Understanding needs requires the trust of the served objects, preferably someone familiar to call them, or indicate oneself as a village (community) worker or village (community) delegate.

Some disabled people or the elderly can not hear well, so in the telephone inquiry, social workers should pay attention to speak slowly, articulate, and they better use dialect, with which these people are familiar.

When the telephone inquiry is difficult to understand their needs, or there is no telephone, a disconnection occurred, we will provide timely home service, in order to confirm the status of the served object.

3.3 To provide services to those referred by the village (community)

If village (community) workers, in the process of household screening, find people who need psychological assistance, directly refer them to the advisory group.

4. Assess the needs of the target audience

4.1 Distinguish requirement types

4.1.1 Distinguish epidemic types

Report of epidemic discovery, consultancy of epidemic information, the need to purchase protection gears/life supplies or psychological assistance

4.1.2 Distinguish types of psychologically assisted people

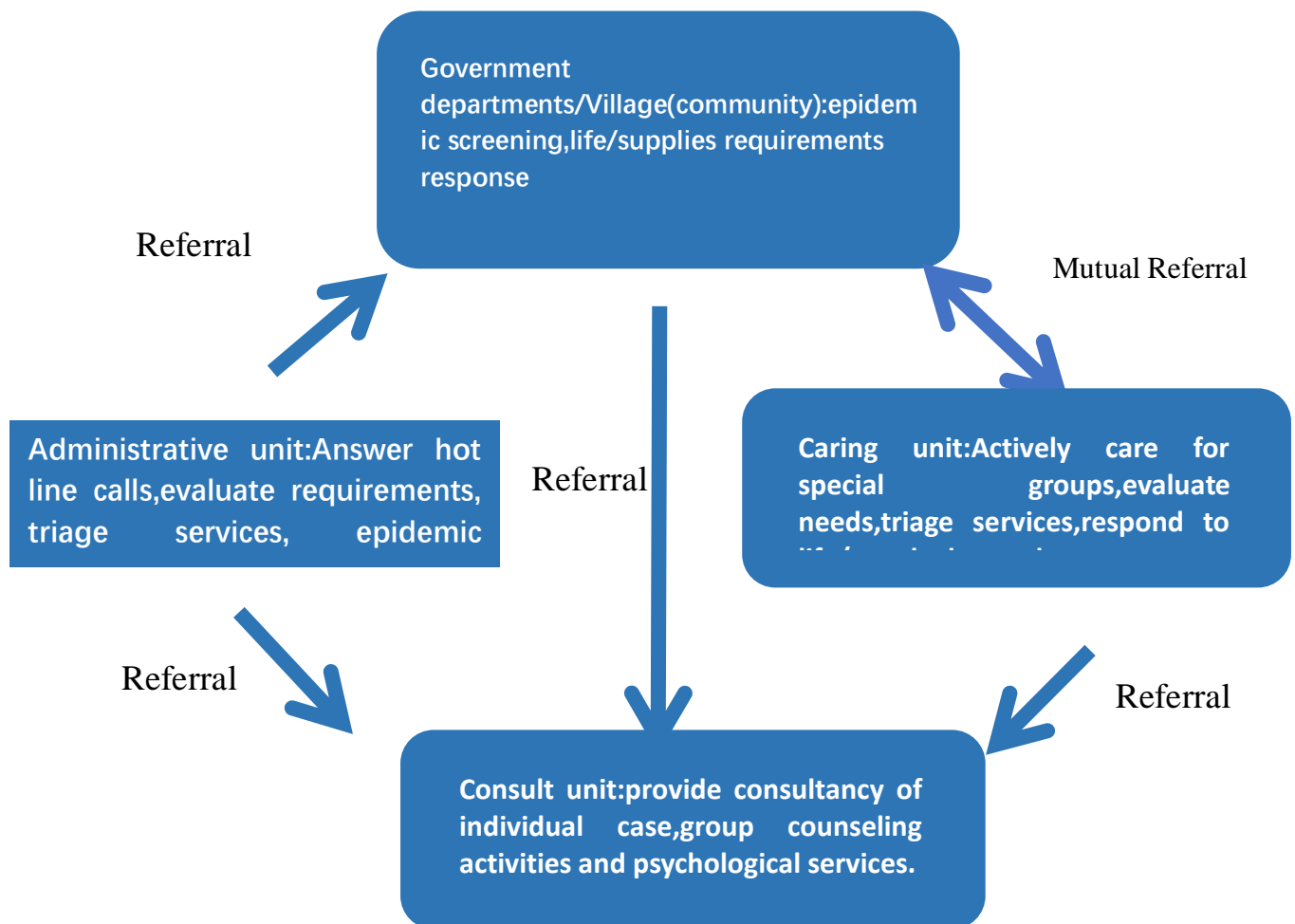
Tier 4 consultants follow up: disease confirmed patient, families of the deceased

