

# **COVID, Its Impact on the Mental Health of Caregivers in Childcare Institutions of South Asian Countries and Their Coping Techniques: Analysis of the Caregivers in Childcare Institutions Using Data from Seven South Asian Countries**

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## **Abstract**

Widely across the globe, COVID has placed massive strain on various parameters of life, including child protection, health, education and economic systems. Apart from these visible threats, this situation has an ongoing devastating impact on the mental health and psychological well-being of people. The word of the law enforces care and support for children with disadvantages, disabilities and vulnerabilities on caregivers, Managers and Staff, managing Alternative Care programmes, but the spirit of such child protection laws also underlines the importance of caring for caregivers, especially in childcare institutions (CCIs). The well-being of the caregivers is the cornerstone of every well-functioning childcare institution and other residential care spaces. This article is designed to document the mental health status of caregivers (residential staff staying with children), in residential care spaces in the COVID times and to determine how the new stresses impacted them and the coping patterns they acquired in current situation; across different countries of South Asia, including Afghanistan, Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka.

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This exploratory rapid assessment project aimed to reach out to the registered childcare homes/ institutions, across the South Asian region, with the help of different NGOs, as well as Government mechanisms. The data was collected through purposive sampling and analysed quantitatively where the sample included the selected caregivers of participating CCIs across these nations. This study aimed to synthesize the responses of caregivers across the region; develop an analysis, which may help authorities to rethink, reform and strengthen the current practices, in order to develop approach-centred strategies for improving the well-being of caregivers as this has a direct bearing on the well-being of children in their care. Since the start of the COVID pandemic, for the residential caregivers, the access to external resources, including physical support from professional staff, has become restricted to bare minimum, due to lockdown and quarantine measures. Any interventions to prevent, treat and mitigate the effects of COVID among caregivers needed to be taken at the ground level by the care team management.

### **Keywords**

COVID-19, alternative care, caregivers, South Asia, mental health, childcare institutions

## **Introduction**

The COVID pandemic has posed unprecedented challenges to children, families and communities throughout the world. Evidence from previous infectious disease outbreaks indicate that existing child protection risks are exacerbated, and new ones emerge, as a result of the epidemic as well as of the socioeconomic impacts of prevention and control measures (UNICEF, 2020, 03 April). Apart from the visible threats to physical health, education, livelihoods and economic health, this situation has an ongoing devastating impact on the mental health and psychological well-being of people. The deteriorating economy, and the extreme demands on health services have left us at the brim of collapsing. The pandemic has caused medical complications, disorders and increasingly, in severe cases even death, but the shadow effect of the pandemic has been the onslaught of mental health concerns and more importantly, the lack of mental health services for affected individuals. One such pillar of the childcare institutions (CCIs) that has been adversely affected, has been the team of caregivers, who are working harder than ever to combat the problems, the novel virus has thrown our way.

While we hear about these issues every day, this study focuses particularly on the impact of COVID on the mental health of caregivers in CCIs of South Asia. The well-being of the caregivers is the cornerstone of every well-functioning CCI and other residential care spaces, where children without parental care find refuge. The overwhelming burden on caregivers of such institutions had been caused due to the necessity of the residential staff having to take over the entire burden of not

only looking after daily chores, but facing an added, enormous workload, of professional staff, which they were not exposed or trained earlier, along with assuring children's well-being and safeguarding them. During the lockdown, the sole responsibility of development and safeguarding of children, the stress about ensuring every child receiving adequate care, including managing their internal, interpersonal conflicts, inability to take leave to meet their own families, due to constraints of not enough in-house staff, even managing online resources to keep children's education continuing, without being equipped for it, had taken a toll on the mental health of the caregivers, who resided with children, locked up in the homes, as the entry of the outsiders was not permitted. In response to the unprecedented challenges created in the overall alternative care spaces due to the COVID pandemic, governments around the world responded quickly thereby providing guiding principles to support child protection practitioners, caregivers and children (UNICEF, 2020). All the functionaries in South Asian countries have tried and implemented the recommendations in their capacity. Yet, a key opportunity exists to mitigate the challenges faced by the caregivers in CCIs through early action to increase coverage of mental health interventions for them.

## **Assessing Caregivers' Mental Health Well-being During COVID Times**

While the physical and psychological burden caused by the ongoing COVID outbreak on global mental health is still being assessed, Indian Psychiatry Society revealed in its recent reports that since the start of lockdown period in March 2020, there is currently a significant rise in the number of reported cases of mental illnesses in India (Loiwal, 2020). In this context, it becomes essential to understand the impact of COVID on the mental health of caregivers, who reside with children in CCIs. While the law enforces care and support for children without parental care, with different needs and vulnerabilities, but the essence of these child protection laws also emphasize the importance of caring for caregivers. Whetten et al. (2009) found that caregivers played an important role in guaranteeing the well-being of children in residential care centres since they were like parents for those children, when comparing the well-being of children, who live with family members to those who live in residential care centres. In order to provide better quality of care, it is extremely important for caregivers to have a strong mental and physical health as the work of caregivers can be both emotionally and physically demanding. As adverse conditions are known to be risk factors for mental health issues, its affects can be diverse and can impact the children staying in care homes, this leading to more stress on caregivers, whether in-house, or outside.

Given the scenario, it became imperative to understand the impact of COVID on the mental health of the caregivers in CCIs, who are appointed for looking after well-being of children in their care, where their emotional condition can impact

the children in their care. As we assessed the mental health paradigm amongst the in-house residential caregivers in CCIs across South Asia, it was important to be able to explore the different aspects of a caregiver's role. Several studies continue to demonstrate how the caregiver's role is often significantly related to the caregiver's overall health be it physical, psychological, or emotional and its impact on children they care for (Marks et al., 2008).

Considering the prolonged nature of stress at the workplace especially in a caregiving setting where there is an added responsibility of taking care of others as well as self, it can be hypothesized that the experiences may often lead to burnout and exhaustion. One of the studies, on caregiver's perspectives on stigma and mental health, identified other potential reasons as well, such as high-intensity caregiving work, monotonous daily activities, financial and employment concerns, high burden of care and limited social support as additional causes of adverse mental health among caregivers (Venkatesh et al., 2016). Several studies state that caregivers report, significantly more, poorer well-being, higher rates of clinical psychiatric disorders, psychological distress and more anxiety and depressive symptoms than non-caregivers (Butterworth et al., 2010; Kumagai, 2017; Venkatesh et al., 2016). Several indicators of mental health difficulties at workplace include reduced job performance and productivity; rapid changes in mood: anger outburst, crying spells; changes in communication with co-workers; poor memory; irritability and restlessness; impaired daily functioning and so on (Government of Karnataka & Department of Psychiatry, NIMHANS, 2020). Various reasons highlighted for poor mental health in general and now COVID specific include repeated boring daily activities, high intensity caregiving work, high burden of care, financial and employment concerns, and limited social (Butterworth et al., 2010; Kumagai, 2017; Venkatesh et al., 2016). All the above findings suggest that once COVID related uncertainty is taken into account, there is an increased likelihood of mental health problems within both populations, that is, the caregiver population and the children population in a CCI. Further analysis on COVID's impact on the caregiver's relationship with one's own family, relationship with care home, knowledge and support received, self-care and coping mechanisms may potentially help in increasing our understanding of the prevalence of mental health problems among caregivers, especially during a crisis situation. One way to learn about caregivers' mental health is to consider closely their daily activities. The remittance of depression has been causally linked to spending more of one's time engaged in activities that one considers important and enjoyable. Thus, to promote child well-being, it is essential to identify how caregivers of CCIs can sustain their work, long-term, while also maintaining their own good mental health.

