

## Psychosocial Intervention in Response to COVID-19 Pandemic in Sarawak

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### ABSTRACT

In the wake of the COVID-19 pandemic, the world has been anticipating a greater need for mental health and psychosocial support with the rise in mental health issues when facing many struggles and uncertainties, testing the limits of our current health care system. In this paper, we aim to present a general view of the psychosocial support implemented in Sarawak during the COVID-19 pandemic from the lens of different socio-ecological systems in Sarawak which include the healthcare system, community organizations, and the policy makers. Firstly, this paper provides an overview of the COVID-19 situation in Sarawak in general for the past year. Worth to mention, Sarawak was the first state in Malaysia recorded fatality case resulted from COVID-19 and this inevitably triggered strong negative emotional response during the initial stage of the pandemic. Secondly, the combined efforts initiated by the local state government, the state health departments, several general hospitals and major health clinics were addressed. The delivery of health care service had to be modified according to the strict preventive and social distancing measures recommended by the public health system, including the shift of conventional service to the provision of tele-counselling and psychological first aid. Also, the COVID-19 pandemic and its impact on mental health has brought the politicians' attention. Lastly, the challenges faced in dealing with the mental health services during the COVID-19 pandemic and the potential paths of the mental health movement were discussed.

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### KEYWORDS:

COVID-19

Pandemic

Psychosocial Intervention

Sarawak

### CITATION:

Ting, C. H. et al. (2022). Psychosocial Intervention in Response to COVID-19 Pandemic in Sarawak. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(8), e001678.

<https://doi.org/10.47405/mjssh.v7i8.1678>

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**Contribution/Originality:** This paper highlighted mental health resources available and joint efforts from various levels in Sarawak for the first time by providing mental

health and psychosocial support (MHPSS) in response to psychological issues following COVID-19 pandemic. The authors hope that mental health services will continue to develop with the rising of mental health literacy in Sarawak.

## 1. Introduction

The year 2020 can be a challenging year for many individuals all over the world as a novel disease which is known as the Coronavirus disease (COVID-19) has struck many countries since end of 2019 until the present. According to the [World Health Organization \(2020\)](#), COVID-19 is an infectious disease that can be easily transmitted through droplets of saliva or the nose of an infected person. People who were infected by the disease can be experiencing different severities of respiratory difficulties. This global pandemic has flagged alarming impacts on many countries in the world including Malaysia. According to the “First coronavirus cases” reported in [Borneo Post Online \(2020a\)](#), the first three cases of COVID-19 in Malaysia were detected on the 24th January 2020. Since then, the number of positive cases of COVID-19 has been growing slowly until March 2020. [Barker \(2020\)](#) highlighted that there was a spiking number of positive cases in March 2020 as consequences of a four days religious event that gathered 16,000 people in Seri Petaling, Kuala Lumpur. That was the first time Malaysia recorded the highest number of COVID-19 cases in South East Asia and more than half of the positive cases were linked to the religious event that took place in Seri Petaling at the end of February 2020.

On the 17th March 2020, Malaysia marked the first COVID-19 fatality ([Ling, 2020a; The Straits Times, 2020](#)). A 60 years old pastor from a local church in Kuching, Sarawak passed away in Sarawak General Hospital due to COVID-19. The second COVID-19 fatality that happened on the same day was a 34-year-old man from Johor and it was known that he had attended the mass religious gathering in Seri Petaling at the end of February ([Ling, 2020b; The Straits Times, 2020](#)). On 18th March 2020, the Malaysia government has implemented the Movement Control Order (MCO) until 12th May 2020 to reduce the spread of Coronavirus disease ([Malaysian Dutch Business Council, 2020](#)). As the first outbreak of the Coronavirus disease in Malaysia was linked to the religious gathering and the first COVID-19 fatality was a pastor from a local church in Kuching Sarawak; it could bring a huge psychological impact to the community especially when Christian and Islam are among the most practiced religions in Malaysia ([Department of Statistic Malaysia, 2011](#)).