Tier 3 and above consultants follow up: suspected quarantined object, front-line medical staff.

Tier 2 and above consultants follow up: families and close friends of the first and second groups people, Grass-roots investigation personnel, community referral objects, active screening objects.

Tier 1 and above consultants follow up: commoners of epidemic area, social workers, volunteers

4.2 Referral is made according to the service referral mechanism



4.3 Main focus of the service

Outbreak types include, not limited to, the types summarized above and require flexible response to specific service requirements.

The objects of psychological assistance service are simply categorized according to the crowd, and we should carefully consider whether the consultant is competent to complete the task.

During the referral services, we should know the basic information, needs, address and contact information of the client.

5. Consultant follow-up services

5.1 Individual case consultation

5.1.1 Choose an appropriate working environment

Telephone consultation needs to choose a closed, quiet environment with good signal. Should a call to come in during the consultation, it can not be answered, to ensure that the consultation is consistent and undisturbed.

5.1.2 Carry out consulting by online connection

First introduce the consultant's professional identity, giving confidence to the served object; Then he ought to focus on the object's narrative to conduct treatment accordingly; At the end, he needs to confirm whether there will be any follow-up.

5.1.3 fill in the consulting record

The consultant shall fill in the consulting record form in time every day and submit it to the administrative team for strict confidentiality.

5.2 Group counseling activities

5.2.1 Recruits

In allusion to the homogeneous groups such as front-line community investigation staff, property staff, parents of children and patients with chronic diseases, we can understand their needs and make new recruits by means of conducting interviews with potential members, team leaders or unit leaders

Interviewees: hotline/We Chat for help, search for active care , recommendation from relevant government departments;

Interview methods: private chat via We Chat /QQ, group chat via We Chat /QQ group, telephone;

Interview content:

Recent living or working status; whether there is tension, anxiety and other emotions affecting the normal life and work; Whether they are willing to participate in the group counseling courses of psychological counselors; When do they wish these courses to be launched; In what way do they want to do it? Whether your unit can organize some members and how many?

Interview skills: First, show your identity and professionalism; Acknowledge and compliment the intensity of their work; Show understanding of the emotions they are feeling; Respect each others' real thoughts and needs throughout the process, and make no hypothetical needs.

5.2.2 Prepare the guidance plan

Set up a team of counseling consultants: determine a consultant, at least tier 3, to be responsible for the overall planning of counseling programs and the leading of activities; 1 consultant of tier 1 or above to assist in planning and leading the scheme; One social worker assisted in notifying the time of activities, while neatening and filling out some group service records (annex 8), etc.

Determine the time of the activity and issue the notification of the activity.

Communicate with the consultant team about the requirements, and decide the coaching plan, process and work requiring assistance.

Form of Activity: We Chat group, QQ group, live broadcast software.

There are three types of activities:

Education groups teach health knowledge, key points of protection, how to recognize stressful emotions, techniques to reduce stress.

