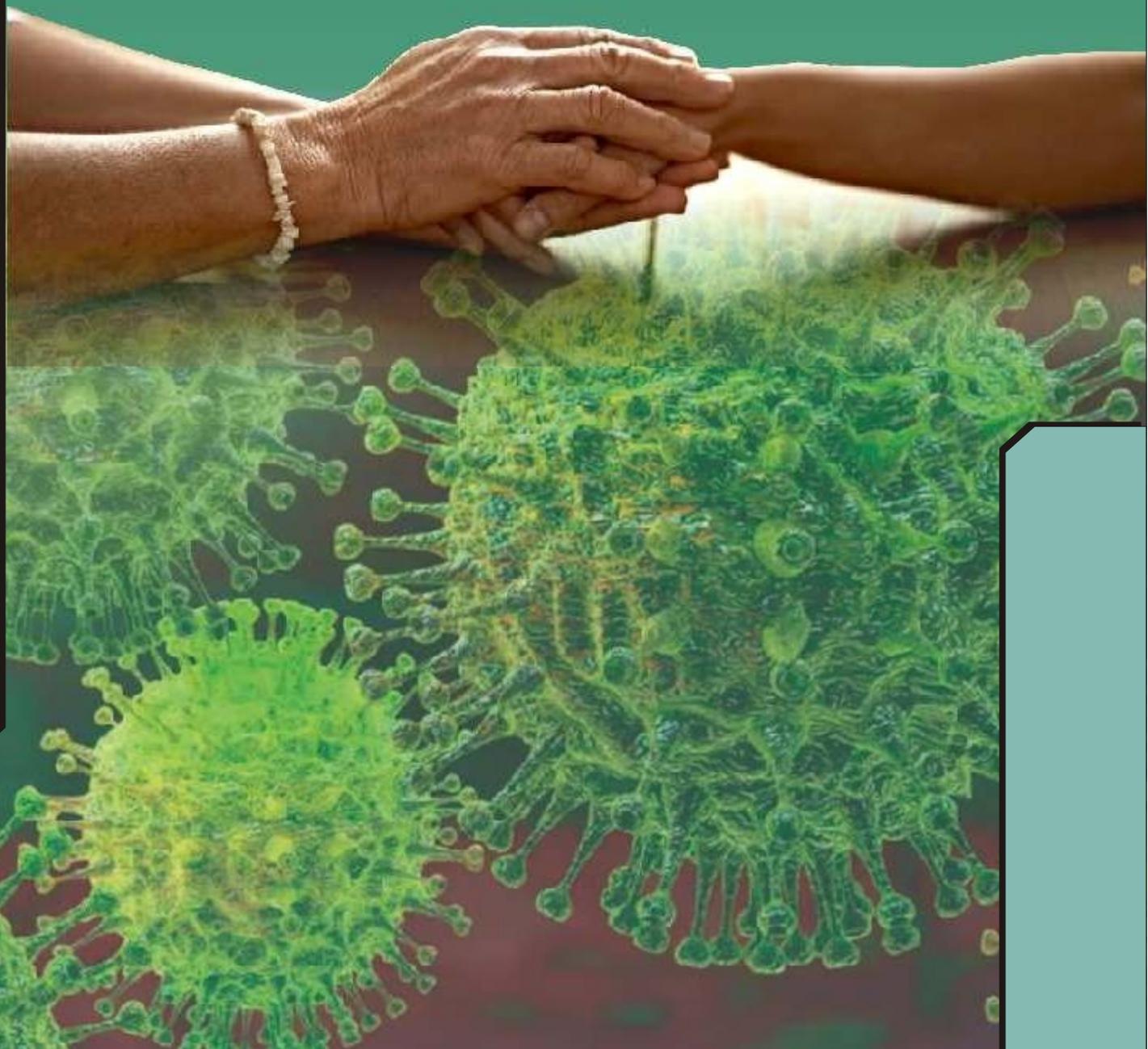


**Manual for “Health Care Professionals”
in providing “Psychosocial Support” to family
members in bereavement in the time of COVID-19**



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ICMR, New Delhi

Manual for “**Health Care Professionals**” in providing “**Psychosocial Support**” to family members in bereavement in the time of COVID-19.