Sarawak is different from other states in many ways. Sarawak is the largest state in Malaysia with a population of more than 2.6 million people. It is home to 27 ethnic groups with Iban as the largest ethnic group followed by Chinese, Malay, Bidayuh, Melanau and Orang Ulu. Unlike states in Peninsular Malaysia, the state is divided into 12 divisions. Nowadays, there are still some indigenous communities who live in the interior of Sarawak. Therefore, the management of COVID-19 crisis in Sarawak can be challenging due to its geographical factors and limited resources. In the era of COVID-19 pandemic, the increases in mental health issues appears to be inevitable. This concern is so significant that the Sarawak government has taken numerous initiatives in responding to the mental turmoil. Hence, the present article wishes to report the mental health and psychosocial intervention that have taken placed in Sarawak in response to the COVID-19 pandemic.

## 2. Covid-19 in Sarawak

Sarawak has the first three confirmed COVID-19 cases on the 13th March 2020 in Kuching and all of them were associated with the mass religion gathering in Seri Petaling in late February (Ling, 2020b). On the 20th March 2020, four clusters have been identified in Sarawak by the state Disaster Management Committee (Tawie, 2020). Out of the four identified clusters in Sarawak, two of the cluster was linked to the local churches (Tawie, 2020). Herald Malaysia Online (2020) reported that the Christian community has made up 42.6% of the Sarawak population which makes Sarawak the state in Malaysia with the highest religious group and then followed by the Muslim community that made up 32.2% of the population in Sarawak. Past research suggested that religious belief aid in promoting better mental health and also improve an individual's life satisfaction (Koenig & Larson, 2001). As Sarawak has the highest Christian population in Malaysia, the fatality of the pastor and the then active clusters may bring an impact to the community in Sarawak in regards to the COVID-19 pandemic.

The number of positive cases recorded in Sarawak has been surging up from 13th March 2020 to 3rd May 2020. On the 4th May 2020, Sarawak has the first zero positive case recorded since the first detected cases on the 13th March 2020 (Ling, 2020a). At the time of writing (25 December 2020), Sarawak has recorded 1099 positive cases and 1061 of the cases have been discharged (Sarawak Disaster Management Committee, 2020). Dayak Daily (2020) stated Tan Sri Dr. Noor Hisham Abdullah, the director-general of Ministry of Health Malaysia has also acknowledged Sarawak's effort in getting an optimistic recovery impact after experiencing the recent rise of COVID-19 cases.

The COVID-19 pandemic has brought an undeniable strong psychological impact on society worldwide in various aspects. Many individuals can have a difficult time trying to adapt to the new norms, the constant changes, and the uncertainties around us. All these uncertainty and changes can be overwhelming and stressful for many individuals especially individuals with pre-existing mental health conditions. Researchers suggested that individual with a pre-existing mental health condition will be exposed to a higher risk of relapse during the pandemic as the fear and anxiety of adapting to the new norm and the diseases arises (Shanmugan, Juhari, Nair, Chow & Ng, 2020). However, these uncertainties and stress are unavoidable for everyone in this battle with the COVID-19 pandemic. Hence, psychological support and psychosocial intervention are exceptionally crucial during this pandemic.

## 3. Sarawak Government Strategies

### 3.1. Utilization of Digital Devices and Mobile Applications

The Sarawak State Disaster Management Committee (SDMC) was formed by the state government to manage the COVID-19 crisis. Sarawak Disaster Information delivers COVID-19 related information relevant to Sarawak. It serves as a one-stop online platform in covering latest COVID-19 information in Sarawak, COVID-19 Frequently Asked Questions (FAQ), emergency hotlines, government special aid, press release and other useful link resources for COVID-19. Under the SDMC initiatives, a mobile application (App) "iAlerts" has developed to publish and convey official information effectively. The iAlerts enables the users to get the full and updated statistics of COVID-19 cases in Sarawak as well as the latest Standard Operating Procedures (SOPs) for