The counseling group aims to strengthen confidence through interaction, empathy, focusing on problems, answering questions, imparting skills,

Support groups are groups in which the counselor guides the members to express their feelings, countermeasures, and communicate with each other.

5.2.3 Carry out group counseling activities

Half an hour or 10 minutes before the activity starts, the consultant reminds group members and consultants of the activity time.

Consultant presided over the opening: introduce himself, the consultant group, the general process as well as time of today's activity. Enter the formal activity links.

The consultant collects everyone's feedback.

Then he summarize today's activities, clarify the follow-up activities, end the activities.

After the summary he leads the team to commence a conclusion meeting.

Finally, he revises the meeting minutes, and leads the team to confirm one by one.

5.3 Main focus of the service

The psychological support service in public emergencies is more about short-term intervention when long-term sustained treatment is not advisable.

Problems, caused by the epidemic, of patients with mental disorders should be directly referred to professional medical institutions, which should not be included in the scope of social epidemic prevention.

In the consultation process, donations are not directly accepted, but it is allowed to provide

donation channels or referrals to relevant workers. It is strictly forbidden to disclose detailed personal information of confirmed patients and suspected quarantined individual in order to avoid extreme self-protection Behavior.

6. Supervise and summarize the work of consultants

6.1 Conduct phased supervising meetings

Supervision time: two days once , commonly agreed, generally in the evening.

Form of supervision: online.

Supervision process: supervision starts. Consultants share about the day's work, then rethink confusion. The supervisor responds and summarizes.

6.2 Conduct overall work meeting

6.2.1 Meeting preparation

Determine the time: When the outbreak is completely over, or at post stage when the number of people seeking help reduces.

Determine the form: Condition permitting, offline meetings or simple and relax salons would be the best choice.

Determine the host: The Supervisor.

Inform the participants: All members of the supervision group and the consultation group.

Prepare meeting attendance sheet, meeting procedure, tea break, consultant service certificate, etc.

6.2.2 Procedure of the meeting

30-minute soft music as warm up

Confirm that all personnel are present and signed in 10 minutes in advance.

The host declares the meeting opens and gives some brief introduction.

All members share their experiences about the counseling service.

The host summarizes the overall service process and the knowledge output.

A joint discussion about the further arrangement of the consultant team, to decide whether it should be dissolved or kept.

Review the service process and appreciate the consultants for their efforts.

Issue consulting service certificates to all consultants.

Take group photo, give each other blessings. The meeting ends.

6.3 Main points of the service

For individual consultants who need individual supervision, one-on-one supervision should be conducted.

Whether the consultant service certificate can be issued should refer to the actual work of the consultant.

Consultant's personal opinion should be included to decide whether the team should be kept for further service or not. There are several feasible ways to continue its service: 1. Rely on interns from the organization. 2. Promote long-term cooperation between agencies. 3. Encourage consultants to participate in the team as volunteers and issue formal letter of appointment to them.

7. Conduct psychological assistance work summary meeting

7.1 Summary meeting of executive group

7.1.1 Meeting preparation

Determine time: When the pandemic of COVID-19 is completely over.

Determine form: Offline meetings.

Determine host: One supervisor or others.

Inform participants: All members of supervision group, administration group, care group, and part of advisory group.

Prepare meeting sign-in sheet, procedure, place, relevant equipment, etc.

7.1.2 Meeting procedure

Test the projectors, microphones and other equipment (if available) 30 minutes in advance.

Confirm in advance that all personnel are present and signed in 10 minutes.

The host introduces the purpose and process of the meeting.

Every work group shares their work.

Summarize the overall service process and conclude the knowledge output.

Discuss the problems emerging in the service process, and the final work arrangement, etc.

The host led the review.

Take a group photo.

The meeting ends.

7.1.3 Sort out the meeting contents, form summative materials and submit all the materials to the supervision group

The supervision team is responsible for organizing the content into summative materials or PowerPoint reports.