1st edition

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Indian Council of Medical Research

Division of ECD, Ansari Nagar, New Delhi, India

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Preface

The present guide document has been designed to help health professionals in dealing with one of the most critical and difficult situations while managing COVID-19 Death. This document will help health professionals and clinicians from various departments such as ID ward, critical care, intensive care units, high-risk wards where severe patients with COVID-19 are admitted with increased risk of Death or anywhere having bereaved family members. The guidelines assist clinicians in three ways:

1. Disclosing the news of Death to the family;
2. Providing immediate psycho-social (incl. emotional) support to the family members of the patients with COVID-19;
3. Helping Health Care Professionals to cope with their own emotional reactions due to Death.

Each dimension has been explained in each chapter with enough examples to promote comprehensive understanding and application of the interventions outlined.

The authors of the document acknowledge idiographic approaches employed by each professional while delivering the needed care. Thus, Health care professionals are advised to follow the intervention techniques mentioned in the guidelines in their current practices. However, in situations, whenever they feel overwhelmed or unable to deal with the stress themselves, mental health professionals should be immediately consulted.

Health professionals are also encouraged to tailor the approach, whenever required, as per the need of the situation. Further, in recognition of the fact that the psycho-social needs of the family members of patients with COVID-19 keep evolving, this document may be considered relevant based on the current situation only.

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Section I

Key consideration before beginning the support

One of the key agendas of the present guidelines is its dissemination among as many Health Care Workers (HCWs) as possible such that current interventions are geared towards achieving optimal psycho-social care. For this purpose, it is crucial to orient HCWs towards certain broad key considerations which can be kept in mind while delivering the care. Summary of these are as follows:

Principles Underlying Support

Derived from a client-centred approach to psychotherapy, three critical components of the counselling approach should be incorporated into current practices.

- First and foremost is “Empathy”, which refers to one’s ability to relate to situations and feelings as human beings. In the present context, it is defined as the professional’s capacity to recognize emotions experienced by the family members and acknowledge or appreciate the same. Thus, a professional’s empathetic response to extreme emotions of the people like anger, sadness and fear, helps them feel validated and accepted.
- Second is the ability to be “Genuine”, which is defined as the ability of the counsellor to be free, honest and sincere themselves. It includes the counsellor’s ability to be congruent between their outer words/behaviors and inner feelings, be non-defensive, non- roleplaying, and unpretentious. It also does not indicate that counsellor always expresses all their feelings, it only requires that whatever they do express is real and genuine and not incongruent.
- The third is “**Unconditional Positive Regard**”, which refers to the professional’s ability to accept the person non-judgmentally. Especially after the disclosure of Death, when a professional keep a stance of unconditional acceptance, people are well-placed to ventilate their emotions as experienced.

Optimizing Communication While Wearing the Hazmat Suit

Global pandemic poses unique issue while delivering any form of intervention that requires human interaction. While the content of the verbal speech will be elaborated in detail in upcoming chapters, it is significant to focus on how non-verbal communication may be effectively used to enhance verbal communication.

- As mandated by the government, the use of PPE and a social distancing norm of at least 1 meter is essential to avoid any possible spread of infection.
- While the measures provide enough protection to safeguard the health of the professionals, it also poses unique challenges while delivering interactions, especially when an HCW is deprived of displaying any form of non-verbal communication that facilitates the grief process.
- It is challenging to appear concerned or show empathy, while an HCW is entirely covered with PPE and interacts from a considerable distance. Given the situation, the following considerations can be given while delivering the intervention.
- Gestures are a remarkable aspect of non-verbal communication that HCW can incorporate in their practice. Gestures are specific body moments such as eye contact, body posture, hand signals, and facial expressions that reinforce a verbal message or convey a particular thought or emotion.
- Since eyes and brows are the only visible part of the hazmat suit, it carries comparatively immense importance in non-verbal communication. Keeping steady eye contact is significant to convey that HCW is attending to the other person sincerely.

