EVIDENCING THE PROVIDENCE OF SUPPORT ENGAGEMENT IN MENTAL HEALTH AND SAFETY FOR GOVERNMENT OFFICES

Jeacris Durano, Iris Anne Solon, Marivic Ybanez, Rose Ann Tayag, Florentina Opril, Chariday Padillo

Corresponding Author: jeacrisdurano@gmail.com

Abstract: Training local members of the community is a good way to provide support in places where resources are limited or far away. Having more members of the community aware and experienced with mental health challenges also can help to destigmatize these issues and encourage others to seek help among those they trust. This research assessed the status of the implementation of the mental health and safety supports in the identified government offices. Based on the findings, respondent groups were satisfied on the implementation of health and safety supports by their respective agency, However, employees have faced a variety of problems in the workplace, such as an excessive burden or labor, under promotion, hazardous or bad physical working conditions, and lengthy and unsocial or rigid hours, all of which contribute to the employees being unwell. These pertinent results might provide a basis for initiatives that attempt to improve the mental health of employees as well as their safety in the workplace. These relevant findings could inform interventions aimed at improving workers' mental health and safety in the workplace.

1. **Introduction**

Organizations cannot function without healthy and safe employees, a stark reality evidenced by the COVID-19 pandemic in 2019-20, when lives are threatened, everything else becomes secondary (De Cieri & Lazarova, 2021). The scope of health and safety includes protection of the workers well-being, social and psychological as well as physical. Social well-being may be affected by the organization of work, such as space, working time patterns, isolation; psychological well-being (psychosocial hazards) may be affected by factors such as workload and speed, stress at work, monotony, lack of social contacts, absence of collective representation and unfair remuneration (Bogossian, 2022). Consequences of an Employee mental health is Psychological Symptoms can affect productivity and life away from work. Most

prevalent workplace mental health conditions are Depression, Anxiety and Substance abuse (Panchal et al., 2020). A Mental health disturbance in thoughts, feelings and perceptions that has a direct affect in day-to-day functioning. Mental illness affects thinking, mood and behavior; this is associated with distress and or functional impairment with symptoms varying from mild to severe (Gopunath, 2020).

Company, employers and all establishments have a responsibility to ensure the health and safety of employees in the workplace. They set the protocols and make sure the workplace is in compliance with standards, however, regardless of how many risks and hazards employers minimize, accidents will continue to happen if workers don't take responsibility for their actions (TS, 2020). Moreover, the management of work-related factors affecting mental health in a pandemic scenario seems crucial to support people engagement and consequently psychological well-being. This is of special interest to those professionals directly involved in the COVID-19 contrast actions, but also to the overall workforce dealing with new organizational approaches, different ways of working and other work-related factors such as returning to work after a period of interruption, job loss, job insecurity, and fear of the future due to a possible business failure. For these reasons, there is a need to provide evidence on how organizational and work-related factors can contribute to maintain or affect psychological well-being (Giorgi et al., 2020).

Moreover, work stress, depression and mental problem are detrimental physical or emotional response that occurs when job requirements do not match the employee's capabilities, resources, and needs (Tongchaiprasit & Ariyabuddhiphongs, 2016). According to a recent study, more than half of all employees undergo intense stress, and two-thirds encounter difficulties focusing on their jobs due to stress (Karatepe et al., 2018). Stress is an individual's negative reaction and causes a wide variety of complex personal, emotional, and behavioral problems (Bunk & Magley, 2013). Specifically, work stress leads to signs of tension, such as physical and mental fatigue, which can cause further conditions, such as obesity, hypertension, diabetes, sleep disorders, anorexia, and muscle stiffening, when symptoms get worse and chronic stress develops (Sobnqwi et al., 2004).

In addition, stress can exacerbate mental health issues and cause mental illnesses such as depression (Moudon, 2009). When employees are exposed to stress, direct damage to the company may occur. Tongchaiprasit and Ariyabuddhiphongs (2016) argued that work stress can reduce job satisfaction and increase turnover intention; S. S. Kim et al. (2015) explained that stress has a negative effect on job attitude; and Akgunduz (2015) reasoned that work stress negatively affects overall job performance. In other words, work stress can be said to be a detrimental negative factor that causes not only physical and mental damage in employees, but also directly affects the company performance.

