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CASE REPORT



## Population-level public mental health intervention via interdisciplinary COVID-19 health crisis communication: how can occupational therapists contribute?

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### ABSTRACT

The earliest stages of the COVID-19 pandemic posed risks to Malaysian mental health as isolating infection control measures intended to preserve public health and safety were contrarian to typical coping mechanisms for stress. This case report discusses how the Malaysian Health Coalition COVID-19 health crisis communications' occupational therapy-led efforts have ventured to strike a balance between both: supporting Malaysian mental health and well-being alongside enabling maintenance of behaviours needed to control viral spread. Strategic leadership roles present an opportunity for occupational therapists to influence the integration of trauma-informed, occupation-focused mental health messages into health crisis communications in a culturally relevant manner. Furthermore, the population health approach to primary-level public health intervention through this medium can serve to amplify occupational therapists' professional recommendations. This report can serve as an example to occupational therapists looking to expand their practices into public mental health, particularly those working with culturally collectivist populations.

### KEYWORDS

Malaysia; pandemic; occupational therapy; trauma-informed practice; collectivist culture

### Introduction

This case report presents a description and analysis of my contributions as an occupational therapist towards population-level public mental health interventions via health crisis communications at the earliest stages of the COVID-19 pandemic. The experiences described in this report occurred over approximately three (3) months from mid-March when the Movement Control Order (MCO) was first implemented in Malaysia to the start of the Relaxed MCO in early June (MalaysiaKini, 2020).

### Reason for practice

The COVID-19 pandemic has left a profound impact on the lives of people worldwide. The need to maintain safe distance as an infection control measure during MCO is incompatible with the collectivist cultural orientation of Malaysians which values embeddedness in the community, connectivity, and cooperation (Abu Bakar et al., 2018; Shanmugam et al., 2020). Isolating calls to 'stay at home' run contrarian to typical coping mechanisms for many people from collectivist backgrounds – which is to come together physically and affectively to support one another through stress, danger and uncertainty via fostering a sense of togetherness and belonging (Chua, 2020a; Shanmugam et al., 2020).

In view of the distressing circumstances described above, the World Federation of Occupational Therapists (WFOT) has asserted that maintenance of good mental health on top of adherence to infection control measures is essential to health and well-being (WFOT, 2020). In addition, the Malaysian Occupational Therapy Association (MOTA) has also urged its members to participate in COVID-19 health communications via the use of social media to educate the public on ways to stay engaged in occupations while under quarantine (MOTA, 2020). While the Malaysian Ministry of Women, Family and Community Development established the Talian Kasih tele-counselling hotline in conjunction with the Board of Counsellors Malaysia as a national-level initiative to support Malaysians through the isolation of MCO (Bernama.com, 2020; Hasnuk et al., 2020), this individual-level intervention may not be sufficient to meet the needs of a diverse, 32 million strong population undergoing psychological distress on a nationwide scale (Department of Statistics Malaysia, 2020). Thus, I welcomed the invitation to lead volunteer COVID-19 health crisis communication efforts in 30 languages under the Malaysian Health Coalition (MHC) as an opportunity to:

- demonstrate how occupational therapists can contribute towards supporting the mental health of people in Malaysia using a population health approach (WFOT, 2019),

- implement primary-level public mental health communication interventions which were culturally relevant and collectivist (Noman et al., 2019),
- and to advocate for the role of occupational therapy among other healthcare professionals and the public (MOTA, 2020).

Using a population health approach in collaboration with an interdisciplinary team of 300 volunteers from a mix of health and creative backgrounds representing diverse facets of Malaysian society has allowed the effects of my occupational therapy contribution in COVID-19 health communications to be further amplified; as the reach of this project included under-represented groups of people from rural, indigenous, marginalised, and migrant communities (MHC, 2020a).

## Background

The Malaysian Ministry of Health (MMOH) had already initiated efforts to prepare for a COVID-19 outbreak since mid-January 2020, prior to detection of the country's first case (Shah et al., 2020). Cases remained low until unexpected political turmoil resulting in a change of government occurred alongside an international religious gathering of 16000 people taking place without safety precautions (Elen-goe, 2020; Shah et al., 2020; Wong, 2020). An exponential spike followed, triggering the announcement of lockdown measures which spurred knee-jerk responses on part of the Malaysian public including a mass exodus from densely populated cities to rural areas which increased risk of viral spread (Chia, 2020; Daud, 2020; Dayak Daily, 2020; Elen-goe, 2020; Nor Ain Mohamed Radhi, 2020; Shah et al., 2020). Circumstances were further exacerbated by the appointment of a new health minister who spouted COVID-19 misinformation (Chan, 2020; Wong, 2020). This confluence of events contributed towards a general climate of uncertainty around the ability of the new government to safeguard the health and safety of people in Malaysia, bringing volunteers together under the banner of the MHC to facilitate COVID-19 health crisis communications efforts.