However, caution should be taken that it does not become intrusive such that gaze is maintained despite the other person unwilling to do so. Additionally, shifting eyes or avoiding eye contact frequently may indicate non-interest, non-sincere attitude or sometimes trigger feelings of ignorance or rejection of expressed emotions. Thus, steady frequent and non-intrusive eye contact should be maintained throughout the process of counselling. Similarly, there are multiple interpretations of the position of eyebrows. **For** example, eyebrows raised may indicate shock, fear, or disgust, eyebrows drawn together suggest anger or confusion, one eyebrow raised shows disbelief etc. Thus, it is crucial to maintain a straight position of the eyebrow moving as per the eye contact with minimal shift in its position.

- ✚ Further, **hand gestures** are peculiarly useful while counselling and can be used while wearing a hazmat suit. For example, it has been widely discussed that the raised fist, or the clenched fist, symbolizes solidarity, support, unity or strength (Gibson, 2011). Similarly, joining hands together has been used worldwide to symbolize support or togetherness. Furthermore, when it is not possible to join hands of another person, HCW may join own hands together from a distance to communicate the support, togetherness or keeping courage in the battle against COVID-19.

- ✚ However, it is essential to mention that hand gestures are not universal, its meaning may vary across cultures and sub-cultures. Thus, if HCW are aware of some locally employed gesture that communicates strength or support, they can use it. However, they must ensure that the used gesture bears no negative connotation for the family members hailing from varied cultural backgrounds.

Paralinguistic are yet significant consideration that requires HCW’s sensitized approach. It includes the vocal part of the communication determined by tone and pitch of voice, speed and volume at which communication is delivered.

- It is often suggested for counsellors to match the volume and tone of voice to the patient’s speech and avoid using too loud or too soft a tone of speech. However, social distancing norms mandates considerable distance between HCW and family members, making it difficult to speak at a matched pitch and tone with the patient. HCW may have to be loud to get across the message clearly to the family members.
- The loudness may easily be confused with rudeness and dominance. It is especially difficult to convey empathy while being so loud. Thus, to avoid misinterpretations, it is a useful approach to pre-inform them before beginning speech that *“I may speak loudly than usual during the entire conversation, but that is only because I want to be audible enough to send you my message clearly while maintaining social distancing norms. I would encourage you to do the same to avoid any confusion”*.
- While being loud, it is a useful practice for HCW to emphasise keywords from their speech which they would undoubtedly want the other person to retain.
- Keywords can be communicated effectively when spoken with a pause, in a louder tone, or repeated one or two times for effective delivery.

Section II

Introduction

Death is almost always associated with **emotional turmoil**, whether it is expected or sudden. The person who is bereaved goes through a series of **grief reactions**, which according to **Kubler-Ross (1969)**, follows five stages: *denial, anger, bargaining, depression, and acceptance*.

Although these reactions are natural and help in the mourning process, they must be sensitively handled. Doctors managing patients with COVID-19 battling for life are one of the **most immediate witnesses** of deaths. Especially those from medicine, critical care, intensive care units, high- risk wards where severe patients with COVID-19 are admitted with an increased possibility of Death or bereaved family members. Informing the family members or relatives about the Death of a patient with COVID-19 and managing **their emotional reactions** throughout the process comprises one of the prime responsibilities of the doctors and is often perceived to be a **stressful experience**. An understanding of the appropriate ways of handling the situation sensitively helps in performing the task effectively.

For simplification, healthcare professionals’ role and responsibilities in such situations can be subdivided into **four major categories**. The first three address the family member affected by the Death, and the fourth is for the professional himself/herself in handling the whole process of handling the death trauma due to COVID-19.

Figure 1: Algorithm for Psychosocial counseling for handling COVID-19 death



Section III

Preparing Family Members for the possibility of worst outcome due to COVID-19

Sudden Death brings about the most **severe form of trauma** because of being associated with loss along with shock and poor psychological preparedness with which it is introduced to the family members. Though, whether prepared or not, Death is going to elicit similar **grief reactions**, but it certainly impacts one's ability to cope with it when expected. Thus, it is absolutely essential to keep **family members in the loop** of the patient's deteriorating conditions to avoid **sudden emotional trauma** due to Death.