The success and survival of a company in the rapid and constantly changing service industry depends on the quality of its products and services and the ability of its employees to directly respond to customers. In other words, company performance is very closely related to employee performance and most people think of their work as an important resource that affects their physical and psychological well-being (Baptiste, 2008; Sirgy, 2017).

In addition, well-being perceived by employees is closely related to inducing positive attitudes and behaviors of employees (Kooji et al., 2013). There is no agreed standard for evaluating employee well-being, but looking at the overall conceptual definition of well-being, it refers to an individual's assessment of the extent to which he/she contributes to improving his/her quality of life (Grzeskowiak & Sirgy 2007). In

other words, employee well-being refers to the idea that the quality of one's life is improving through the health, happiness, comfort, and tranquility that employees feel while working. A study on employee well-being showed that increasing employee well-being awareness has a positive effect on mental health, job satisfaction, organizational commitment, and work-life balance (Baptiste, 2008; Sirgy & Lee, 2016). When employees' well-being awareness increases, productive results such as good service quality and productivity improvements appear, and conversely, when the well-being perception of employees decreases, productivity and quality of work decrease and decision-making ability decreases (Edgar et al., 2017).

The positive effect of the increase in perception of well-being is evident in the service industry, especially in hotels. In other words, customers who use products and services in the service industry, such as hotels, can experience employee emotion at service point of contact with employee, and the perceived emotion influences the customer's future behavior (Chong & Ahmed, 2017). In other words, the degree of well-being perceived by hotel employees is closely related to maintaining the sustainable profitability of a company (Baek et al., 2018). Therefore, company performance is very closely related to employee performance, and thus, it is necessary to increase the well-being awareness perceived by employees to improve employee performance.

Self-rated mental health is a self-assessment of one's current mental health status (Lundberg & Manderbacka, 1996; Pietila et al., 2015). In addition, mental health is more than just a condition of being free of illness or disease and can be said to be a state in which the physical, mental, and social well-being have been fully achieved. In other words, mental and physical health are not independent of each other but are interdependent. Mental illness is one of the most common and costly health problems that affects a person's mood, thoughts, and behavior, and causes severe pain and dysfunction for long periods of time (Dimoff & Kelloway, 2019). Anxiety and depression have been reported in 262 million people worldwide and represent the main causes of mental illnesses. In addition, it has been reported that the cost burden of these diseases is more than 1 trillion dollars annually along with a decrease in productivity (WHO (World Health Organization 2020c).

In particular, workers in the service industry, such as hotels, have frequent contact with customers owing to the nature of their work and may experience mental stress, such as frustration or despair in this process (Lambert et al., 2010; Yu et al., 2020). As such, self-rated mental health is becoming more important because mental illness is a serious social problem. Several factors can negatively affect mental health in the work environment. Examples include wrong practices and communication, low levels of welfare, and inappropriate health and safety policies. Factors that negatively impact mental health can be attributed to a decrease in employee productivity (e.g., turnover, passive attitude, reduced passion for work), and furthermore, can lead to a decrease in corporate productivity and to increased costs (Dimoff & Kelloway, 2019). In particular, inadequate health and stability policies are very important issues that can manifest as physical and mental health problems in employees. Therefore, mental health problems can act as a great burden on companies, and thus, studies contributing to overcome such problems are urgently required (Han & Hyun, 2018).

Although various causes of mental and health issues experienced by the difference sectors and employees have been suggested in many previous studies no study has yet examined the mental and health support of the government employees in

the workplace. Thus, this study assessed the mental and health supports received by the employees during the extended covid-19 pandemic in the identified establishments.

2. **Purpose of the Study**

This research assessed the respondent groups satisfaction on the implementation of the mental health and safety supports in the identified government offices. The extent of implementation relation to health and safety related to the following aspects: workplace mental health resources, workplace engagement and supports, workplace health and safety awareness, workplace policies and procedures, and workplace cultures. The significant difference between respondent groups perception on the mental health supports of the employee was also included.