COVID-19 situation. In addition, under the iAlerts dashboard, the divisions in Sarawak has labelled by different colours such as red, green and yellow to indicate the severity level of the COVID-19 outbreak. Thus, Sarawak people get to know the updated situation of COVID-19 clearly at a glance. Also, this facilitated the enforcement of compliance with SOP especially when travel restrictions were imposed, for instance, a police permission was required to travel between different colour zones in the state based on the latest COVID-19 situation and travel restrictions announced by the SDMC. Moreover, other mobile apps like COVIDTrace (COVID-19 contact tracing) and Qmunity were developed to support Sarawak Government efforts to curb COVID-19. With COVID Trace, community-driven contact tracing of COVID-19 positive patients is enabled by recording the duration of encounters between two COVIDTrace users and facilitating uploading of close contacts data of COVIDTrace users to get contact tracing for COVID-19 cases faster (COVIDTrace, 2020). Similarly, Qmunity is a location tracking app assisting the Sarawak state authorities to track movements of people for contact tracing if needed. Sarawak's very own COVIDTrace and Qmunity apps technology, therefore, play an imperative role in helping the state in managing the COVID-19 crisis as a part of the state government efforts to connect the community as well as to watch out for Sarawak people's health (Dayak Daily, 2020).

### 3.2. Strict Prevention and Control Measures

Furthermore, Sarawak government acts decisively from time to time in term of border control to protect its people from the COVID-19 outbreak. Generally, Sarawak have executed travel restrictions on non-Sarawakians, non-citizens and foreigners from Sabah, Labuan, Peninsular Malaysia and overseas from entering the state in time of COVID-19 crisis. During the Recovery Movement Control Order (RMCO), Sarawakian travellers need to first apply via the enterSarawak application and submit the e-Health Declaration Form to return to the state. Then, they have to undergo a 14-days quarantine at designated quarantine centre upon arrival, and are required to take the COVID-19 RT-PCR (real time polymerase chain reaction) test on the day of arrival, Day-2 and Day-8 of quarantine while the state government generously cover the cost for the quarantine and tests for its people (Sarawak Disaster Management Committee, 2020). Other SOPs to enter into Sarawak included obtaining police permit for air travel from Kota Kinabalu International Airport and Kuala Lumpur International Airport (Borneo Post Online, 2020c). Besides, the Border Committee called for tighten border entrance with Indonesia and Philippines to be implemented in workplaces and estates with many foreign workers to prevent another wave of COVID-19 (New Straits Times, 2020b). Unquestionably, the strict border control measures by the state government helped to mitigate the COVID-19 situation in Sarawak and protect its people from further harm.

### 3.3. Supporting Mental Health Services

In Sarawak, it can be observed that there is a more positive political climate for change in mental health nowadays. YB Dr Kelvin Yii, the Member of Parliament from Sarawak Kuching was among those who have been actively involved in mental health advocacy in Sarawak. As a COVID-19 survivor, MP Dr Kelvin Yii openly shared his journey as a COVID-19 patient and shed light on the stigma of COVID-19 patient through social media. He further encouraged the public to show empathy with the mental stress and anxiety suffered by patients and not to stigmatise individuals confirmed to have the infection. The compassionate MP Dr Kelvin Yii also highlighted the ugly effects of disaster as well as pain, guilt and harm to the psyche of an individual especially those

being labelled as a 'super spreader' or those who have survived from the disease while those around them did not. With the belief that mental health is the human right, he called for a loving and caring society in this unprecedented time so that the nation can heal and recover not only in term of their physical health but also mental health (Malaysiakini, 2020). He also urged the need for a National Post Pandemic Mental Health Plan to properly address the rise of mental health cases caused by the pandemic.