7.2 Comprehensive summary meeting held by the work leading group

7.2.1 Meeting preparation

Determine time, place, form, host, process, etc. of the meeting, with the leaders to form the meeting plan.

Inform the participants: all the members of the leading group, the supervision group and including some members of the executive group.

Prepare meeting attendance sheet and meeting related equipment, etc.

7.2.2 Conduct of meetings

Test the equipment 30 minutes in advance.

Confirm that all personnel have arrived and signed in 5 minutes in advance.

The host introduces the purpose and process of the meeting.

The supervision team makes a comprehensive work summary.

Discuss together about the further arrangement of the consultant team of psychological support.

The leader delivers a comprehensive summary.

The host declares the meeting closed.

7.3 Handover of relevant information

The administrative team collects and sorts out all the archives and keep them strictly confidential.

Send the electronic version of summary materials and service ledgers except confidential information to government.

7.4 Main points of the work

Before the implementation group meeting, each working group can make their own brief summary respectively in advance.

Whether the hotline service should be kept or not can be determined in advance according to the institutional situation and the consultation of relevant government departments.

If the hotline service continues to be carried out, its temporary functions can be transformed into normal ones and it can carry out extended care services and psychological services.

V, the necessary knowledge and basic skills

1. General Medical Knowledge of Epidemic Diseases (for Understanding)

"Everything About novel coronavirus pneumonia" by PaperClip (a blogger)

"Novel Coronavirus Public Protection Manual" by West China Hospital, Sichuan University and Sichuan Science and Technology Press

"Psychological Intervention and Self-help Manual for 11 Groups of People Infected with Pneumonia in Novel Coronavirus" by Sichuan Provincial People's Hospital, Southwest Jiaotong University Press

2. Mechanism of Psychosomatic Problems in Epidemic Environment (being familiar with)

The concept of somatization of psychological problems, stress response and PTSD (post-traumatic stress disorder), and the function of autonomic nervous system.

3. Basic Scale (mastery)

"Identification and Protection of Self-psychological Stress of Community Workers of Novel Coronavirus Pneumonia Epidemic" (seeing in Annex)

"PSTR Psychological Stress Self-Assessment Form" (seeing in Annex)

Self-rating Anxiety Scale (SAS) (seeing in Annex)

Self-rating Depression Scale (SDS) (seeing in Annex)

4. Simple Methods of Emotional Stabilization (Mastery)

Interruption of crying: Please look up at the sky at 45 degrees and keep breathing smoothly to stop crying and calm down yourself.

Breathing method: Take a deep breath, inhale by the nasal cavity for 5 seconds, hold for 3 seconds, and exhale by the oral cavity for 5 seconds (the specific length of time depends on personal conditions, but do not hold your breath). Focus on the oronasal triangle area, and the feeling of airflow entering the body. Keep the deep breath for 5 minutes to relieve the symptoms of shortness of breath and palpitation.

Self-care butterfly-like patting: With arms crossed in front of the chest, left and right palms alternately pat the shoulders like butterflies, or like a mother caressing her baby. Alternate left and right taps for one round, and do 8-12 rounds in a row for a group, lasting 3-5 minutes. Butterfly-like patting can release Oxycontin in the body, and quickly promote parasympathetic

nerve function, making people feel safe to be cared for, and reduce anxiety.

Muscle relaxation method: Tighten the muscles in the order of toes, soles, calves, thighs, fingers, forearms, upper arms, buttocks, abdomen, back, chest, neck, eye circumference and palate muscles for 5 seconds and relax for 3 second and then the next part; Feel the muscle tension and relaxation at the corresponding position in the process. Reduce somatization anxiety through repeated cycles.

5. Anti-anxiety Method (Mastery)

Progressive muscle relaxation training, breathing observation, mindfulness meditation, shallow hypnosis desensitization, optical flow therapy, music therapy (principle).

