Introduction:

This newsletter is a collection of experiences sent by WAPR members, their colleagues and friends, as we live through the greatest global pandemic since the Spanish Flu in 1918. The Corona Virus affects us all in a variety of way, with some groups feeling the effects more intensely. Every country eventually, every layer of society, rich or poor, famous or not, rural or urban and increasingly, young and old, is affected. We’d like to know how professionals in mental health / rehabilitation are faring? How are people with mental health conditions faring? How are they being served? What about the families and carers? What about our communities - how are we all faring as a whole? We share our stories from different angles but with a common denominator. We all stand for humanity. We believe that the little things in life still matter.

Over the next few months, we hope to share such experiences with you, our global community, in brief snapshots, once a month or more to keep us connected and perhaps even inspired by each other’s stories. As a symbol of our shared humanity and common experiences, we, as editors, have omitted all role, degree or position identifiers accompanying each story. We have chosen instead to identify each story only by name and country. Some have given their permission to use their names. Others have not. We have identified those only with country.

We will be sending this special newsletter via email while you can also find it uploaded in the WAPR website (www.wapr.org) in the news section.

If you yourself have a story (2-4 paragraphs) to share, whether it is your own, or someone who inspired you with something they did, please send them to: Marianne Farkas, mfarkas@bu.edu.

We will add them to the collection.

We wish you and yours, health and all the best,
Take good care!

Marianne Farkas, USA
Marit Borg, Norway
Michalis Lavdas, Greece
Navigate through the Experiences from our world wide network (March 16 - April 4 2020)- or read through the entire document, as a single series of experiences over time!

Germany, March 16  
by Michael Sadre-Chirazi Stark

USA, March 16, April 1  
by Marianne Farkas

Spain, March 19  
Anonymous

Spain, March 24  
by Ricardo Guinea

Italy, March 19  
by Antonio Maone

Italy, March 22  
by Angelo Barbato

Australia, March 28  
by Harry Minas

Taiwan, March 30  
by Eva Teng and Su-Ting Hsu

Norway, March 30  
by Audun Pedersen

Norway, March 30  
by Christine Lingjærde

Norway, March 30  
Anonymous

Israel, April 1  
by Adva Gefen, Shimri Hadass Grudman, Ayala Javier Friedlander

Israel, April 2  
Anonymous

Resources and links related to the Covid-19 crisis

Humor and Covid19
In Hamburg we also feel the restrictions. Schools, University, even bars and restaurants are closed.

I have offered my patients the option of using phone consultations, my patients’ group will meet through Zoom or Skype. So we use the new technologies. Nearly everybody owns a smartphone which can be used for that. I am also preparing webinars of the content which I try to get across in group or individual sessions. So I can keep in touch with most of my patients. At least that is a way that they feel not completely abandoned.

Michael Sadre-Chirazi Stark

March 16 2020

It is really eerie to go through our city of 2 million and see the streets and roads deserted but other people’s description makes it clear we are all in the same boat. We had an article in the paper yesterday about how it is both different and the same experience as what happened during the Spanish Flu, which unfortunately began here in Boston. Grocery stores are opening at 6:30 -7:30 am only for those over 60, or who are in high risk groups, to do their shopping in more secure environments.

One major thing that is different is the fact that we know enough now to self-quarantine and can often use technology to do our work and overcome the impulse to be physically present (although I must say that being in one’s house for 3 weeks and counting…gets old fast!).

We here are doing the same as everyone else. Google “Chats”, Facebook and Zoom are very effective ways of not only keeping in touch with each other, but coaching, providing support for those we serve and teaching as well. Most of the people we support have smartphones, however a sizable group do not (i.e. can’t pay for the monthly data plans; have ancient phones or none at all; no computers) so going online is very difficult across the technological divide. Nonetheless, our services at the Center for Psychiatric Rehabilitation, like other psychosocial rehabilitation and clinical services in the country, have started running online services. Our program for college students with ongoing mental health conditions, now has discussion groups, yoga classes, and coaching support online.