The present study titled '*COVID's Impact on Mental Health of Caregivers in Child Care Institutions of South Asia*' is a rapid assessment survey, designed to document the mental health status of caregivers (residential staff staying with children) in the COVID times in alternative care (residential care spaces) and to determine how the new stresses lead to different behaviours and coping patterns amongst caregivers in current situation; across different countries of South Asia.

## Research Methodology

The main objectives of the study was to (a) determine information on the mental health status of caregivers in alternative care spaces in South Asia; the change and adaptation of behaviours and coping due to the external stressors, such as COVID; (b) to review and understand the differences in responses with respect to COVID impact and coping mechanisms; (c) and provide key interventions and recommendations for developing strategies for dealing with caregivers' mental well-being in the region. The focus of this study is on caregivers in alternative care settings across South Asian countries, including Afghanistan, Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka. Considering certain external environments to be similar, countries within the SAARC region were considered for this study.

This project was an exploratory rapid assessment study targeted to reach out to registered childcare homes/ institutions, across the South Asian region, by approaching Government mechanisms and NGOS. Data collection through purposive sampling, followed by quantitative analysis, was carried out where the sample included the selected caregivers of the participating CCIs, across these nations, and the responses were collected in the months of July and August 2020. Responses of caregivers across the region were synthesized; analysis developed, with the view to help authorities to rethink, reform and strengthen the current practices, in order to develop approach-centred strategies for improving the well-being of caregivers. A basic self-reported assessment survey questionnaire had been developed and used, including, questions, related to their basic demographic profile; their relationships with their families and COVID's impact on their lives; their relationship with the CCIs; knowledge about COVID and the support received from management; their personal, emotional and mental health concerns; self-care and coping mechanisms applied to self; and specific recommendations with regard to improving their functioning and health. The tools were translated into respective languages of each of the seven South Asian countries and then back into English, so as to sustain the essence of the questions.

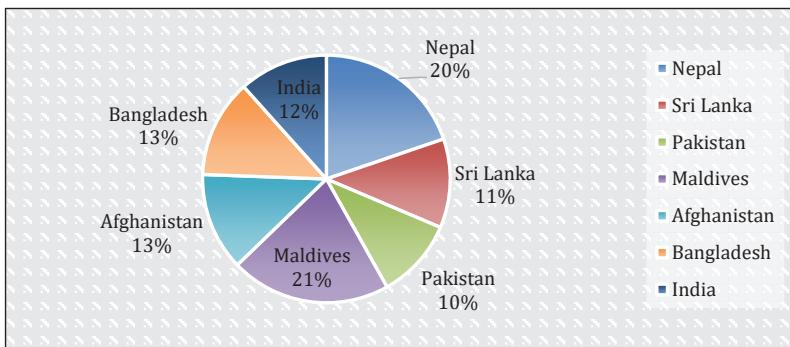
To ensure the content of commitment being measured using the tool, content validity was measured. This was achieved through suggestions and feedback from experts for ensuring the content coverage concerning the components of the scale and incorporating their inputs for the final construction of the tool. The content validity of the final questionnaire was determined keeping in consideration the clarity, relevancy, simplicity and consistency of each question within the question set.

## Data Analysis with Highlights of Key Coping Mechanisms

### *Demographic Profile of Caregivers*

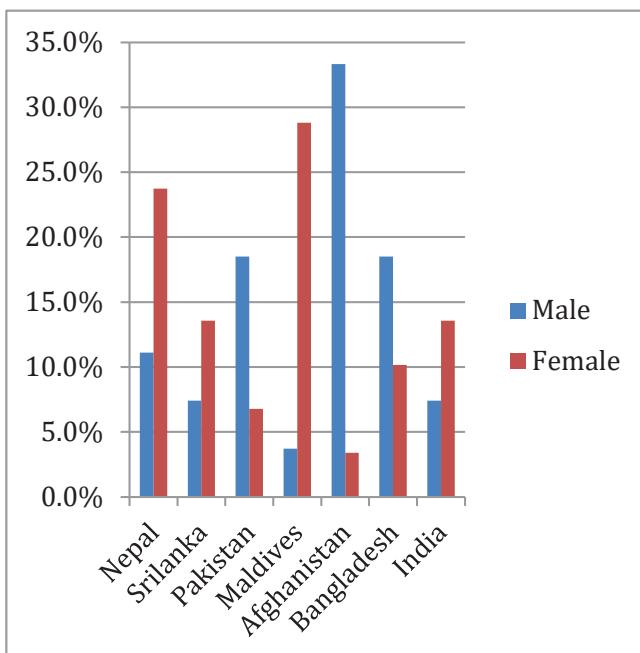
The data for this project had been gathered from caregivers of the selected CCIs of the seven SAARC countries, amongst which both male and female caregivers

were part of the respondents; with almost two-third of female (69%) and one-third of male (31%) population (Figure 1 and 2). The number of respondents nor their representative CCIs across countries could be uniform, because of the difficulty in accessing CCIs, the uneven distributions of these institutions in each country; along with permission and safety issues due to the pandemic situation.



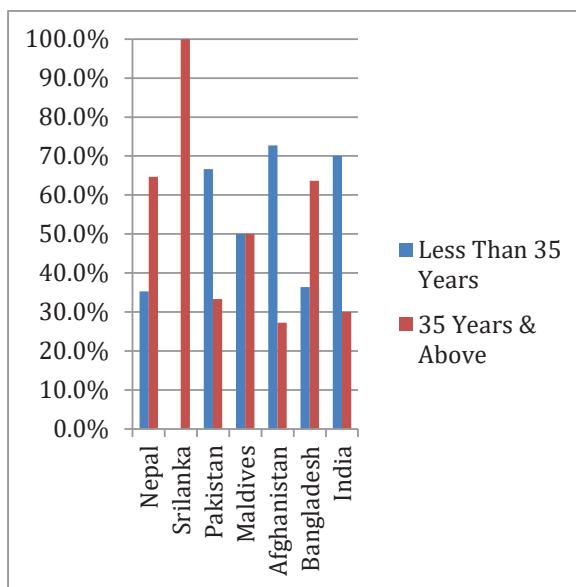
**Figure 1.** Distribution of Caregivers Across Countries, 2020.

**Source:** The authors.



**Figure 2.** Country-wise Gender Distribution of Caregivers.

**Source:** The authors.



**Figure 3.** Age-wise Distribution of Caregivers by Countries.

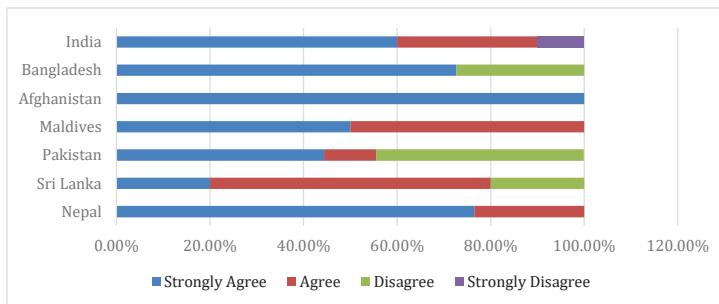
**Source:** The authors.