3. **Research Methodology**

The descriptive method of research was used in this study, which described data and the characteristics of the population under study. This method answered the questions who, what, where, when, and how. In particular, the present conditions of the respondents as regards to the level of supports received by the respondents and perceived issues and concerns by the employees. Data will be described and analyzed through data gathered using the research instrument. This research included the INPUT-PROCESS-OUTPUT approach. The INPUT Included the workplace mental health resources workplace engagement and supports, workplace health and safety awareness, workplace policies and procedures, and workplace cultures. The significant difference between respondent groups perception on the level of supports received by the respondents was also included. The PROCESS considered the administration of questionnaire, data consolidation, presentation, analysis and interpretation using statistical software.

4. **Results and Discussions**

Table 1. Mental Health Resources

Indicators	Employees		Administrator	
	Mean	VD	Mean	VD
Administrator provides free screening tools for depression, anxiety, substance use/abuse, PTSD, or other mental health concerns	3.02	MS	4	S
Administrators provides initial assessments of a mental health issue/concern	3.20	MS	4.5	SS
Administrator provides digital mental health tools (i.e., online programs, mobile phone apps, wearables, etc.)	3.29	MS	5	SS
Our organization provides pay to offer any medical plan benefits	3.20	MS	4.5	SS
Our organization conduct regular and on-going check-in meetings and receiving guidance from leadership/supervisor	3.18	MS	5	SS
Grand Mean	3.18	MS	4.6	SS

Table 1 presents the data in terms of mental health resources. Data shows that the statement refers to administrator provides digital mental health tools (i.e., online programs, mobile phone apps, wearables, etc.) got the highest weighted mean of 3.29 which verbally described as moderately satisfied, while the statement refers to our organization conduct regular and on-going check-in meetings and receiving guidance from leadership/supervisor got the lowest weighted mean of 3.18 which verbally described as moderately satisfied for the employees. Administrator on the other hand, the statements refer to administrator provides digital mental health tools (i.e., online programs, mobile phone apps, wearables, etc.) and our organization conduct regular and on-going check-in meetings and receiving guidance from leadership/supervisor got the highest weighted mean of 5 which verbally described as strongly satisfied, while the statement refers to administrator provides free screening tools for depression, anxiety, substance use/abuse, PTSD, or other mental health concerns got the lowest weighted mean of 4 which verbally described as satisfied. Overall, employees got an overall weighted mean of 3.18 while administrator got 4.6. This indicates that employees were moderately satisfied on the mental health services offered by the establishment.

Table 2. Engagement and Supports

Indicators	Employees		Administrator	
	Mean	VD	Mean	VD
Our organization has provided adequate supports to address mental health during the pandemic	4.36	SS	4.5	SS
I have the support I need to stay healthy (physically and mentally) during this time	4.46	SS	5	SS
I am having enough meaningful contact with my colleagues during the pandemic	4.36	SS	4.5	SS
I have the resources, tools and access to the information that I need to carry out my work-related responsibilities effectively at home/remote.	4.26	SS	4.5	SS
I feel comfortable communicating concerns to my Head/Supervisor related to the current situation.	4.24	SS	4.5	SS
Grand Mean	4.34	SS	4.6	SS

Table 2 presents the data in terms of engagement and supports. Data shows that the statement refers to I have the support I need to stay healthy (physically and mentally) during this time got the highest weighted mean of 4.46 which verbally described as strongly satisfied, while the statement refers to I feel comfortable communicating concerns to my Head/Supervisor related to the current situation got the lowest weighted mean of 4.24 which verbally described as strongly satisfied for the employees. Administrator on the other hand, the statements refer to I have the support I need to stay healthy (physically and mentally) during this time got the highest weighted mean of 5 which verbally described as strongly satisfied, while the remaining statement got a weighted mean of 4.50 which verbally described as strongly satisfied. Overall, employees got an overall weighted mean of 4.34 while administrator got 4.6. This indicates that employees and administrators were strongly satisfied on the engagement and supports offered by the establishment.