In my personal life, choir practices, Zumba sessions and book clubs organized more or less spontaneously have kept us going--- along with a community list serv which keeps each other informed about supplies available in different towns, or when supplies in our own town have run out—like toilet paper, which is a current favorite topic of conversation! It’s a different world for sure.
By now we’ve created a private group for persons with lived experience. I’m learning sign language, my sister teaches every day at 12:30. She’s deaf. I’m teaching her grammar. Every day my best friend and I share healthy and tasty receipts. Clean, clean and clean. Physical exercise. See how some seeds are growing and share photos with my fb group. From now on we’ll watch specific films and we’ll have a forum. The same with a book.

Well, this is the 5th day. I’m fine, not bored, but adapting myself to a new life.

Anonymous

The pandemic extension of COVID-19 has been an unexpected event, that has put under extreme tension the general health system and has had huge implications in the “business as usual” attention to the people with severe mental health problems.

In Spain, there is a lot of uncertainty and some level of chaos all levels. Media is constantly bombarding us with news of all kind that convey anxiety to population. The perception that is a global threat has deeply penetrated in everybody’s mind. Changes in social behavior can be observed everywhere: social distance is a rule, shops are closed, and preventive measures are been followed by everybody (not touching, cleaning...). Stuff for self-protection is scarce (facemasks, alcohol). Quarantine is isolating many people, including people with severe social needs.

As in other countries, at general level, the first reaction was perplexity. Population and policymakers, in the first days, just weren’t able to assess properly the real importance of this global event – on the other hand, nobody had previous experience. Probably because there is not precedent of it, (...except in mov-
ies!). Experts began to recommend general hygienic measures very early. But only when the threat began to become real (observing the news from Italy, noting the number of deaths), government began to realize that strong measures were needed, and certainly began to lead the emergency.

Many hospital staff members are being detected as infected every day – in fact they represent around 10% of all positive detentions. This is a serious problem, since no fasts tests for detection are available at large scale, and in the other hand, staff is more and more necessary. Volunteering is being implemented as an option. Retired doctors, nurses and other staff, trainees, serve in the new created services.

However, everybody is working to exhaustion. The reaction of the whole country has been of huge collaboration, and we can be quite proud of that.

Situation in residences for elderly people with infected residents is very dramatic. Part of the staff is infected, sometimes as much as 50% of staff. We know that the elderly are the most vulnerable population, they have mostly to remain in their residences, often with weak medical services. Often priority in ICUs are given to young people with good prognosis.

The situation in mental health services is clearly a major issue. Everything is evolving very quickly, and new problems are detected every day. Since literature about quarantine show the longer it is, the more stress affects general population, almost everybody is taking self-protective measures, that are recommended by television and other media: how to maintain a daily agenda of physical exercise, leisure and productive activity, how to remain in social connection with friends and relatives by telematic means, etc. But members of some families with relational problems will have hard times. Police reports many interventions for conflicts in homes.

For people with previous mild mental health problems, many mental health services are organizing telephone consultation. But since mental health services are very diverse, the situation is different in different settings.

Some crisis units in hospitals in Madrid and have been closed and programmed to be used for infected people. Some acute cases that were not possible to discharge, have been concentrated in some crisis units or mental hospitals that remain available. Residential facilities usually remain open. Staff report that users usually show clear understanding of the situation and are very collaborative, not surprisingly, even in auto-organized way.

In the case of the network of services for psychosocial rehabilitation, all day centers, day hospital and similar have very quickly evolved to teleassistance, making a good use of smart phones and other teleconference devices. In most services, staff has enthusiastically joined this change as a professional challenge.

FEARP (the Spanish branch of WAPR) has created a crisis team, detecting new problems and suggesting reactions. A number of key good practices documents drafted in a “how to” style, and have been published on line (how to face the quarantine, how to maintain treatments, how to remain connected with services, how to protect from new infection, how to proceed in case of be infected…).