Out of the total 86 respondents from CCIs of seven South Asian countries, 66% were married, 21% single, divorced or separated 8% and 5% engaged. More than half of the caregivers were within the age group of 30 to 40 years, followed by 21% youth (less than 20 years). While caregivers in the middle-aged cohort included 12% in 50 to 60 years and 10% in 40 to 50 years age group (Figure 3), the country-wise distribution of male and female caregivers revealed that male caregivers outnumber female counterparts in Pakistan and Afghanistan, while in the rest of the countries, female respondents were more.

Considering the age distribution across countries, all respondents from Sri Lanka were more than 35 years, while India (70.0%), Afghanistan (72.7%), Pakistan (66.7%) had almost three-fourth of its respondents, less than 35 years.

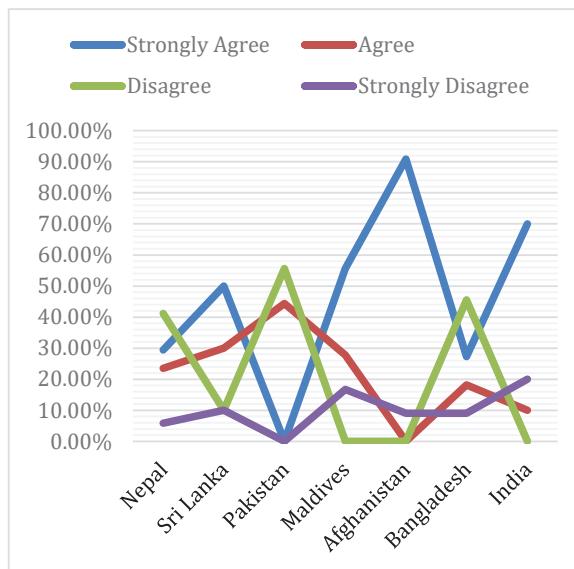
### *Relationship with One's Own Family and COVID's Impact*

Amongst the caregivers supporting their family members financially, majority of them were males and this trend was prevalent (89%) in most of the countries (Figure 4), except for Pakistan where 45% of the caregivers disagreed on this statement. While analysing the impact of COVID on jobs of caregiver's family members, a majority (57%) of them stated that their family members have been laid off during the pandemic and this was more prevalent in Maldives, Nepal and India. In countries such as Maldives and India, caregivers (24%) stated that their family members' salaries were also deducted to a large extent in COVID times.



**Figure 4.** Percentage of Caregivers Supporting Their Families with Their Earnings.

**Source:** The authors.

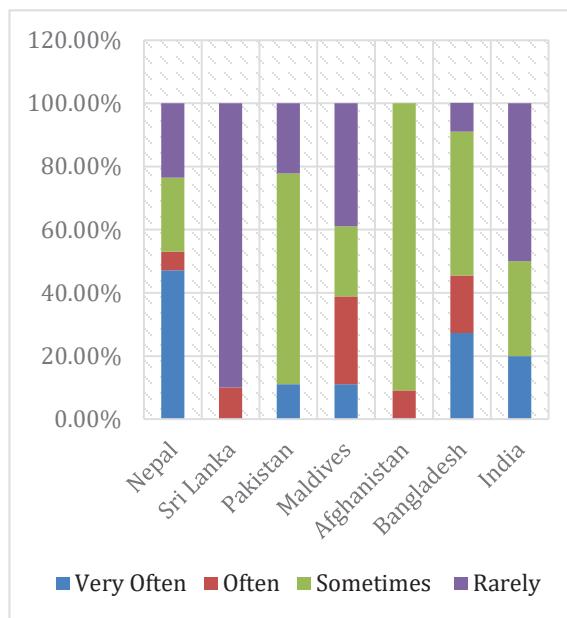


**Figure 5.** Prevention of Caregivers from Meeting Family During Lockdown.

**Source:** The authors.

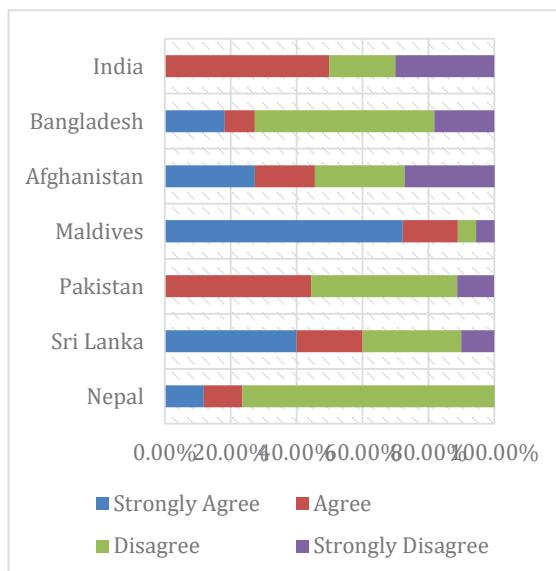
The social distancing norms and stay at home mandate had prevented the caregivers to meet their families as stated by 69% of the caregivers (Figure 5 and 6). Majority of the caregivers across different countries had varied views with regard to the frequency of meeting their families and the above graph illustrates its distribution.

It was observed that majority of the caregivers (overall 90%) didn't face any salary cut during pandemic except for India (20%) and Bangladesh (27%) (Figure 7). Some of the caregivers across all selected countries stated having faced salary cuts, but majority of them (97%) still received their salary on time (Figure 8).



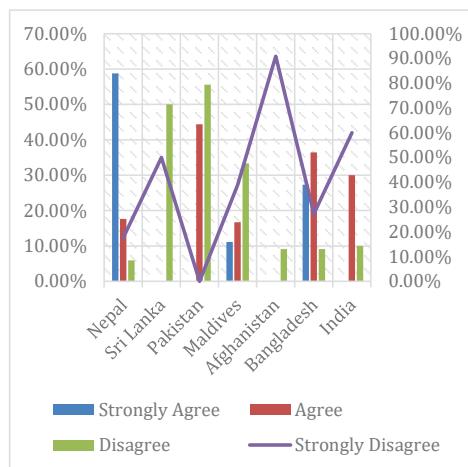
**Figure 6.** Frequency of Caregivers Meeting Family During Lockdown.

**Source:** The authors.



**Figure 7.** Support Received from Their Families During COVID.

**Source:** The authors.



**Figure 8.** Fear of Losing Job Due to COVID.

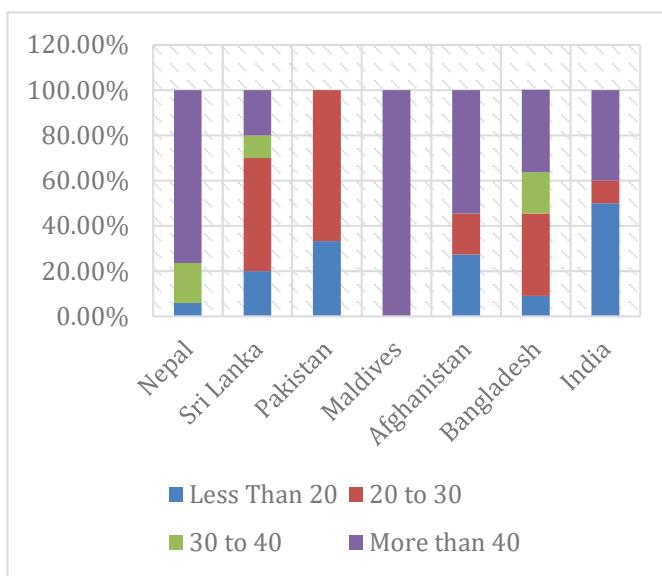
**Source:** The authors.