Whenever needed, the attending health professional can call the family member and brief them on the deteriorating condition of the patient and the need to be prepared for any eventuality that may occur. Ensure them that the best efforts are being taken but their response has not been satisfactory, and they need to be prepared for the worst. Allow time for **reflection, silence or stress, emotional reactions** and questions. Some of the immediate queries can be handled patiently with objective facts and conversation more from the family member as this would be a catharsis can for the person with weighed and careful responses from the health professional. The conversation can end with the provision of a contact number they can contact for any queries on the patient's progress. This intervention by the health professional will give the family some time to **preparementally** for the most inevitable and time to share with other family members on the need to prepare for the worst.

Section IV

Breaking Bad News (BBN)

There is no best way to reveal bad news to anyone. However, due to challenges associated with divulging the information and helping the family go through it gradually, some of the following four key points can be considered.

Figure 2: Schematic for revealing the death due to COVID-19



Once the Death of a COVID-19 patient is confirmed, healthcare professionals can contact family members to reveal the difficult news. The process of breaking the bad news of Death could be initiated in person or through telephone. If the process of breaking the news is done in person, then the doctor must follow all the principles of safety and precautions. Generally, it is usually discouraged to inform about Death over the phone, as it excludes the possibility of extending immediate support to the family. Nevertheless, due to the infectious nature of COVID-19, any medium of communication can be used, even the telephone, available easily to most people. Despite whoever picks up the doctor's call, it is essential to talk to an adult (not children or elderly with a serious condition until they are the only point of contact) whose contact information was provided with the hospital. It is preferred to talk to the same person who has been briefed about the patient's critical nature of illness earlier.

a. Breaking the Bad (difficult) News Sensitively: Following a brief introduction of the doctor on call, hospital and reason for which a call has been made, it can be revealed in a very clear way that Death has happened. This must be expressed without unnecessary delay. Avoid euphemisms, for example, 'passed away, and use simple and clear language such as 'died' or 'dead', so everyone is certain about what has happened, and there are no misunderstandings. The doctor here needs to allow time for the family member to understand what has happened. This may take time. They can re-assert the information if asked again.

b. Empathetic Listening: The doctor can act receptive to the range of emotional reactions aroused. Initial reactions of shock, despair, anger and numbness are common. It is significant to acknowledge initial emotional reactions. It is further important for doctors to know that, at this critical point, **empathetic listening to the family member's concerns is far more essential** than offering any form of advice. Empathetic listening simply refers to the practice of being attentive and responsive to others' input during the conversation. This requires the need to be considerate of the other personal concerns. Framing sentences like "*I am sorry for your loss*", "*I can try to understand your distress*" helps convey understanding to the family member. Statements that suggest meaning in Death ("*He is in a better place*") or those prescribing any form of advice to adaptively manage the trauma ("*You can pray for his peace*") can be avoided altogether. Furnish them with factual answers if they have any questions. Encourage them to ask questions or any doubts. Avoid answering questions with no absolute answer, or its answer lies beyond the doctor's domain of expertise.

c. Critical Decision Making: After undergoing initial turmoil, once family members gather strength to talk further, provide them with the **required information**. Most significantly, when it is possible for them to perform the cremation. This is critical decision making, and responses can be immediately elicited by asking about the placement of the family members (their containment zone and if conditions allow them to visit the mortuary). For those residing in far-way cities or overseas, the possibility is bleak, while those staying nearby can be further inquired about the logistics (when, how, where) of their visits to take the body.

d. Ending conversation Gently: It is then important to brief relatives about the immediate next steps which need to be taken. The conversation moves towards closure by **gently extending support** (in the form of any further assistance till they reach the mortuary) if required.