#### **4. Collaboration of Government and Non-Government Organisations**

##### **4.1. Psychosocial Intervention Through 24/7 Helpline Service**

During the Movement Control Order (MCO), *Talian Kasih* hotline 15999 was set up as part of the Women, Family and Community Development Ministry's initiative in providing emotional and psychological support to those affected by the COVID-19 and stay-home order. The 24/7 helpline opened to all impacted by the pandemic such as COVID-19 patients, medical staff, healthcare workers at the quarantine centres as well as those who have lost their loved one to the disease. A total of 528 counsellors from Malaysian Board of Counsellors and Welfare Department were on standby in order to provide psychological and counselling services to support people who struggling with emotional distress. In April 2020, the hotline received the highest number of calls with 55,129. The *Talian Kasih* hotline continued gaining its public attention since the third wave of COVID-19 in September, the number of calls has increased from 6770 in September to 12, 240 in October 2020. Based on the statistics, recent calls to *Talian Kasih* involved queries on current pandemic situation, financial problems and family issues (New Straits Times, 2020a). The *Talian Kasih* hotline which serves to safeguard the mental well-being of the people help to prevent further social or mental health issues in the country.

##### **4.2. Mental Health and Psychosocial Support**

During the pandemic, the people frequently focused on the physical symptoms and signs of COVID-19 infection. Mental health may not be the primary essential concerns in many clinical settings, and thus leading to negative consequences such as burnout among healthcare workers, depression, and anxiety among the patients and people under investigation (PUI) (Kontoangelos et al., 2020). At the early stage of the pandemic, Mental Health and Psychosocial Service (MHPPSS) was set up in several general hospitals and the mental hospital in Sarawak (The Mental Health Innovation Network, 2020). The team comprised of psychiatrists, medical officers, clinical psychologists, counsellors, and psychiatric nurses. The targeted population includes deployed staff to the ward dealing with patients of COVID-19, healthcare workers, patients, and PUI who were detained at the quarantine centre.

The MHPPSS approaches could be divided into several preventive measures. In primary prevention, a special committee was set up in each hospital to oversee the needs of the development of Standard Operational Procedures (SOPs) and guidelines in handling physical and mental health needs as well as social needs among the affected individuals. Due to its unprecedented nature, the committee had a weekly meeting to review and modify the guidelines according to the disease trend and updated knowledge. As we foresee the impact of the pandemic on mental health, psychological first aid (PFA) and suicide prevention training were conducted for healthcare workers for self-help and

helping others. Pre-deployment briefing was given also to the staff who were at higher risk as they need to take care of patients infected with COVID-19 as mental preparation. Secondary and tertiary prevention measures include using mental health screening tools such as the DASS-21 scale and Copenhagen burnout inventory to detect potential mental health problems among the healthcare workers as well as the affected public, temporary helpline including email and WhatsApp for counselling services, self-help tools such as mental health kit and inpatient workbooks, etc. The psychological screening of healthcare workers, patients, and PUI was followed by individual phone counselling and physical support groups which abided to SOP as indicated. A centralized operation room was set up to coordinate the services, to receive and distribute donations of basic needs, food, and protective equipment, and to handle information or trace screening reports of COVID-19 Polymerase Chain Reaction (PCR) test. Besides, some demonstration videos with multilingual subtitles were made as visual guides to assist the people to practice psychological techniques such as deep breathing exercise, grounding techniques, good sleep hygiene practice, etc. A Telegram group was set up by the psychiatric department of all divisions in Sarawak to regularly disseminate essential information on current updates, important contact numbers of local health authorities, motivational quotes, and other relevant information. This collaboration linked all professionals from different places together to share resources and burdens while strengthening the team spirit in response to the crisis. All these efforts were in line with the recommendation by [Xiang et al. \(2020\)](#) in providing timely mental support to the affected individuals.

Concerning over the worsening mental wellbeing of Sarawakians, several non-government organizations from mental health field have put forward community-oriented initiatives working mainly through social media platform. A website providing update COVID-19 related information, practical advice and reputable sources of information relevant to Sarawak was established by Mental Health Association of Sarawak (MHAS) with the intention to decrease the levels of anxiety, stress, feelings of helplessness and hopelessness. By providing important and right information through reliable platform, it is hoped that the community become aware about COVID-19 without being preoccupied or misled by fake and fear-mongering news.