Isolation with the family is often a problem in some cases of users with behavioral issues – sometimes also due to chronic family issues, that became problematic when they all must remain isolated at home. Sometimes, patients live in homes where other members are infected, and this is difficult to handle,
specially only by telematic means, since they may be very anxious, but quarantine is to be a priority. Another issue is how to send pharmacological prescriptions to the family so they will be accepted by pharmacies. Again, telematic means often sort the problem. Special attention is being paid to patients that receive depot medication. In is still uncertain how this problem will be sorted. In special cases – i.e. patients with autism and similar -, some patients receive a special document that allows them to go out home with supervision of a relative, so quarantine can be more affordable.

Similar to other countries, all kind of uncertainties affect us. There is a deep concern about how the economy will overcome the

**Italy, March 19**

The MH service in Rome, of which I’m director, is facing a complex situation because there are positive Covid-19 cases in residential facilities. We are seeing that the inpatients in quarantine, although with “severe mental illnesses”, show an unexpected ability to rise to the challenge. They are self-organizing daily activities in a creative and responsible way. Symptoms and disabilities appear “in brackets” or even invisible. We already knew about this kind of thing, but seeing it live, in a such a dramatic moment, is really amazing.

*Antonio Maone*

**Italy, March 22**

I am writing from Lombardy, the worst place in the world to live in today. Videos yesterday showed in the evening military trucks rows leaving Bergamo to bring to other cities dozens of coffins because the city cemetery is full. Stricter lockdown measures have been enforced today. We are struggling to do our best to collaborate with the aim of slowing down the spread of the Covid-19. Lockdown at home or elsewhere is especially painful for people with mental disorders. I don’t know when we will be back to normal life.

*Angelo Barbato*
There is a national stay-at-home policy which is being largely observed by the population. All who can are working from home. Within a couple of weeks our university has moved fully to online teaching and all university buildings will be fully closed from tomorrow. Our vice-chancellor, deans and other leaders are posting their regular video updates from their homes.

Although there is community spread more than two thirds of new cases are still linked to people returning from other countries. (This is now only Australian citizens and permanent residents – the borders are closed to everyone else.) The greatest number of cases is in New South Wales which has about the same number of cases as the rest of the country combined, probably largely due to the fact that Sydney has the busiest international airport and more cruise ships have docked there than anywhere else in Australia.

Over the past 4 or 5 days there have been some hopeful figures concerning the daily number of new cases. Who knows whether this will be maintained or will prove to be just a dip in a continuing rising curve?

The economic impact of the shutdown will be immense and the mental health and other consequences of joblessness, etc. will also be massive.

The local epidemic is being managed by a never-before-seen “national cabinet”, consisting of the prime minister and the premiers of all of the states and territories, which is receiving and following advice from the country’s Chief Medical Officer. After the meeting of this group tomorrow we are expecting an announcement of substantial new funds for mental health services, which have also moved quickly to largely digital platforms.

Harry Minas

So far, as announced by Taiwan government, now Taiwan has tested 29,915 persons, 298 cases positive, 3 of them died, but 39 recovered and the others are stabled under treatments.

In the early February, all medical disciplines, staff and in-patients have been provided medical mask by government, then in the end of February, the patients who need to visit hospitals frequently such like kidney HD, cancer and day care mental disorders etc. The families visit in patients and long-term care nursing home have been limited or prohibited.

Hospitals and communities are tense because we are afraid of SARS which impacted the entire nation.. There were 346 cases of SARS and 73 died at that time. Our CDC and Ministry of Health leaders and officers who went through those difficult times, have been very alert and they made quick decisions about the regulation of masks and sanitizer/alcohol supplies, postponing school for two weeks and enforcing isolation for those at high risk, especially those with a travel history from China, then Korea, then Japan, and more recently, any travel at all.