Section V

Facilitating the Grief Process in Family Members

It is important to understand that many traumatic stress reactions are expressed through **emotional expressions**. For any doctor, witnessing a bereaving family member is the most critical part of management. It demands a need for a **sensitised approach** for which many professionals may feel unprepared or challenging. Some of the essential ways of facilitating **adaptive grief reactions** are as follows:

I. Facilitating Grief Processes in Visiting Family Members

a. Encourage Family Members to Ventilate Emotions: It is essential to know that it is absolutely **normal to experience** emotional turmoil (for example- feeling of sadness, anger, abandonment, anxiety, stress) in response to losing anyone, specially compounded due to the complications associated with COVID -19. Though witnessing a bereaved human can naturally incline an individual towards providing any form of support within reach. However, it is professionally advisable to refrain from doing so (without appropriately knowing the family context, their ways of responding to trauma or the severity of trauma). Maintain the **psychological presence** with the family. Allowing the **uninterrupted expression of emotion is in itself an intervention** or a part of the human process to adjust to the new reality in life. **Encourage them to talk** about the patient's illness, and if they open up, try to explain the efforts taken to save him/her and the inevitable outcome. Moreover, the doctor can further reduce the need to initiate active intervention by explaining to themselves that mourning to the grief is a gradual process and may take a lot of time and effort for the family members. Letting an individual actively **engage in the expression** of trauma marks the beginning of the mourning process, and they must go on till a person gathers **strength and courage** to engage in the cremation process.

As a cautionary note, it may happen many times that the family member can blame the doctor or the treatment team during an emotional upsurge, followed by aggression towards them. It is important to understand that it is a manifestation of the acute emotional turmoil they are going through currently, and there is no need to provide any explanation for the same or engage in any further argumentation.

b. Facilitating Family's Acceptance to the Reality of Death: As discussed in the previous point, its significant to process trauma and denial or disbelief can block this process of adjustment. Thus, to **facilitate acceptance** of the Death, the doctor can arrange for viewing the body bag till face and let family members spend some time with it to sink in reality. **Spending time** with the body of a loved one who has died helps mourners truly and fully acknowledge the reality of the Death **with all necessary and prescribed safety and precautions**. It also provides a precious last chance to say goodbye "in person."

The doctor should explain to family members about all the safety and precautions to be followed during the cremation process while maintaining full dignity towards the deceased body. The doctors need to emphasise that while performing religious rituals, touching the dead bodies, like bathing, kissing and hugging etc., should be avoided.

c. Appoint a Supportive Family Member to Facilitate the Care: To facilitate care, the doctor can **designate a support person** of the family (the one who appears to be mostly composed during the crisis) to provide necessary **help and assistance to the family members** throughout the grief process. Further, the grieving process usually involves holding funerals, one of the most culturally acceptable ways of coping with grief. Since the COVID-19 pandemic may deprive the bereaved of this important step, a support person or anyone more familiar with the technology can be suggested to **hold tele-funerals** such that family members feel a sense of comfort in **virtual social connections**.

As an immediate next step, the appropriate hospital staff should assist the relatives in completing the formalities like filling the forms or other details of the deceased to obtain a death certificate etc. **Precautionary steps which must be followed throughout the cremation process may be re-explained clearly.** Furthermore, as per the existing guidelines of the forensic department, the deceased body should be handled and their personal valuable belongings should be handed over to the family.

II. Facilitating Grief Process in Non-Visiting Family Members

Family members of patients with COVID-19, who live in faraway places or those who cannot visit hospital due to various logistic issues involved in moving from containment zones, are deeply impacted with both the loss of loved one and inability to pay the last visit. Telecommunication becomes the only mode of communication in such situations, which often limits HCW's ability to facilitate grief processes or extended support in the similar

ways as defined above. Additionally, if the family member is living alone with no further support at home, coping with the loss of a loved one can become really difficult.

One of the prime responsibility of HCW in such a situation is first to break the difficult news, following step number one and two defined in the previous section, i.e., sensitively with enough empathetic listening. When discussing step number three, i.e., critical decision making, it is crucial to remember that family members may find it extremely hard to communicate that they would not be coming to the hospital to claim the body of the parted family member. HCW may need to empathetically listen to the family member's communication of their decision for a hospital visit and show acceptance for their choice. At this point, people may really differ in the way they approach the crisis situation. There may be many who would simply like to deal with all emotions by themselves and be unable to continue the further conversation with HCW. It is significant for HCW to respect the individual decision. HCW may simply provide grieving family members with at least one contact number of local mental health emergency services if they need to contact for any further assistance. HCW may show a willingness to support them further (if required), and on this note, the telephonic conversation may gently end the call. If the phone call is dropped suddenly, HCW may SMS the family member about the emergency contact services available in the near locality for further help.