### *Relationship with One's Care Home*

Majority of the caregivers stated that they had more than 40 children, while 17% of them had less than 20 children in their CCIs (Figure 9). CCIs of countries such as Nepal, Maldives and Afghanistan were more populated and Bangladesh's care homes had mixed strength of children and therefore, it was suggested that it becomes difficult for the caregivers to cater to the overall needs of these children during the COVID times (Figure 10).

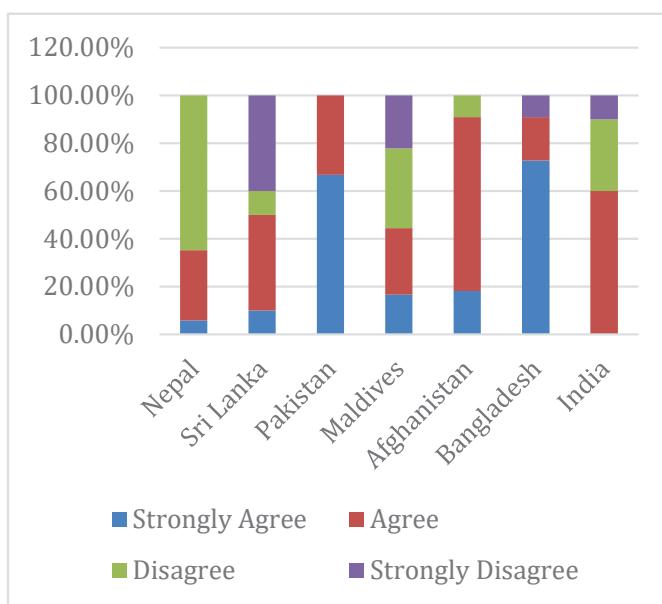
Though 73% of the caregivers reported that they shared cordial relation with children at their CCIs, 62% of them also stated that they faced difficulties in managing the children, during COVID induced lockdown. Amongst all the countries, caregivers from Pakistan had less cordial relationship with the children in comparison to the caregivers from other countries. This was also corroborated by the fact that 30% of the caregivers believed that COVID had impacted the psychosocial health of the children 'to a great extent', and 36% of the caregivers stated that children's behavior had negatively affected them and their work schedule during the same time (Figure 11). They reported to have been thrust with increased workload due to stress among children as evidenced from 33% strongly agreeing and 37% agreeing to this (Figure 12). Additional work such as counselling the children, attending to their needs and taking care of their anxiety and stress were consequences of the COVID situation.

Fortunately, amongst all the countries, more than two-third of the respondents strongly agreed and around 27% agreed on having a good CCI management authority, with whom they could freely share their concerns and issues, which helped them profoundly. This was because 88% of the caregivers believed that CCIs managements of their workplace had initiated appropriate mechanisms for managing the challenges arising during COVID. It was also observed that age and



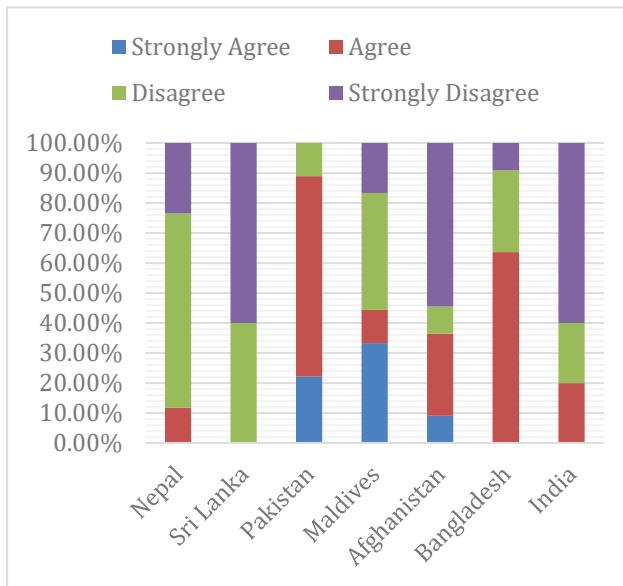
**Figure 9.** Number of Children at CCIs Across Countries.

**Source:** The authors.



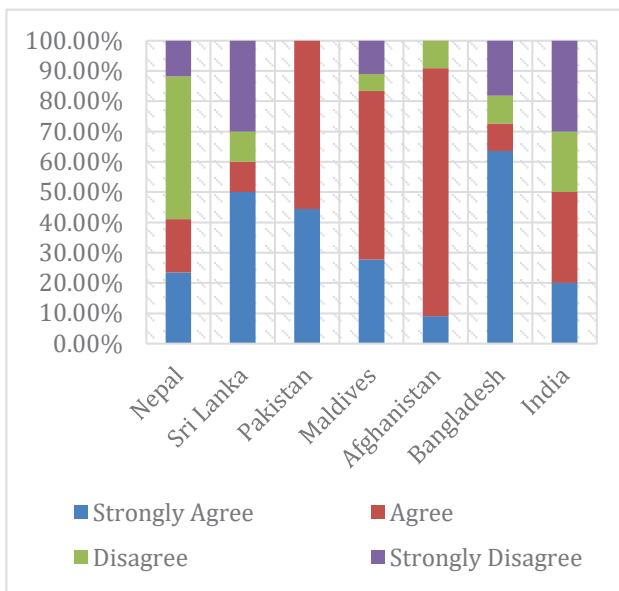
**Figure 10.** Difficulty in Management of Children at CCIs During COVID.

**Source:** The authors.



**Figure 11.** Negative Impact of Children's Behaviour on Caregivers.

**Source:** The authors.



**Figure 12.** Increased Workload of Caregivers Due to Stress Among Children.

**Source:** The authors.

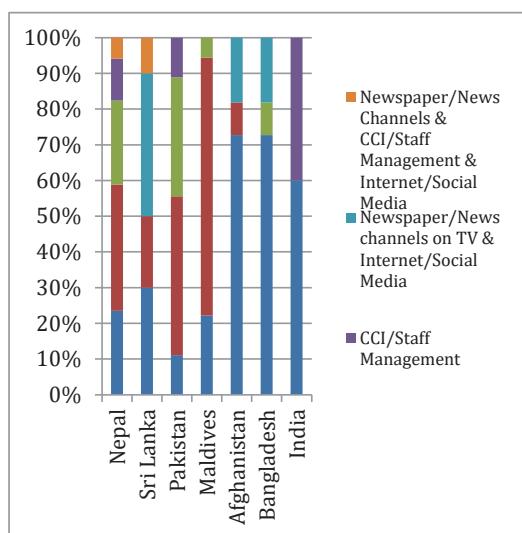
gender did not play any significant role in determining the relationship of caregivers with the care homes.

### Knowledge of COVID and Support Received

During the data collection in July and August, year 2020, it was learnt that the families of 8% of the caregivers were reported to have contracted COVID. A total of 23% caregivers (majority in Maldives) stated that children and/or CCIs staff had been diagnosed with the disease. Caregivers of Bangladesh (9%), Maldives (100%) and Afghanistan (9%) stated that children and/or CCIs staff had been diagnosed with the disease in their CCIs.