6. Training content

The training instructor shall be the intermediate double certificate personnel with the fourth level qualification and external experts, he or she and shall conduct the training course through online reading meeting, special training (manual / guidance), case sharing, etc., the contents of which are as follows:

6.1 Service Principle (Mastery)

Principle of giving priority to life: Prioritize those who seek help from clear crises and illnesses in their lives. Respond to the target first, not taking disease correlation as the only priority factor.

Principle of self-help and helping others: Helpers should provide services to others on the premise that their own safety is guaranteed, so as to avoid the oppression of people caused by moral binding and professional binding. The service organization shall provide support services including supervision and training to helpers.

Principle of limited service: hold relevant certificates, prohibit services beyond capabilities, put an end to any unfounded commitments, and recognize the limited nature of services.

6.2 Common Sense of Epidemic Disease Basic Medicine (Understanding)

6.3 Basic Knowledge of Self-protection (Being familiar with)

Knowledge of protective equipment (classification, function, emergency protective substitutes, disinfection), hand hygiene (hospital seven-step washing technique), home and social protection matters.

6.4 Maintenance of Helping Power of Helpers (Being familiar with)

The generation mechanism of helping power (individual meaning, interpretation from different perspectives), the classification of power, and the maintenance mode of power (self-help, other help).

6.5 Emotional Stabilization Method (Mastery)

Interruption method, breathing method, self-care butterfly patting, muscle relaxation method.

6.6 Knowledge of stress response (mastery)

6.7 The Effect and Influence of Emotion and Mood on Self in Disastrous Events (Being familiar with)

The mechanism, influence and coping methods of anxiety and fear; discovery and management of depression and manic mood induced by disastrous events.

6. 8 Decompression and Anxiety Resistance Method (Mastery)

Self-care techniques, progressive muscle relaxation techniques, mindfulness therapy, shallow hypnosis and hypotension, emotional isolation techniques.

6. 9 The Principle and Recognition of Empathy

6. 10 Empathy and Listening Method (Mastery)

6. 11 Thoughts on work and resource utilization under different working objects (Being familiar with)

6. 12 Professional Setting of Consultation Hotline Answering (Mastery)

6. 13 Telephone Interview Methods for Vulnerable Children in Community Epidemic Prevention (Mastery)

7. Content of supervision

The third and fourth level qualified personnel shall be employed as the supervisor. Each 20 psychological epidemic prevention personnel shall be monitored by an intermediate Dual Certificate (Social Work Certificate + Psychological Consultant Certificate) and each 10 psychological epidemic prevention personnel by a primary Dual Certificate supervisor. Provide one-to-one or one-to-many supervision via phone and social media.

VI, work aids

1. Appendix 1: Application Form for Consultant

Application Form for Consultant

Name		Gender		Political Status	
ID card number			Years of practicing		
Contact Number			Wechat ID		
Workplace					
Working experience (Working experience in similar public events)					
Professional qualification and certification materials					
The available duration and period of time for voluntary service					

2. Appendix 2: Consultation Record Form

Consultation Record Form

Time		Place	
Name		Gender	
Age		Mode	
Contents of Chief Complaint:			
Conceptualization of cases:			
Record of assistance:			

3. Annex 3: Consultation Service Account

Consultation Service Account

No.	Date	Service Mode	Service Time	Case Source	Case Location	Case Situation	Service	Community Worker	Remark
Notes: Use WPS to connect to a network for more people to edit the form.									

4. Annex 4: The Table of Summary Meeting of Consulting Service

The Table of Summary Meeting of Consulting Service

Date		Time	
Way of Meeting		Attendance	
Participants			
Recorder			
Contents			
Summary			

5. Annex 5: Hotline Publicity

XXXXXXX Hotline for Caring and Counseling during the Pandemic is Now Running!

To fight and win the battle against coronavirus, XXX, XXX, and XXX units urgently operated a hotline, 028-XXXXXXX, to offer psychological counseling for the public.