Table 3. Health and Safety Awareness

Indicators	Employees		Administrator	
	Mean	VD	Mean	VD
I am clear about health and safety regulations at work	4.06	S	4.5	SS
I have been certified by proper authorities	3.93	S	5	SS
I know I can refuse to work in an unsafe environment	4.17	S	4.5	SS
If I notice a workplace, I am obligated to report it	4	S	5	SS
I help my teammates understand the importance of health and safety	3.91	S	5	SS
Grand Mean	4.01	S	4.8	SS

Table 3 presents the data in terms of health and safety awareness. Data shows that the statement refers to I am clear about health and safety regulations at work got the highest weighted mean of 4.06 which verbally described as satisfied, while the statement refers to, I help my teammates understand the importance of health and safety got the lowest weighted mean of 3.91 which verbally described as strongly satisfied for the employees. Administrator on the other hand, the statements refer to I have been certified by proper authorities, If I notice a workplace, I am obligated to report it and I help my teammates understand the importance of health and safety got the highest weighted mean of 5 which verbally described as strongly satisfied, while the remaining statements refers to I am clear about health and safety regulations at work and I know I can refuse to work in an unsafe environment got the lowest weighted mean of 4.50 which verbally described as strongly satisfied. Overall, employees got an overall weighted mean of 4.01while administrator got 4.80. This indicates that employees and administrators have different perceptions on the program's health and safety awareness in the establishment.

Table 4. Policies and Procedures

Indicators	Employees		Administrator	
	Mean	VD	Mean	VD
Everyone receives compulsory health and safety training	4.21	SS	4.5	SS
Management is extremely particular about the certification	4.20	S	4.5	SS
Systems are in place to identify and deals with hazards	4.00	S	4.5	SS
Workplace health and safety is considered extremely important	4.02	S	4.5	SS
There is an active health and safety committee	3.94	S	4.5	SS
Grand Mean	4.07	S	4.5	SS

Table 4 presents the data in terms of policies and procedures. Data shows that the statement refers to everyone receives compulsory health and safety training got the highest weighted mean of 4.21 which verbally described as strongly satisfied, while the statement refers to there is an active health and safety committee got the lowest weighted mean of 3.94 which verbally described as satisfied for the employees. Administrator on the other hand, all the statements were rated with a weighted mean 4.5 which verbally described as strongly agree. Overall, employees got an overall weighted mean of 4.07 while administrator got 4.50. This indicates that employees and

administrators have different perceptions in terms of the policies and procedures in promoting health and wellness in the classroom.

Table 5. Culture

Indicators	Employees		Administrator	
	Mean	VD	Mean	VD
Administrator at our organization support employee mental health in various ways	4.38	SS	5	SS
Administrator at our organization model a healthy balance between work and personal life	4.22	SS	4.5	SS
Leaders at our organization model a healthy balance between work and personal life	4.84	SS	5	SS
Administrators paid time for staff to participate in mental health education and training	4	S	4	S
Administrators provides Community resources for mental health services	4.41	SS	5	SS
Grand Mean	4.37	SS	4.70	SS

Table 5 presents the data in terms of culture. Data shows that the statement refers to leaders at our organization model a healthy balance between work and personal life got the highest weighted mean of 4.84 which verbally described as strongly satisfied, while the statement refers to administrators paid time for staff to participate in mental health education and training got the lowest weighted mean of 4.00 which verbally described as satisfied for the employees. Administrator on the other hand, the statements refer to administrator at our organization support employee mental health in various ways (i.e., they talk openly about mental health, they share mental health resources, they listen to employee mental health issues), leaders at our organization model a healthy balance between work and personal life and administrators provides Community resources for mental health services (i.e. community mental health services, crisis hotlines, online screening tools got the highest weighted mean of 5, while the statement refers to administrators paid time for staff to participate in mental health education and training got the lowest weighted mean of 4 which verbally described as satisfied. Overall, employees got an overall weighted mean of 4.37 while administrator got 4.70. This indicates that employees and administrators have the same t perceptions in terms of the culture in promoting health and wellness in the classroom.

Table 6. Test of Significant Difference

	Source of Difference	t - value	p - value	Decision
Workplace Mental Health Resources		3.889	0.1602	Fail to reject the Null Hypothesis
Workplace engagement and supports		0.712	0.6061	Fail to reject the Null Hypothesis
Workplace health and safety awareness	Administrator VS Employee	2.650	0.2297	Fail to reject the Null Hypothesis
Workplace Policies and Procedures		1.844	0.3163	Fail to reject the Null Hypothesis
Workplace Culture		0.966	0.5110	Fail to reject the Null Hypothesis

Table 6 presents the data in terms the significant difference of the respondent groups satisfaction on the implementation of health and safety supports. Based on the statistical findings, it can be observed that the p-value of all constructs are higher compare to the level of significance 0.05. This indicates that it fails to reject the null hypothesis, hence there is no significant difference on the respondent groups satisfaction on the implementation of health and safety supports to the employees.