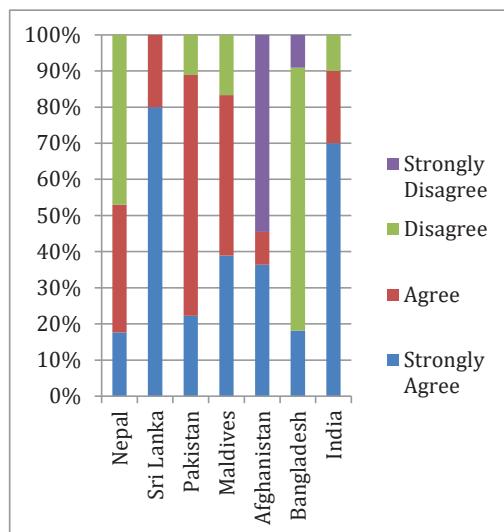
As reported by 71% caregivers, they received appropriate and adequate level of knowledge about COVID which was helpful to them (Figure 13). But another 15% of them felt that most of the news was creating confusion, and another 14% of them found this knowledge to be rather disturbing. One striking differentiation, which emerged while comparing the source of knowledge amongst seven countries, was that the caregivers putting up in Indian CCIs received maximum information regarding COVID from their CCIs staff and management, which is a much higher contribution in comparison to other countries which received this information only from other sources including newspapers, social media and television.

Awareness and training programs on authentic and reliable information about the disease and the pandemic situation is vital and is a must for all CCIs (Figure 14). But it was reported by 33% of the caregivers across all countries that their CCIs



**Figure 13.** Sources of Learning About COVID.

**Source:** The authors.



**Figure 14.** Awareness Training Program on COVID Conducted at CCIs.

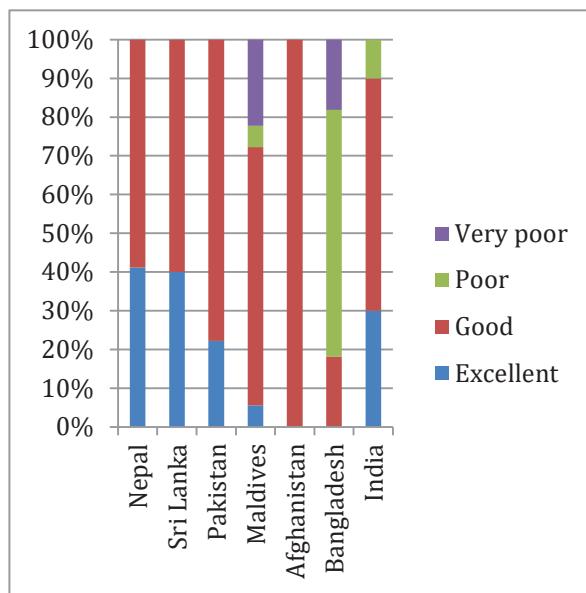
**Source:** The authors.

where they were employed conducted no such program on handling it within their CCIs. Countries such as Nepal, Maldives, Bangladesh and Afghanistan did not conduct awareness training programs on COVID situation in CCIs as stated by a majority of caregivers. Caregivers from Bangladesh (72%) and Pakistan (65%) were found to resist from following COVID protocols within their CCIs.

### *Emotional//Mental Health*

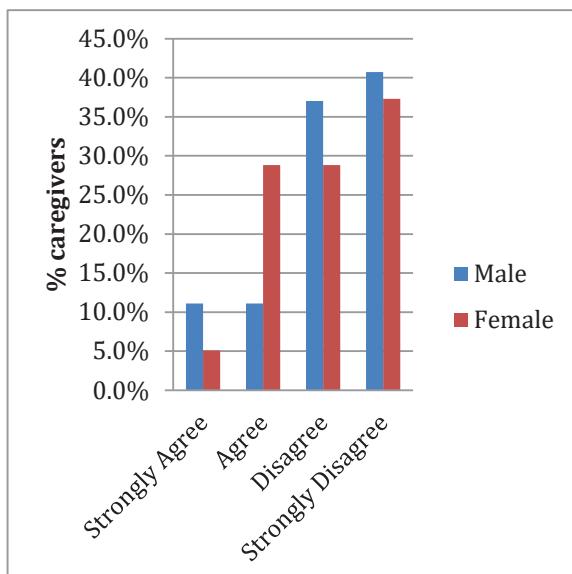
When asked about their overall physical health situation, about 13% caregivers responded it to be poor, 58% responded it to be good, while 29% had excellent physical health.

About 10% of the caregivers stated their emotional and mental health condition to be very poor, followed by 7% as poor, 63% as good and 20% as excellent (Figure 15). In order to further assess the mental health state of the caregivers a cluster of 14 indicators were used in the self-reported questionnaire. These indicators reflect the somatic and psychological state of the respondents. Among the somatic indicators the physical aspects such as sleep, fatigue, appetite and exercise routine have been evaluated. The respondents were asked whether they had noticed any change in themselves with regards to these indicators over the last few months since the outbreak of the disease. A total of 27% said they were denied leave by the CCIs management when they applied for it, which had negatively impacted them; yet the majority (more than 70%) had agreed that they were granted leave by the CCIs management. COVID had influenced the routine and work pattern of many people. A total of 30% of the caregivers felt disconnected and disinterested from their



**Figure 15.** Overall Mental/Emotional Health.

**Source:** The authors.

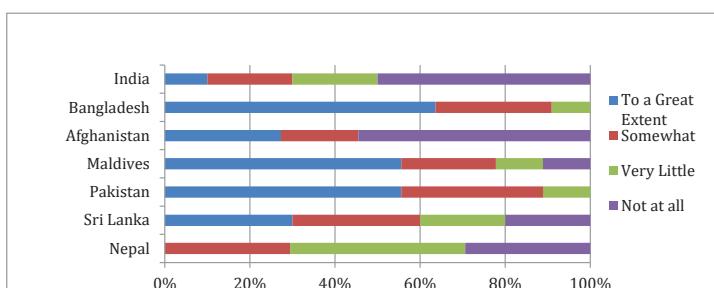


**Figure 16.** Feel Disconnected from Workplace.

**Source:** The authors.

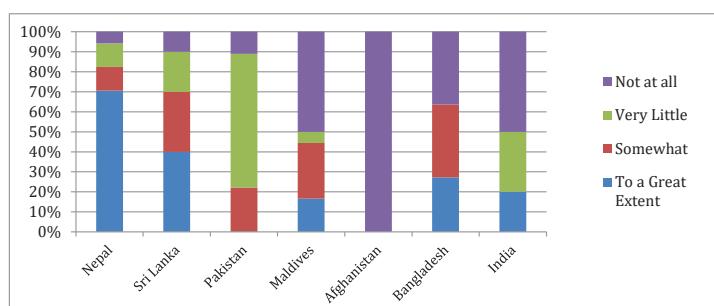
workplaces (Figure 16). As per the respondents, 29.1%, 15.1%, 19.8% and 20.9% experienced change 'to a great extent' in terms of their fatigue, appetite, exercise and sleep routine respectively, while almost 50%, 45% and 40% did not notice any change in their appetite, exercise regimen and sleep schedule respectively.