This grassroot-led initiative under MHC was intended to complement MMOH efforts. The volunteer team comprised of a mix of health and creative professionals, such as medical doctors, public health practitioners, pharmacists, as well as graphic designers, traditional and social media practitioners, and copywriters (MHC, 2020b). Deliberate effort was made to include volunteers from the communities this initiative was trying to reach, or at least to involve those with backgrounds adjacent to those communities in decision-making. This integrative approach to volunteer recruitment was largely influenced by

the concept of 'nothing about us without us', which emphasises that policies should not be developed without equitable involvement of stakeholder representatives (Chu et al., 2016; Yanay-Ventura, 2018).

## Description and analysis of occupational therapist's role

As cultural relevance plays a significant part in Malaysian health communication acceptance (Noman et al., 2019), messages under this project's 'Letters to Malaysians' (L2M) brand were constructed in a very culturally specific manner. This necessitated separate construction of messages for migrant communities, the 'Letters to Friends of Malaysians' (L2FoM). My primary role involved supporting overall operations for both, later expanding to include facilitation of health strategy for L2M collaboratively with other colleagues from health-related backgrounds. This case report will focus more on the health strategy role which has a stronger link to the mental health aspects of this project. Table 1 illustrates how I have contributed to the larger team's efforts in terms of L2M construction and dissemination and how my occupational therapy training has contributed to overall processes.

As seen in Table 1, my contributions to public mental health were primarily situated in the L2M construction phase. While my operations work in other phases also utilises skills from occupational therapy such as thinking and acting through a systems perspective using occupational therapy models as well as the use of therapeutic use of self and client-centredness to communicate persuasively between the various teams and their members, mobilising them towards a common goal (Fraser et al., 2017); this role is more public health oriented and outside the scope of the paper. The majority of fellow healthcare workers involved in the L2M construction phase were trained in more biomedically-oriented disciplines, while my occupational therapy training equipped me with the skills and knowledge to facilitate behavioural and emotional interventions through meaningfully actionable ways – also known as an 'occupational focus'. This was essential to the seamless integration of mental health components into L2M starting from my involvement (Table 2, Round 4) as opposed to the treatment of mental health as a distinct entity from the physical/behavioural aspects of COVID-19 (Table 2, Round 3).

As described earlier in this case report, risks to Malaysian mental health at the initial stages of the pandemic were represented by an overwhelming sense of helplessness and hopelessness due to the overall climate of uncertainty and involuntary confinement (Shanmugam et al., 2020). These negative effects could have been further exacerbated by the prohibition and disruption of many religious and cultural

