

## Supplementary appendix 2

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Espinel Z, Chaskel R, Berg RC, et al. Venezuelan migrants in Colombia: COVID-19 and mental health. *Lancet Psychiatry* 2020; **7**: 653–55.

<p><b>Venezuelan migrants in Colombia: Exposure to hazards, losses, and life changes throughout phases of migration</b></p>	<p><b>Mental health and psychosocial support interventions following IASC guidelines and using WHO-sanctioned interventions</b></p>
<p><b>Migration stressors</b></p> <p><b>1) Pre-migration:</b>  Collapse of democratic institutions  Poverty  Hunger and malnutrition  Deterioration of health care systems  Lack of mental health care/medications</p> <p><b>2) Departure:</b>  Loss of home and tangible resources  Loss of family/community/social ties  Loss of status, identity, occupational roles</p> <p><b>3) Migration journey:</b>  Physical exhaustion, hunger, and fatigue  Danger of victimization and exploitation</p> <p><b>4) Settlement in Colombia:</b>  Poverty  Homelessness  Lack of official status  Lack of access to healthcare  Danger of victimization and exploitation  Employment in informal sector  Possible need to engage in survival behaviors  Stigma, stigmatization, xenophobia</p> <p><b>Overlay of COVID-19 risks</b></p> <p><b>5) COVID-19 infection risks</b>  Severe disease risks for older persons  Risks for those with underlying medical conditions  Malnutrition from living in Venezuela  Immune suppression from living in Venezuela  High population density in informal settlements  Inability to socially distance  Lack of access to water, sinks, soaps, cleansers  Livelihood imperative to work in public settings  Reliance on public transportation</p> <p><b>6) COVID-19 mitigation hardships</b>  Lack of food  Lack of paid work during lockdown  Lack of rent monies  Lack of health care access</p> <p><b>Elevated rates of common mental disorders</b>  (major depression, generalized anxiety, PTSD, substance use disorders)</p> <p>Elevated rates predating COVID-19  Potentially higher rates during/after COVID-19</p>	<p><b>1) Prioritize migrants for public health measures to mitigate the spread of COVID-19</b>  Food  Rent support  Access to testing, health care if symptomatic</p> <p><b>2) Connect migrants to available crisis hotlines and networks of mental health services</b></p> <p><b>3) Regularize migrants / enroll them in national health insurance programs to allow access to mental health consults</b></p> <p><b>4) Involvement of intergovernmental and non-governmental organizations</b>  Apply Inter Agency Standing Committee (IASC) guidelines  Adapt IASC principles to COVID-19  Coordinate services using Mental Health and Psychosocial Support (MHPSS) intervention pyramid  Adapt MHPSS to complex emergencies: forced migration and COVID-19 pandemic  Use “whole of society” approach</p> <p><b>5) Develop and refine the MHPSS interventions</b>  Develop stepped-care models  Outreach to venues where migrants live  Screen for common mental disorders using validated tools  Train para-professionals to deliver interventions  Deliver WHO-vetted, evidence-based interventions  Optimize task shifting/task sharing  Continue intervention sessions until symptom resolution  Adjust intervention to the cultural context  Follow-up, evaluate, refine the intervention  Scale/disseminate promising interventions  Bring MHPSS interventions to scale</p>