Stress was the most important outcome of the COVID pandemic among the caregivers. About 34% reported that they had noticed stress to a great extent, followed by change in the interest/pleasure in doing things (27.9%) and self-esteem (27.9%) (Figure 17). Among the other psychological indicators, 23.3% felt they had become restless and 22.1% had noticed their concentration being affected to a great extent due to the disease and the social distancing norms. Loneliness, aggression, frustration and negative thoughts had to a great extent affected 12.8%, 8.1% and 4.7% of the respondents respectively. On the other hand, more than 50% of caregivers felt that they had experienced no changes at all in their aggression/frustration levels, feelings of loneliness and negative thinking. Female caregivers had more prevalence of frustration/aggression; lack of concentration, fatigue and stress than in male caregivers. Self-esteem issues and symptomatic depression were prevalent to a great extent in many caregivers across countries whereas feelings of loneliness and disconnect from workplace were more amongst caregivers of Bangladesh and Maldives (Figures 17–22).



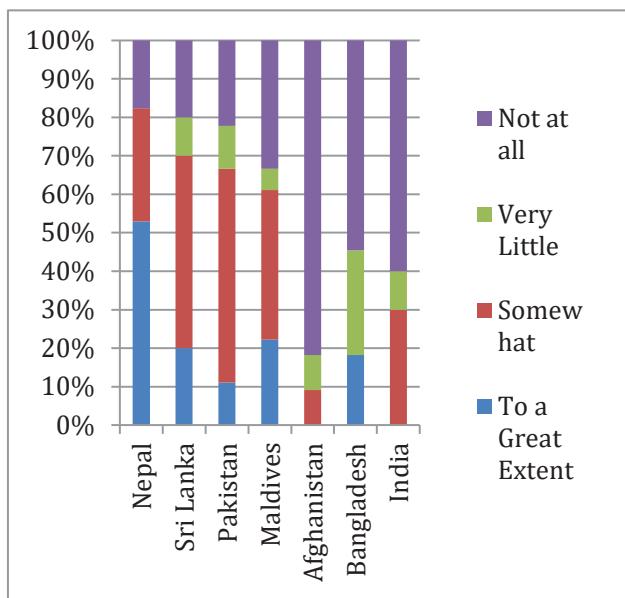
**Figure 17.** Increase in Level of Stress.

**Source:** The authors.



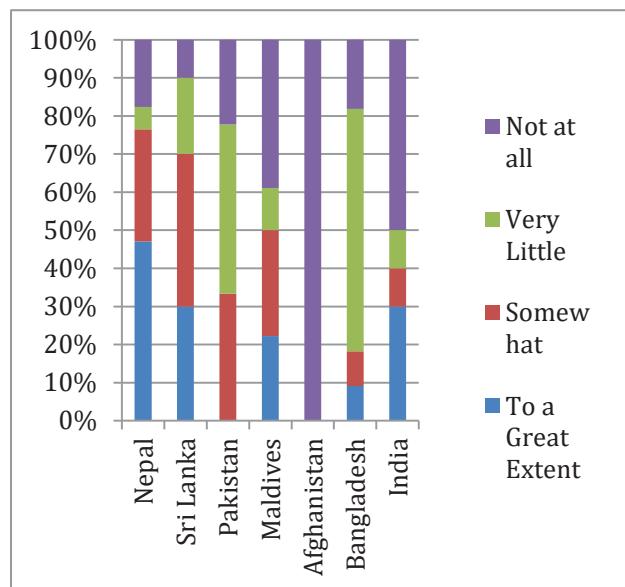
**Figure 18.** Loss of Interest and Pleasure in Doing Things.

**Source:** The authors.



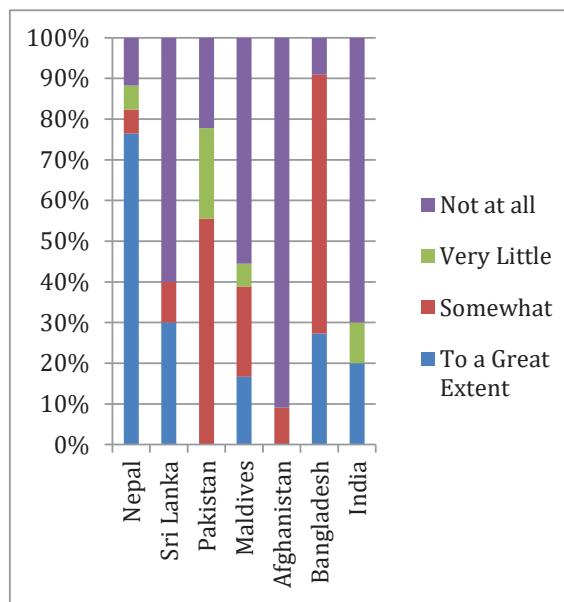
**Figure 19.** Impact on Sleep.

**Source:** The authors.



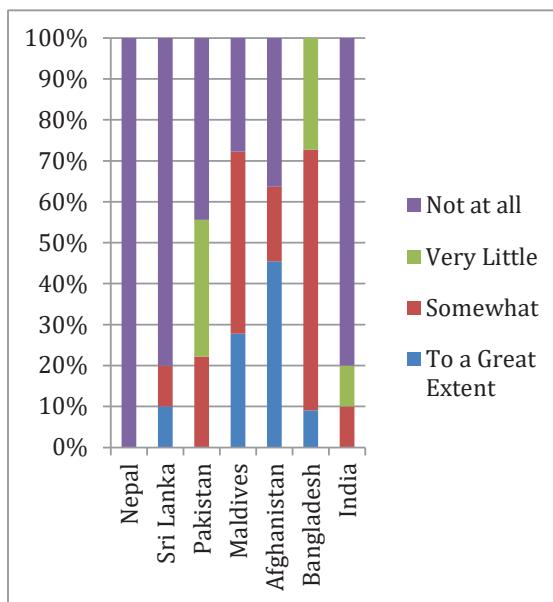
**Figure 20.** Impact on Concentration.

**Source:** The authors.



**Figure 21.** Self-esteem.

**Source:** The authors.



**Figure 22.** Depression.

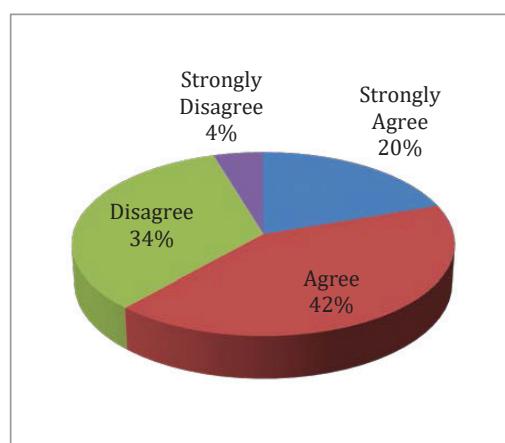
**Source:** The authors.

Additionally, 13% of the caregivers felt that life was not at all meaningful to them, while 27% stated that life is moderately meaningful for them since COVID had struck.