For those family members, who require immediate support telephone, there were some of the steps HCW can keep in mind while responding to the crisis situation:

- a. HCW may allow the person to express their trauma in whichever way they prefer. Be it by crying, expressing shock, disbelief or anger. It is important not to interrupt them. Give them time to express their feelings.
- b. HCW can then assume the role of a support person and provide supportive counselling. This includes comforting, reassuring, and mostly listening attentively and empathetically. It is important to normalise the expressed emotions of the family member and validate them. False or over-promising for quick relief can be avoided altogether.
- c. HCW can then emphasise the nature of the mourning process, which is gradual and may take some time. Family members may be encouraged to acknowledge and express their feelings to their significant others rather than denying or suppressing them.

- d. At this point importance of social connections may be emphasised. The patient can be encouraged to identify their support network and maybe encouraged to actively connect to their loved one (using video calling or telephone) and share their emotions with them. It helps in accepting the reality of Death and in receiving required support. Participating in tele-funeral may also be advised to receive comfort in virtual social connections further.
- e. HCW may then introduce the concept ad process of teleconsultation for mental health services, which can be availed whenever required. Few immediately available contact details can be given on the phone or through SMS. The patient is encouraged to contact mental health professionals whenever they find the situation too difficult to handle.
- f. As the last step, it is vital for HCW to emphasise that they are not alone in this challenging time and that every form of help and support is available for them whenever required. The conversation moves towards closure by gently extending support.

Section VI

Practicing Self-Care

It is crucial for the clinician or staff, especially in the event of COVID-19 related Death, to be aware of the concept of **vicarious trauma** in professionals. Vicarious trauma refers to the experience of a clinician who develops a traumatic reaction secondary to the client's traumatic experience. It can be manifested in multiple ways such as **feelings of helplessness, lack of trust in others, social withdrawal, becoming easily emotionally upset, vague feelings towards people and events, loss of connectedness to others and the self, hypervigilance and difficulty to experience joy and happiness**. Also called as spilt over effect, the experiences often build within the context of *compassion fatigue* created by the trauma of helping others in distress, which leads to a reduced capacity for empathy toward suffering in the future. Since it has a deleterious impact on the mental health of the doctor as well as their clinical practice, it is essential to deal with it by regularly **engaging in self-care**. Self-care refers to regularly engaging in activities and practices which reduces stress and maintains or enhances health and well-being. Norton (1996) proposed following six wheels of self-care, which requires regular nourishment. *Striking a balance between all six domains of self-care* ensure optimal health and well-being to professionals.

Figure 3: Pillars of Self-Care



1. **Physical Self-Care:** This refers to the process of ensuring that the physical health of a person is well-nourished and happy. Three most significant aspect of physical self-care includes: eating food with good nutrition every day at regular intervals, ensuring sufficient rest or sleep and engaging in necessary exercise or yoga. Timely attending to signs and symptoms of distress on the body along with taking care of pre-existing illnesses would also be an essential step towards optimising physical health.
2. **Psychological Self-Care:** It is the care one gives to their mind to ensure their well-being. It includes engaging in self-reflection, learning new things, exercising mindfulness, and engaging in activities perceived to be relaxing. For example, writing a journal, making art, taking day trips or mini-vacation.
3. **Emotional Self-Care:** As it is significant to maintain physical hygiene, it is crucial to nourish one's emotional health. Moreover, witnessing a frequent and large number of deaths of patients with COVID-19 and their bereaving family members can evoke strong emotional reactions in doctors. This may be especially difficult for those HCWs who can get reminded of their own personal tragedy in the family, internalisation of which may increase the vulnerability for the emotion experienced and has a deleterious impact on other clinical practice. Thus, it is certainly crucial to be compassionate towards family members experiencing the trauma, but it is equally significant to deal with emotions that an HCW goes through themselves while managing the crisis situation. Following are the important ways in which an HCW can cope with difficult emotions evoked due to Death or witnessing bereaving family members.
 - a. **Acknowledge and Normalise the Emotion:** It is crucial for an HCW to know that it is normal to have a range of emotions when someone they help dies. Denying the presence of unpleasant emotions or attempting to ignore or suppress them completely may actually escalate the emotion felt inside and sometimes may even create a barrier between the doctor and the bereaving family members. Thus, when exposed to such a situation, a doctor may not rush into the suppression of emotion, instead take a step back for a moment, where they acknowledge the presence of unpleasant emotions inside and try to normalise it as a most common occurrence which they will subsequently overcome.
 - b. **Take a Break to Release Emotions:** At any point during assistance to the family members, if the doctors find the situation emotionally overwhelming, it is essential to take a mini emotional break with a colleague, where they can express their