**Table 1.** Tasks involved in the construction and dissemination of Letters to Malaysians.

Tasks	Occupational therapist's contribution to larger team efforts
Phase 1: Construct messages	<p>Health strategy leadership at this stage was shared between a public health practitioner, a medical doctor and me – the occupational therapist. Main tasks involved at this phase include:</p> <ul style="list-style-type: none"> <li>• Developing a population profile to identify protective and risk determinants.</li> <li>• Strategic planning for each round of L2M content based on population profile: selection and prioritisation of themes, as well as direction and details of content within each theme.</li> </ul> <p>This was done together with our creative leads who had their pulse on social and traditional media, as well as through brainstorming sessions with a team of approximately 20 other healthcare professionals and researchers, including those from the information dissemination teams who could provide feedback from people on the receiving end of the messages. Various members of our team would stay abreast on government policy updates which helped to keep our messages accurate according to the situation. Recommendations for each theme would be evaluated, selected, and ranked through a democratic process although the strategy leads have authority to make the final call, though this authority was typically only invoked in the face of tight deadlines.</p> <p>Information used at this step of the process was aggregated from international (World Health Organisation; WHO) and official national-level COVID-19 responses e.g. MMOH, responses of member organisations under MHC; public reactions reported / displayed on traditional and social media, as well as grassroots-level feedback collected at Phase 5 to determine themes for L2M Rounds (Table 2); and organised through systems thinking which was facilitated through cognitive frameworks (models) originating from occupational therapy. Thinking with a systems perspective is an integral part of strategic planning in public health (Fraser et al., 2017) which requires the ability to examine a complex system as an integrated whole, taking into account the interdependent dynamic interactions between its parts as opposed to regarding components as distinct and independent (Chughtai &amp; Blanchet, 2017). The Kawa Model (Iwama, 2006; Teoh &amp; Iwama, 2015) was the cognitive framework of choice to facilitate thinking processes for this project because of its dynamism and fluidity. Its use of the river metaphor was also helpful for framing interactions in an accessible manner to colleagues of diverse backgrounds.</p>
Phase 2: Refine message text to be compatible with various media for public consumption (e.g. infographics, radio, audio notes)	<p>The main responsibility for this stage falls on the copywriting team. Copywriters work with health and creative strategy leads to adapt recommendations from health team into catchy, accessible language for the public, and to ensure that messages are compatible with format of delivery e.g. web infographics, radio broadcast, newspaper ad space, audio clips. As part of the collaborative leadership on health strategy, my role was to proofread / fact-check the product. This includes ensuring that members of the creative team understand information from Phase 1 to be able to convey the messages accurately in lay language.</p>
Phase 3a: Translate copy into various languages Translators work (in teams if possible) to determine selection of appropriate terminology which can convey the message to audiences in a friendly and accessible manner within space and format confines.	<p>My involvement at this stage is primarily at the organisational level as opposed to the macro level of Phase 1, and was comprised mainly of supporting interoperability between translators, designers, and dissemination teams.</p>
Phase 3b: Translate messages into visuals Designers work with copywriters and health / creative strategy team to develop appropriate visuals which are factually accurate, representative, friendly, and accessible to audiences. They also work with translator team to ensure compatibility of translated text with space and format confines.	<p>Facilitating interoperability between teams is primarily an operations role with some health-related proofreading / fact-checking involved. Interoperability refers to 'the ability of two or more systems or components to exchange information and to use the information that has been exchanged' (Bates &amp; Samal, 2018); good interoperability is essential to strong public health intervention and is facilitated through action guided by systems thinking (Dixon et al., 2020). An occupational therapy model as described in Phase 1 was used to facilitate the systems perspective needed to develop an overall profile of the organisation, followed by team profiles which allow identification of assets and gaps influencing performance within teams and between teams. This was necessary to ensure a smooth working experience towards accomplishing intended time-sensitive goals.</p>
Phase 4: Disseminate messages to various communities via web, social and traditional media.	<p>Dissemination team leads work with health / creative strategy team to determine which audiences to reach and best ways to reach and disseminate information to them.</p> <p>I worked collaboratively with the creative leads to orient the information dissemination teams' efforts in the right direction (strategy) and equip them to carry out the processes needed to mobilise the L2M to reach their target communities (operations). A systems perspective to thinking (strategy) and action (operations) was facilitated using an occupational therapy model as described in Phases 1 and 3.</p>
Phase 5: Collect feedback from communities / outputs which is then transferred to strategy / health team to facilitate decision-making.	<p>Members of dissemination team are encouraged to interact with audience and convey feedback to health / creative strategy team. To ensure accuracy of communications in ad hoc public engagement, members of dissemination team consist of a mixture of health and creative professionals, and all health professionals are situated in a centralised digital space to enable quick fact-checking / discussion when needed. My role as far as health strategy and operations was concerned would be to ensure the information dissemination teams were equipped to identify,</p>

Phase 6: Outcome Evaluation – collecting feedback of the overall process from volunteers and the public.

collect, and transfer feedback on to the teams involved in message construction. A systems perspective to thinking and action using an occupational therapy model was also applied to this stage as described in Phases 1, 3 and 4.

Outcome Evaluation processes were implemented at the end of Round 10. These are led by me and another researcher colleague with a public health background, supported by members of our health and research team. Results were documented for reference of future similar efforts.

**Table 2.** Chronological progression of significant macro-level developments in Malaysia related to COVID-19 behaviours in comparison to the release of health crisis communications messages.