### ***Self-care and Coping Mechanism***

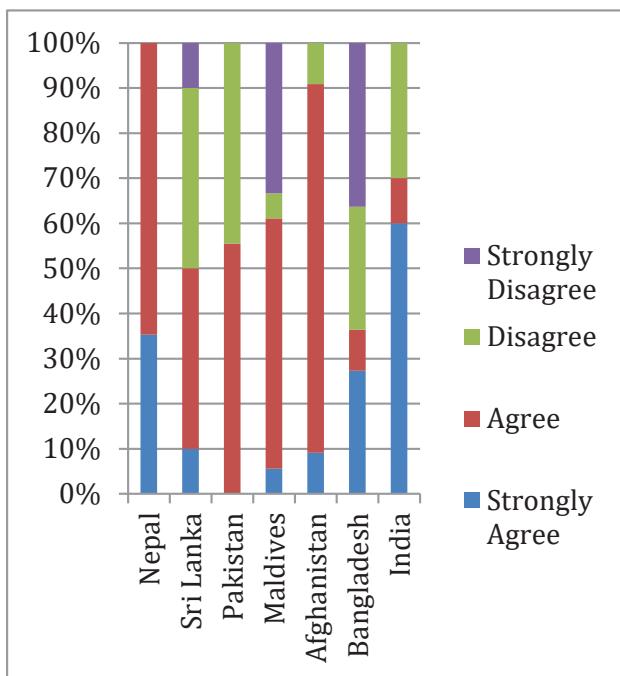
The caregivers took to various ways to prevent worrying thoughts about COVID to interfere with their lives. Almost 40% stated that they tried to stay inside and had limited outside contact and that they managed to follow the protocols responsibly and well enough. Another 30% had tried to keep themselves well informed about the disease and world situation by reading and gathering information about it, while 18.5% also used interaction and discussion with their contacts to keep up with the situation. A total of 10.5% caregivers had resorted to escapism and avoidance to cope with the mental worries and anxiety related to COVID. They avoided thinking or having discussions around it and rather assumed that they were safe enough from the disease.

The caregivers resorted to or discovered new and interesting things (29% strongly agreed and 43% agreed) in their work during the last few months and likewise tried to cope with the changed situation around them, due to COVID. On the other hand, their emotional health condition could also be deciphered from the fact that 62% caregivers stated that they had worked their daily schedule mechanically and less thoughtfully during this time span (Figure 23). This situation was found prevalent in most of the countries except for India and Bangladesh. About 31% of the caregivers reported that they disagreed to have spent time doing things/activities that they enjoyed earlier; caregivers of Pakistan (48%) and Sri Lanka (50%) had maximum percentage of disagreement (Figure 24).



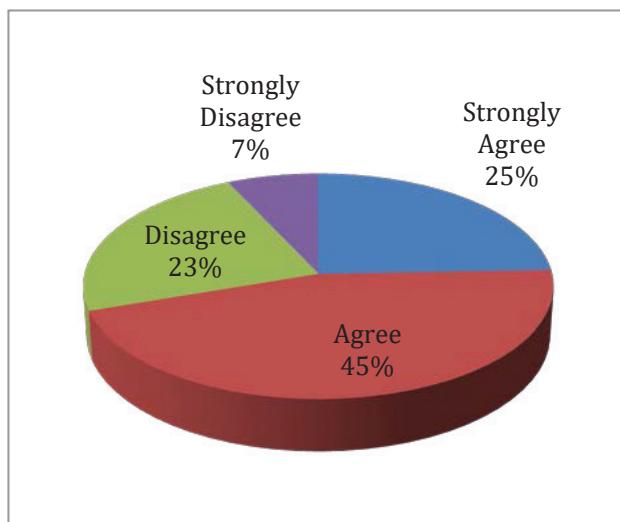
**Figure 23.** Caregivers Worked Mechanically and Less Thoughtfully.

**Source:** The authors.



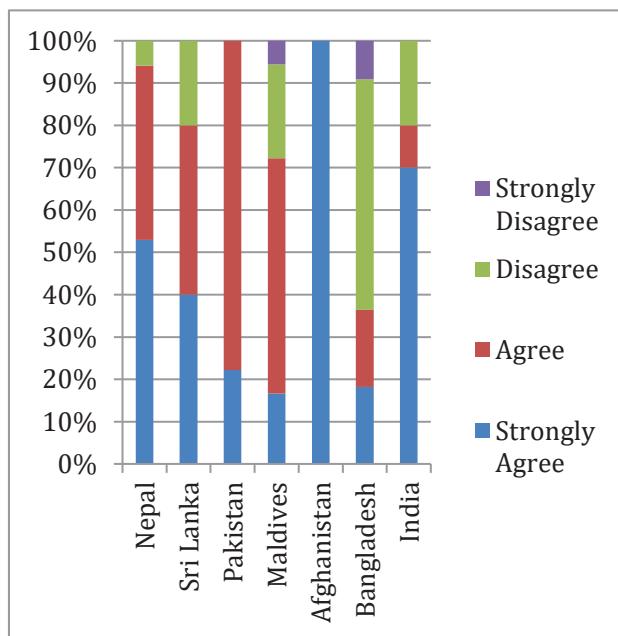
**Figure 24.** Caregivers Spent Time, Enjoying Doing Things.

**Source:** The authors.



**Figure 25.** Caregivers Practicing Disengagement at Day End.

**Source:** The authors.



**Figure 26.** Support from Care Home on Self-care.

**Source:** The authors.

Another coping strategy that most of the respondents adopted was to give themselves self-assertion, self-affirmation, self-praise, which had kept them motivated in looking after the children and themselves during these hard times of public health crisis. Disengagement from their work and leaving pressures behind at the end of their workday was practiced by 70% of the caregivers (25% strongly advocating it while another 45% agreeing to it) as a coping method (Figure 25). Although 20% of the respondents stated that they had not received any support or assistance from the care home functionaries in their self-care, 44% had strongly agreed to have received adequate help in the matter from the management (Figure 26).

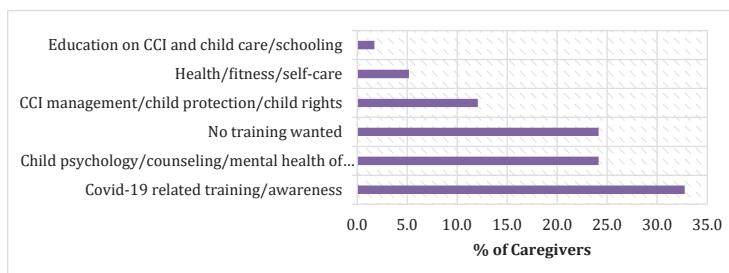
## Voices of Caregivers Across South Asia

The questionnaire also aimed to capture the voices of caregivers to probe their suggestions for the needs of trainings and resources for better work environment and management of CCIs. Among the training needs, 24.1% of respondents voiced the need to be provided the vital training on child psychology and mental health counselling of children, especially the ones with bipolar disorder, hyperactive attention deficit disorder, coping mechanism to reduce stress among children, to address mental health issues during the COVID times, as counsellors

were not allowed to physically enter the institutions (Figure 27). They also wanted to understand better the behavior of children especially for the ones with multiple personality disorder and advocated for training on mental health care during pandemic. Another need which emerged was the desire to be trained about COVID awareness, management of self-care during pandemic, knowledge related to health, nutrition and safety assessment during pandemic, as stated by 32.8% of respondents. It was followed by the need of caregivers seeking training on CCIs management, child rights and child protection and to prevent child homelessness (12.7%).