The extent of satisfaction of the employees in relation to health and safety, culture or the was rated with a highest rating from the employees, while administrators rated health and safety awareness. Overall, findings suggest that respondent groups were satisfied on the implementation of the mental health and safety supports given by the top management. However, findings also showed that excessive workloads or work pace, understaffing was the main issues and concerns of the employees and administrator.

5. **Conclusion**

This research assessed the respondent's satisfaction of the implementation of the mental health and safety supports in the identified government offices. Based on the findings, respondent groups were satisfied on the health and safety supports. However, although the results suggest that there were supports given to the employees, it can also be noted that employees have experienced such issues in the workplace such as excessive workload or work, under promotion, unsafe or poor physical working conditions and long and unsocial or inflexible hour. These relevant findings could inform interventions aimed at improving workers' mental health and safety in the workplace.

References

Cropanzano, R., Anthony, E. L., Daniels, S. R., & Hall, A. V. (2017). Social exchange theory: A critical review with theoretical remedies. *Academy of management annals*, *11*(1), 479-516.

GOVPH. (2020) IRR For Mental Health Act Signed – DOH. Retrieved from: https://doh.gov.ph/press-release-/mental-health-act-IRR

Mitchell, M. S., Cropanzano, R. S., & Quisenberry, D. M. (2012). Social exchange theory, exchange resources, and interpersonal relationships: A modest resolution of theoretical difficulties. In *Handbook of social resource theory* (pp. 99-118). Springer, New York, NY.

Morrison, E. W. (2011). Employee voice behavior: Integration and directions for future research. *Academy of Management annals*, *5*(1), 373-412.

Mercer. (2020) How new OSHS law impacts business in the Philippines. Retrieved from: https://www.asean.mercer.com/our-thinking/health/how-new-oshs-law-impacts-businesses-in-philippines.html

Hamel, G. (2006). The why, what, and how of management innovation. *Harvard business review*, *84*(2), 72.

Parent, J. D., & Lovelace, K. J. (2018). Employee engagement, positive organizational culture and individual adaptability. *On the Horizon*.

Stedman, R. C. (2003). Is it really just a social construction?: The contribution of the physical environment to sense of place. *Society &Natural Resources*, *16*(8), 671-685.

Thomas, K. W. (2009). *Intrinsic motivation at work: What really drives employee engagement*. Berrett-Koehler Publishers.

Iverson, R. D., & Zatzick, C. D. (2011). The effects of downsizing on labor productivity: The value of showing consideration for employees' morale and welfare in high-performance work systems. *Human Resource Management*, *50*(1), 29-44.

JOURNAL

Akgunduz, Y. (2015). The influence of self-esteem and role stress on job performance in hotel businesses. *International Journal of Contemporary Hospitality Management*, 27(6), 1082–1099. https://doi.org/10.1108/IJCHM-09-2013-0421

Baptiste, N. R. (2008). Tightening the link between employee wellbeing at work and performance: A new dimension for HRM. *Management Decision*, 46(2), 284–309. https://doi.org/10.1108/00251740810854168

Baek, U., Olya, H., & Lee, S. K. (2018). Effects of individual resources and team-member exchange on service quality. *Service Industries Journal*, 38(9–10), 584–606. https://doi.org/10.1080/02642069.2018.1426751

Bunk, J. A., & Magley, V. J. (2013). The role of appraisals and emotions in understanding experiences of workplace incivility. *Journal of Occupational Health Psychology*, 18(1), 87–105. https://doi.org/10.1037/a0030987

Bogossian, T. (2022). Quality of Life at Work in the Period of the Covid-19 Pandemic. *Journal of Medical & Clinical Nursing. SRC/JMCN-148. DOI: doi. org/10.47363/JMCN/2022 (3)*, *139*, 2-5.

Chong, Y. S., & Ahmed, P. K. (2017). On happiness, sadness or indifference: Investigating the carryover effect of outcome valence in service perceptions. *Journal of Service Theory and Practice*, 27(1), 69–86. https://doi.org/10.1108/JSTP-03-2015-0062

De Cieri, H., & Lazarova, M. (2021). "Your health and safety is of utmost importance to us": A review of research on the occupational health and safety of international employees. *Human Resource Management Review*, *31*(4), 100790.