Immediate difficult emotions and receive support for the same. However, it is crucial to understand that support from a peer should be voluntary and non-intrusive, aiming to provide a listening ear and extend support and encouragement to the fellow HCW. If the fellow colleague is themselves struggling with the distress of the situation, sharing concerns with a relatively composed person will be suggested. However, in a situation where no such assistance is available, visiting a silent corner of the room and ventilating emotions can help the doctor for getting immediate relief. Sometimes, sharing an emotional burden with a colleague going through the same crisis may help in validation of each other's emotions and receiving mutual support to deal with the distress overall. Even though releasing emotion may not resolve the issue, it certainly minimizes the burden of emotion experienced from the distressing situation.

- c. ***Practicing Self-Compassion:*** Witnessing the loss of many lives may lead to self-blame and guilt over the helplessness of the situation. Such emotion easily gives rise to harsh comments on self (for example, “*you are good for nothing*”, “*you cannot do anything to help people*”, etc.), which may severely impact the quality of care provided to the subsequent patient with COVID-19 where the concern over mortality can evoke similar feelings and thoughts. It is important to practice self-compassion in such situations. Since there is no perfect treatment or recovery, rather than criticizing self, it would be productive to focus on doing what utmost is possible within the limits of their competency. Saying themselves statements like, “*Given the reality of COVID-19, this was all that I could have done to manage the situation*” releases the burden of self-blame and further helps in providing optimal care to patients.

Further, frequently engaging in pleasurable activities that add richness and meaning to life helps ensure ***emotional well-being***.

4. ***Social Self-Care:*** Most people have the need for connectedness and building meaningful social relationships. Thus, finding some quality time for loved ones and people who are significant in one's life nourishes the need for nurturance and belongingness.
 5. ***Spiritual Self-Care:*** It can involve anything that helps an individual develop a more profound sense of meaning, understanding, or connection with the universe. Based on one's affiliation with the philosophy of living, one can continue practicing activities
-

perceived to be meaningful or peaceful for them, such as praying, meditating, volunteering for a cause, reading or writing literature on the same. It is crucial to note that this form of self-care entirely depends on whether a person perceives it to be significant or not, and hence it is not a prerequisite for self-care. Instead, those already affiliated with such philosophies may be encouraged to continue doing so.

- 6. Professional Self-Care:** This refers to practicing self-care while at work such that a healthy work-life balance can be achieved. This includes time management in work, balancing workload, taking time for essential activities like having lunch or taking a mini relaxing break with peers etc.

In addition to striking balance between all six domains of self-care, it is crucial for HCW to continue practicing **adaptive coping** mechanisms to stressful situations in their lives, which involves confronting problems directly. For example, making reasonably realistic appraisals of problems, recognising and changing unhealthy emotional reactions, actively seeking emotional support, and positive reframing of the situation, etc.

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Acknowledgement:

We gratefully acknowledge the following for their contribution in the drafting of the document:
Administrative Work Ms. Aarti Chawla, Sh. Ved Prakash, Sh. Harish Kumar and Sh. Praveen Kumar,
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