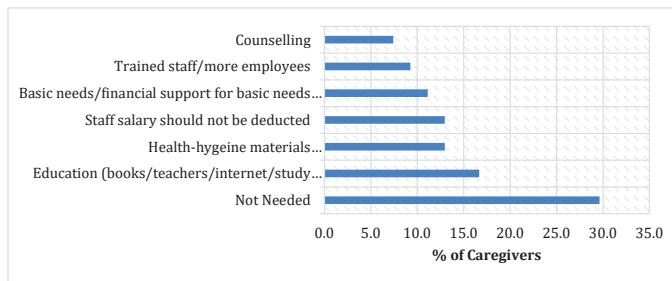
Needs of children related to Education (books, internet connection, study materials; 16.7%), health and hygiene materials such as PPE, masks, gloves, sanitizer (13.0%), non-deduction of salary of CCIs staff (13.0%), basic necessities and financial support for procuring health and food items (11.1%), trained staff and a greater number of employees (9.3%) and counselling services (7.4%) were the major resource requirements, as expressed by the caregivers. Other needs included health and self-care (5.2%) and completion of personal training and education (2%) (Figure 28).

23.1% caregivers also desired to have better training and awareness on COVID Pandemic; to be provided with safety and health kits for protection when they travelled outside CCIs homes for family visit or for accessing the essential services; better recreational and counselling services; and planned daily routine schedules for children and caregivers as coping ways to manage the pandemic induced stresses. A total of 18% caregivers required psycho-social support mechanisms such as stress management and counselling and self-care sessions or programs for them which would provide them motivation and mental health wellness in their work. Respondents also suggested to start training courses (7.7%) in dealing and communicating with special children or children with disabilities and to provide the caregivers with education materials. More than one-fourth of the respondents wanted the strengthening of CCIs management and the functionaries to get involved in management through personal regular visits and supervision, to monitor and evaluate the workings of the staff. Increment in income, financial support for them and their families, not to lay off and not to close down the CCIs were noted by 23.1% of the respondents (Figure 29).



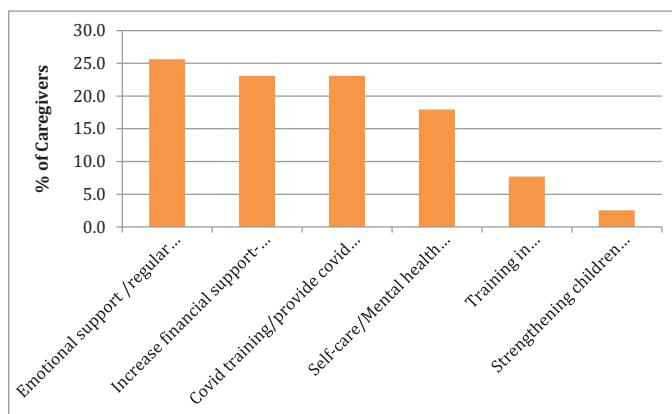
**Figure 27.** Training Needs of Caregivers.

**Source:** The authors.



**Figure 28.** Resources-Services Needs of Caregivers.

**Source:** The authors.



**Figure 29.** Recommendations.

**Source:** The authors.

## Discussion and Key Recommendations

The present study revealed that the pandemic is creating psychological distress among caregivers, as there are several restrictions due to lockdown: they are forced to stay inside, with restrictions of not being able to meet their families; caregivers are going through a crisis situation and feeling lack of control on their lives; uncertainty with respect to professional life along with jobs at stake. Apart from that, fear of infection is creating a panic situation among them. Taking into consideration that different people may experience a different set of emotions during such times; this article primarily focused on identifying and analysing the coping strategies and recommendations that are deemed as efficient and thereby could potentially help the caregivers from CCIs adapt and build resilience. There is a particular need for studies in real-world settings on what strategies these caregivers use in general to remain emotionally well.

Within the primary interventions, both organisation-focused and individual-focused interventions can aid in caring for the caregivers and provide them with mental health support, especially during these COVID times.

### ***Organisation-focused Interventions***

An article from the Center for the Study of Traumatic Stress, emphasizes greatly on how important it is to maintain communication with the community. Oftentimes worry and distress within communities can result in the spread of misinformation, and hence, effective communication between members of a community is essential for preserving its foundational ground (Morganstein & Flynn, 2021). Both formal and informal support group network can be encouraged so that there is a safe space for all the stakeholders involved, including caregivers to share their respective personal emotional and mental health concerns; self-care and coping mechanisms applied to self; and specific recommendations with regard to their functioning and health. Both formal and informal leaders in a community are advised to be the role models for instilling hope, sharing grief, providing support and so on as per to the needs of the individuals in that community. Caregivers need to make a point to reach out to their colleagues virtually on a regular basis as it provides them an opportunity to check in and ask 'how they are doing' and 'what they are doing' to take care of themselves. The care management team should offer regular virtual office visit hours for staff to 'drop in' so that caregivers can connect with them, share their concerns and meet other colleagues at large. Therefore, several caregivers can learn and benefit from individual level coping mechanisms. Management should consider inviting mental health staff to participate and interact with caregivers; they may pick up on concerns or issues that staff are struggling with. Provision of opportunities for virtual social connectedness for all staff is required. Active listening is the key point, where it is important to ask these caregivers what they want instead of immediately giving suggestions. Good quality communication along with accurate information updates is required.

Caregivers need to be trained regarding good work-life balance along with incentivising healthy behaviours among them. The institution can also allocate separate crisis teams to provide direct support to the caregivers and schedule weekly meetings to discuss the matters of interest on a regular basis. This would encourage the caregivers to connect more easily with the team members and seek help during distress without any hesitation. Moreover, the team members as well as the caregivers can be on a look out for each other during these times and build a strong support network within the institutional grounds. Knowing where and how to get support services or resources, like tele-counselling are available easily, is very essential. Across nations, a number of tele-health services have come up ever since the COVID crisis, thereby it is important for one to be aware of and know that help is available whenever needed within the CCIs management system itself. The management team should enhance support to families of these caregivers during distress and COVID times along with ensuring they are credited

for their work. A financial roadmap for the caregivers in childcare institutions can be drawn which will potentially increase and allow more trust between the caregivers and the officials in childcare institutions by further facilitating a sense of job security.

### *Individual-focused Intervention*

Self-care can come in many forms and each of it can help address the mental and emotional health issues. Few strategies, if followed, can be effective in managing some of the challenges which are associated with the pandemic. These include, creating a structure and routine per day, limiting and reducing exposure to media coverage related to pandemic, attending to physical care, caring for emotional issues, keeping in touch with family and relatives, carrying out hobbies and activities unrelated to work, regular exercises along with healthy diet and most importantly, taking time out for themselves. Sessions for all caregivers across countries need to be conducted where they can acknowledge their fears, feelings and emotions and address them. So, it becomes imperative to take timely breaks from reading, watching or even listening to news stories or social media as research suggests that 'routine breaks facilitate psychological detachment which may lead to higher levels of mindfulness' and promote mental well-being.

Additionally, finding a sense of purpose could also help build resilience among the caregivers in the CCIs. Use of educational and motivational videos or podcasts could also help in facilitating collectiveness and hope among the groups. Awareness about the present situation is also essential; by encouraging the practice of yoga or other mindful exercises can also help in guiding the caregivers to refocus and regain control of their thought processes. Having a buddy system in the care homes where caregivers across the care-homes are paired; senior experienced person to be paired with relatively inexperienced caregiver, where they could do experience sharing, to help improve confidence, develop work bonding and reduces isolation.

Findings of this study provide direct information from seven different countries about the mental health conditions of caregivers, their prevalence; contributing factors, and hence can be further used to develop psychological interventions. This study can also be used as a baseline for evaluation, further prevention and control along with aiding in psychosocial rehabilitation of the affected caregivers.

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