Date	Macro-level Malaysian Developments (MalaysiaKini, 2020)	Letters to Malaysians Publication Date	Theme and Corresponding web address for Letters to Malaysians
Mid-March 2020	Movement Control Order (MCO)	Round 1 23 March 2020 Round 2 31 March 2020	Infection Control Behaviours <a href="https://myhealthcoalition.org/5-simple-tips-to-protect-ourselves-from-coronavirus/">https://myhealthcoalition.org/5-simple-tips-to-protect-ourselves-from-coronavirus/</a> Message of Thanks to Malaysian public from Frontliners <a href="https://myhealthcoalition.org/thank-you-for-your-cooperation/">https://myhealthcoalition.org/thank-you-for-your-cooperation/</a>
5–11 April 12 April	Holy Week Easter	Round 3 12 April 2020	Mental Health Message <a href="https://myhealthcoalition.org/health-professionals-share-5-tips-manage-anxiety-stress-during-covid-19/">https://myhealthcoalition.org/health-professionals-share-5-tips-manage-anxiety-stress-during-covid-19/</a>
23 April	Start of <i>Ramadan</i>	Round 4 20 April 2020 Round 5 29 April 2020 Round 6 6 May 2020	Preparing for the New Normal <a href="https://myhealthcoalition.org/message-from-doctors-nurses-and-health-professionals-on-preparing-for-the-new-normal-line/">https://myhealthcoalition.org/message-from-doctors-nurses-and-health-professionals-on-preparing-for-the-new-normal-line/</a> Message addressing issues with Vulnerable Populations <a href="https://myhealthcoalition.org/message-for-high-risk-individuals/">https://myhealthcoalition.org/message-for-high-risk-individuals/</a> Maintaining Health and Well-being during Ramadan <a href="https://myhealthcoalition.org/tips-stay-happy-healthy-during-ramadan/">https://myhealthcoalition.org/tips-stay-happy-healthy-during-ramadan/</a>
4 May	Conditional MCO	Round 7 11 May 2020	Preparing Malaysians to Return to Workplaces <a href="https://myhealthcoalition.org/message-from-doctors-nurses-health-professionals-returning-work/">https://myhealthcoalition.org/message-from-doctors-nurses-health-professionals-returning-work/</a>
24 May	<i>Aidilfitri</i>	Round 8 20 May 2020	Message in anticipation of festivals <a href="https://myhealthcoalition.org/message-from-your-doctors-nurses-and-health-professionals/">https://myhealthcoalition.org/message-from-your-doctors-nurses-and-health-professionals/</a>
30–31 May	<i>Kaamatan</i>	Round 9 31 May 2020	Preparing Malaysians to navigate public spaces <a href="https://myhealthcoalition.org/message-from-your-doctors-nurses-and-health-experts-on-using-public-spaces/">https://myhealthcoalition.org/message-from-your-doctors-nurses-and-health-experts-on-using-public-spaces/</a>
1–2 June Early June	<i>Gawai</i> Relaxed MCO	Round 10 8 June 2020	Epilogue: Preparing Malaysians to Move Forward <a href="https://myhealthcoalition.org/a-message-from-your-doctors-nurses-and-health-professionals-on-moving-forward/">https://myhealthcoalition.org/a-message-from-your-doctors-nurses-and-health-professionals-on-moving-forward/</a>

practices related to the festival period concurrent with the MCO (Table 2). While participation and engagement in these festivals and related practices are occupations highly valued by Malaysians, a major aspect of these involves social gatherings and large congregations which increases infection risk (Chua, 2020a; Chua, 2020b; Din, 2017; He, 2016) and necessitates even stricter enforcement of movement control to the detriment of mental health and well-being. This presented a conundrum necessary for public health interventions in this time of crisis to address: what are we to do when measures to support good public health were contrary to what the public needed to maintain good mental health?

Trauma-informed approaches suggest compassion and kindness have been found to facilitate resilience in times of crisis (Stebbins et al., 2019). Thus, my proposed solution to mental health promotion at this stage of the pandemic was to suggest Malaysians participate and engage in actions which allowed them to express related emotions and feelings. The infusion of compassion and kindness into these actions is compatible with the idea that occupations are created through the attachment of subjective meanings to experiences by individuals (Howarth et al., 2017), thus maintaining an occupational focus. This

approach was well received among our team as the concepts of caring for one another and protecting each other during times of crisis were compatible with collectivist Malaysian values (Abu Bakar et al., 2018). Consequently, the theme of ‘care for one other, protect each other’ remained consistently embedded across Rounds 4–10 of Letters to Malaysians with stronger emphasis in Round 8 released in conjunction with the *Aidilfitri* / *Gawai* / *Kaamatan* festival period (Table 1). This is because these festivals are particularly associated with the *balik kampung* social phenomenon typically involving travel from urban to rural areas (Din, 2017) which again presents infection risk.

## Conclusion

This case report demonstrates how occupational therapists can contribute towards population-level public mental health interventions through participating in interdisciplinary health communications efforts and can serve as a reference for occupational therapy practitioners in other countries who may be interested in implementing similar approaches in their home contexts. Skills from occupational therapy have contributed significantly towards guiding overall strategic

processes for this project. While isolation in the earliest stages of the COVID-19 pandemic posed risks which can be detrimental to health and well-being, an integrated approach to mental health promotion through the infusion of compassion and kindness into occupational performance aligned with infection control measures can potentially help to mitigate negative effects.

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## Disclosure statement

No potential conflict of interest was reported by the author(s).

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