

COVID-19: COUNSELLING AND COORDINATED CARE

INTRODUCTION

The COVID-19 pandemic is a rapidly evolving global crisis and there is much that is still emerging in terms of the health and psychosocial consequences for the diverse populations affected by this emergency. South Africa's healthcare facilities are at risk of collapsing under the vast number of people descending on their doorsteps to manage a disease that for most is self-limiting, generating stress and anxiety and leaving many without support.

Around 80% of COVID-19 positive cases will be mild and not require any medical treatment – but individuals don't know how to discern what is mild? A co-ordinated care service will help individuals to manage their disease **at home** and at **any quarantine site, not at hospital**, and reduce the **unnecessary load** of individuals turning up at healthcare facilities, preventing those who need treatment from being treated. The service will also provide guidance and emotional support during this period of uncertainty.

A combination of a medical advice through the Hello Doctor panel of medical doctors and case management by a skilled care co-ordinator will provide optimal care. Care co-ordinators can be social workers, psychologists or nurses. Care co-ordination includes:

1. Making decisions around the number of supportive telephonic calls made throughout the duration of the case;
2. Providing emotional support and guidance;
3. Case supervision and direction to assign an appropriate health practitioner;
4. Referrals to medical doctors or health facilities if symptoms worsen. This service will answer one burning question? "At what point do I need to go to a hospital to manage my COVID-19?" The response is simply: Don't panic. Don't ask Dr Google. Rather talk to a real doctor virtually before you go to hospital or clinic.
5. Contact with the individual to follow up on progress and reporting on the case for record and tracking purposes.

PSYCHOSOCIAL LONG TERM CONSEQUENCES

The constant fear, worry, uncertainties and stressors in the population during the COVID-19 outbreak can lead to long-term consequences within communities, families and vulnerable individuals:

- Deterioration of social networks, local dynamics and economies
- Stigma towards surviving individuals resulting in rejection by communities
- Possible higher emotional state, anger and aggression against government and frontline workers
- Possible anger and aggression against children, spouses, partners and family members (increase of family and intimate partner violence)
- Possible mistrust of information provided by government and other authorities
- People with developing or existing mental health and substance use disorders experiencing relapses and other negative outcomes because they are avoiding health facilities or unable to access their care providers

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviours are also borne out of **lack of knowledge**, **rumours** and **misinformation**.

PSYCHOSOCIAL SUPPORT

In this crisis, it is common for individuals to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:

- Fear of falling ill and dying
- Avoiding approaching health facilities due to fear of becoming infected while in care
- Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work
- Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g. racism against persons who are from, or perceived to be from, affected areas)

- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
- Fear of being separated from loved ones and caregivers due to quarantine regime
- Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine
- Feelings of helplessness, boredom, loneliness and depression due to being isolated
- Fear of reliving the experience of a previous epidemic

Psychosocial counselling supported with care co-ordination and medical referrals for those that develop symptoms is a core component of this health response. Understanding and addressing stress and psychosocial considerations is key to preventing the risk of long-term effects on the population's wellbeing and capacity to cope with adversity.

ACCESSING THE SERVICE

Individuals will use a dedicated Helpline number 0800229335 option 0 whenever they wish to access the service. They will be met with the highest value of understanding and kindness in every detail by a care coordinator that will act as their guardian throughout the duration of the case and engage them in a sensitive conversation to understand their need. The individual is counselled and educated by the care co-ordinator on the process and what to expect. The dedicated care co-ordinators will ensure that their needs are met as follows:

1. An integral part of our care coordinators' role is to provide ongoing emotional support and health advice through referrals to Hello Doctor during this time of uncertainty. This is achieved through an end to end telephonic or a digital (eg, Whatsapp, Skype, Webchat) process of engaged care co-ordinators providing regular support.
2. All consultations are documented online with access only to the care co-ordinator who assists in managing the case from a clinical, ethical and empathetic level.
3. Whenever medical assistance is required a referral to Momentum's Hello Doctor team of HPCSA verified doctors will be made to help individuals manage COVID-

19 at home and under quarantine – through relevant, up to date medical advice, suggested medication and referral to a hospital if required.

The call with a doctor will then result in either:

- **Resolution:** Advice and reassurance, no referral.
- **Referral:** If necessary, an individual will be referred to a hospital, or to their own / selected doctor for a virtual video consult.

This process adheres to the HPCSA's amended guidelines in which "telehealth should preferably be practiced in circumstances where there is an already established practitioner-individual relationship. Where such a relationship does not exist, practitioners may still consult using Telehealth provided that such consultations are done in the best clinical interest of individuals."

4. Referrals can also be made for debt & legal assistance from experienced financial advisors, debt assessment and advice as well as debt restructuring from certified providers.
5. Care co-ordinators can also refer persons with addiction problems or a mental health condition to social services or private specialised services in appropriate situations such as psychiatrists, clinical psychologists and other medical professionals. This process explores the options of medical aid approved providers and medical aid benefits before referrals are made.

TRACKING PROGRESS

Once referrals are made, the care co-ordinator periodically follows up with the person and service provider to ensure that progress has been made. Re-direction to another provider will be handled by the care co-ordinator, should the person be dissatisfied with the services provided.

The co-ordinated care approach provides the opportunity for doctors and counsellors to offer the best care to COVID 19 individuals in a technology enabled environment that complies with HPCSA guidelines.