The hotline is answered by professional social community workers. Meanwhile, referral services and psychological counseling are provided by certified professional community workers and psychological consultants. The hotline functions are as follows:

1. Receiving the reports of suspected cases. The front-line community workers will be informed timely and reach you to know more. For people with symptoms, measures will be taken to send them to hospitals for further diagnosis.

2. Replying the consulting of information. The information includes but is not limited to the knowledge of the pandemic, local conditions and relevant policies.

3. Offering psychological counseling services. The hotline provides counseling and support for those who are going through psychological trauma during the coronavirus outbreak. After the call is answered, a professional consultant will take the initiative to provide psychological assistance.

4. The hotline is available from 9:00 to 21:00.

To overcome difficulties, the team also recruits qualified community workers and psychological counselors. People who have interest can call to know more.

6. Annex 6: Hotline Service Records

Hotline Service Records

NO.	Name	Tel	Counseling Contents	Types of Needs	Calling Time	Operator	Remarks
1							
2							
3							
4							
5							
6							

Notes: Types of needs mainly include reporting suspected cases, asking for information about the pandemic and seeking psychological counseling. Other needs should be noted under remarks.

7. Annex 7: Vulnerable Population Service Records

Vulnerable Population Service Records

[illegible]

8. Annex 8: Group Service Records

Group Service Records

Date		Leading Consultant	
Activity Name			
Form of Activity			
Attendance			
Support Staff			
Contents	1.		
	2.		
	3.		

Records			
Evaluation	Consultant	Service Object	Assistant Consultant

Team Members

1. Yu Changfang Vice Director and Intermediate Supervisor of IYOUSHE

Responsible for organizing the work content about comprehensive family support in psychological assistance and community pandemic prevention, sorting out experience of mental health hotline service, writing the first draft and modifying the content.

2. Luo Xiaolin Vice Director and Senior Supervisor of IYOUSHE

Responsible for organizing the content involved in social workers and psychological consultants including professional ethics, qualifications, knowledge, skills and courses about psychosocial services.

3. Ju Daoting Project Manager and Intermediate Supervisor of IYOUSHE

Responsible for revising the content about psychological epidemic prevention and

providing necessary knowledge and basic skills.

4. Deng Mei Vice Director and Head of Community Development Institute of IYOUSHE

Responsible for modifying and reviewing the content from the perspective of action research and practical experience

5. Yang Jiajia External Consultant APTD (Associate Professional in Talent Development)

Responsible for providing methods and tools to help sort out experience and modifying logic issues

Institution introduction

Founded in 2009, Chengdu IYOUSHE Community Development Center is a 5A social organization registered in the Civil Affairs. The organization focuses on the development of urban communities, with the mission of “working together to build a happier community”. It promotes the community development through cultivating social capitals. This Center has been always dedicated to achieving a coordinated development of public service, community development, comprehensive family support, and supportive businesses. Currently, its projects are mainly launched in Chengdu, the capital of Sichuan Province, especially in seven Districts including Jinjiang, Wuhou, Chenghua, Shuangliu, Wenjiang, Longquanyi and Xindu, one County which is Xinjin, as well as one high-tech industrial development area. With over 260 full-time workers, the center embraces talents from various fields, such as sociology, anthropology, psychology, public management and arts. Continuous efforts have made IYOUSHE a comprehensive social organization which has contributed significantly and gained great support.

Tel: 028-86958150

WeChat Official Account:



Sponsor Introduction

Established in Beijing, Sany Foundation started on December 31, 2013. With “promoting the scientific community” as its mission, Sany Foundation is committed to improving the “scientific community” theory, promoting performance and professionalism in the public service, and enhancing public awareness, so as to facilitate the progress of charity industry as well as build a vibrant and kind society.

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in response to public health emergency.

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Finally, we would like to thank all the colleagues of IYOUSHE for your hard work in the front-line of pandemic prevention.

Working Together to Build A Happier Community