## 5. Discussion

### 5.1. Transition from Traditional Face to Face Counselling to Tele-Counselling

There was a shift from conventional service to the provision of tele-counseling and consultation including psychological first aid in the era of pandemic. MHAS has moved its face-to-face counselling services to online counselling through Skype system. The MHAS have been working to guarantee continued service to the community level. With the efforts of the volunteers, the online counselling services was launched in May 2020 in response to the increasing demand for counselling services during MCO. Moreover, a series of online support group by using video-conferencing technology, Zoom, was created for individuals, couples, families and caregivers of people with mental health difficulties or those who experiencing mental distress in time of pandemic. The support groups facilitated by a group of mental health professionals help to provide a safe space for individuals to share and talk openly on specific themes besides exchanging support and learning about the coping skills ([Borneo Post Online, 2020b](#)).

On a similar note, Befrienders Kuching, another non-profit organization fully run by volunteers continued to provide their emotional support services through emails and

phone calls to those who are experiencing mental health crisis or just need a listening ear during the COVID-19 outbreak. Moreover, Befrienders Kuching has compiled a list of local contact for psychological and counselling services available from government agencies to NGOs, and shared on their social media platform. Undoubtedly, this action has brought a genuine sense of hope into people who experienced psychological disturbances such as sadness, anger, loneliness and helplessness due to the COVID-19. Furthermore, a micro website called "Safe Haven" was set up in complementing to their COVID-19 support contact directory. It was a platform where people can find different types of activities to do such as arts and crafts, health and fitness, self-care, motivational quotes and others in order to relax and release stress amid the crisis ([New Sarawak Tribune, 2020a](#)).

As an agency that actively advocates community mental health, Befrienders Kuching has also listed out the sign of distress that could be observed in time of crisis on their social media platform in order to encourage those experiencing the signs to seek further professional help. Additionally, Befrienders Kuching emphasised on positive coping skill which focuses on physical, psychological and social aspects of health in dealing with the COVID-19 pandemic. They also urged to the public through virtual talk and webinar in building resilience in combating the COVID-19 storm ([New Sarawak Tribune, 2020b](#)). With the ongoing efforts, it is hoped that the Sarawak community can cope better in this unprecedented time.

Likewise, with adherence to COVID-19 SOP, other religious agencies like Bodhi Counselling Centre, Grace Counselling Centre, Sarawak Women for Women Society Crisis Phone Line continued to provide tele-counselling and support services for mental health and disseminate mental health related information to educate the public. Undeniably, all these proactive measures by NGOs reached out to the community effectively which in turn, helped to uphold the mental health stability of Sarawak people in weathering through the COVID-19 pandemic.

## 6. Conclusion

As MHPSS providers were mainly mental health professionals, the number could be quite limited and volatile particularly when they were deployed, quarantined, or needed to perform their regular clinical duties. We were also cognizant that not all were trained in response to a major crisis and therefore continuous training and supervision were needed to ensure the quality of the service. Tele-counselling also posed a risk of breaching confidentiality as organized case note management may be compromised during the crisis. On the other hand, the people in need may not be aware of the resource and places to get help, especially for those who lack an internet connection, populations who are not technology savvy like children and elderly, and thus assertive outreach is needed.

Amid the crisis, it is hopeful that COVID-19 could drive mental health movement and psychosocial intervention forward to create a more holistic and culturally suitable mental health care system for the local communities.

## Acknowledgement

We sincerely thank all governmental and non-governmental organizations for putting combined efforts into combating COVID-19 in Sarawak.

## Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

## Conflict of Interests

The authors reported no conflicts of interest for this work and declare that there is no potential conflict of interest with respect to the research, authorship, or publication of this article.

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