Dimoff, J. K., & Kelloway, E. K. (2019). Mental health problems are management problems: Exploring the critical role of managers in supporting employee mental health. *Organizational Dynamics*, 48(3), 105–112. https://doi.org/10.1016/j.orgdyn.2018.11.003

Edgar, F., Geare, A., Saunders, D., Beacker, M., & Faanunu, L. (2017). A transformative service research agenda: A study of workers' well-being. *The Service Industries Journal*, 37(1), 84–104. https://doi.org/10.1080/02642069.2017.1290797

Gopinath, R. (2020). Is the Employee Health and Safety related to Job Satisfaction? An inquiry into BSNL Employees with special reference in three different SSAs using Modeling.

Grzeskowiak, S., & Sirgy, M. J. (2007). Consumer well-being (CWB): The effects of self-image congruence, brand-community belongingness, brand loyalty, and consumption recency. *Applied Research in Quality of Life*, 2(4), 289–304. https://doi.org/10.1007/s11482-008-9043-9

Han, H., Baek, K. J., & Kim, Y. H. (2011). A multidimensional scale of switching arriers in the full-service restaurant industry. *Cornell Hospitality Quarterly*, 52(1), 54–63. https://doi.org/10.1177/1938965510389261

Karatepe, O. M., Yavas, U., Babakus, E., & Deitz, G. D. (2018). The effects of organizational and personal resources on stress, engagement, and job outcomes. *International Journal of Hospitality Management*, 74, 147–161.

Kim, S. S., Im, J., & Hwang, J. (2015). The effects of mentoring on role stress, job attitude, and turnover intention in the hotel industry. *International Journal of Hospitality Management*, 48, 68–82. https://doi.org/10.1016/j.ijhm.2015.04.006

Kooji, D. T. A. M., de Lange, A. H., Jansen, P. G. W., & Dikkers, J. S. E. (2013). Beyond chronological age. Examining perceived future time and subjective health as age-related mediators in relation to work-related motivations and well-being. *Work and Stress*, 27(1), 88–105. https://doi.org/10.1080/02678373.2013.769328

Lundberg, O., & Manderbacka, K. (1996). Assessing reliability of a measure of self-rated health. *Scandinavian Journal of Social Medicine*, 24(3), 218–224. https://doi.org/10.1177/140349489602400314

Lambert, E. G., Hogan, N. L., Jiang, S., Elechi, O. O., Benjamin, B., Morris, A., Laux, J. M., & Dupuy, P. (2010). The relationship among and procedural justice and correctional life satisfaction, burnout, and turn intent: An exploratory study. *Journal of Criminal Justice*, 38(1), 7–16. https://doi.org/10.1016/j.jcrimjus.2009.11.002

Moudon, A. V. (2009). Real noise from the urban environment: How ambient community noise affects health and what can be done about it. *American Journal of Preventative Medicine*, 37(2), 167–171. https://doi.org/10.1016/j.amepre.2009.03.019

Ng, E. S., Schweitzer, L., & Lyons, S. T. (2010). New generation, great expectations: A field study of the millennial generation. *Journal of business and psychology*, *25*(2), 281-292.

Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., & Chidambaram, P. (2020). The implications of COVID-19 for mental health and substance use. *Kaiser family foundation*, *21*.

Sirgy, M. J., & Lee, D. J. (2016). Work-life balance: A quality-of-life model. *AppliedResearch in Quality of Life*, 11(4), 1059–1082. https://doi.org/10.1007/s11482-015-9419-6

Sobnqwi, E., Mbanya, J., Unwin, N. C., Porcher, R., Kengne, A., Fezeu, L., & Alberti, K. (2004). Exposure over the life course to an urban environment and its relation with obesity, diabetes, and hypertension in rural and urban Cameroon. *International Journal of Epidemiology*, 33(4), 769–776. https://doi.org/10.1093/ije/dyh044

Tongchaiprasit, P., & Ariyabuddhiphongs, V. (2016). Creativity and turnover intention among hotel chefs: The mediating effects of job satisfaction and job stress. *International Journal of Hospitality Management*, 55, 33–40.

WHO (World Health Organization) (2020a). *Coronavirus disease (COVID-19) advice for the public*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public