We still go on trips (but could not abroad unless approved by government), eat in restaurants, and have recreational activities in park. However, most people choose to mostly stay indoors.

Our practice in psychiatry and rehabilitation
Life during the Corona Virus: View from the Ground - Newsletter #1,

has not changed for the most part. We have added a “1922” for people to call about anything on their minds related to the epidemic, and “1925” for suicide prevention hotline.

Only a very few people ever call. We have not closed day care units and community rehabilitation centers yet, but have initiated coping plans with the virus spreading including home visiting and treatment projects. People with psychiatric disabilities are controlling their behavior. People, including the group we serve, feel awkward if you don’t wear a mask. If someone happens to cough, it is scary. So any symptomatic behavior is responded to immediately, even if people try to be polite about it. Those in rehab facilities get surgical masks directly from City, Bureau of Health which is fortunate because there is better access for them this way than the availability in pharmacies.

Most of our universities closed and arrange on-line teaching like the other countries do. But some day care services for elders are closed now.

Besides providing mental health support and tel-counseling to the persons who are quarantined and the public, we now discuss how to support or train the other medical doctors to aware of patients’ mental conditions or symptoms need to take care or refer to psychiatrists or psychiatric units.; how to support psychiatric hospitals, rehabilitation centers and half-way-house coping with COVID-19.

The attachments which called “PEACE” have Chinese, English, Indonesia, and Vietnam versions are providing careers and individuals about mental health support information to elders and children by department of mental health.

Eva Teng
Su-Ting Hsu
In Norway, there were 4300 people tested positive for Covid-19, of the 85000 tested in total. 314 are hospitalized. 26 people have died from this disease so far, which, compared to many other countries, is a low number. The number of new positive tests has for the last couple of days has flattened out.

All kinds of activities are closed, including schools, kindergartens and universities, as are many of activities in mental health and addiction services. However, all housing projects for citizens with mental health problems still offer support, with a lot of the service users living independently, being supported via Skype or Facetime. It seems like most of our service users so far have managed to cope with this situation pretty well. But, it is obvious that carers and family members are carrying a heavier burden these days.

The problem with service staff members being in quarantine after travelling abroad, is also decreasing. A lot of us work from home, as I have been doing the last 3 weeks. Skype meetings are now the main form of communication. From 10000 health workers in quarantine in Norway a week ago, we now have under 5000.

As mental health carers, we have certainly faced some challenges.

When a service user is discharged from a DPS (District Psychiatric Centre) day care a week earlier than anticipated, we are the ones as carers who naturally take on the responsibility. It is reassuring to have our relatives, staying with us rather than in an institution. This is not to sugar-coat how demanding a situation it is for all parties concerned.

It has been hard for us to grasp the idea of not being able to go out as we did before the limitations enforced during these times of the corona virus - simply not being able to visit others or have them visit us. Why we cannot go to shops, gas stations, cafes and leisure gatherings in the same way we normally would, has to be explained thoroughly from day one, as have the more restrictive subsequent measures along the way.

Sitting inside, not feeling up to anything, eating and sleeping more than we usually do, is not the ideal way of handling the situation. We encourage communication in the form of SMS and phone calls. Exercise is also ben-
In Alcoholics Anonymous, we say that the cure for alcoholism is community. The cure for Covid-19 is isolation. This does not add up. When the epidemic hit Norway, a couple of weeks ago, almost all AA groups had to close down their meetings. There are about 170 groups in Norway, with 220 meetings every week. Due to the fact that AA do not have any lists of members, the number of participants is not available.

The same week as Norway closed down, some members of AA established an online meeting for the whole of Norway. Meetings every day, all week, two times a day. Now there are over 800 members in this virtual AA group, and 50-100 members attend the meetings every time. The majority of the participants at the meetings live in Norway, but there are also Norwegians participating from all over the world.

An important principle in AA is that there are no leaders and that doing service scrolls between members. Therefore, every meeting has a new leader, moderator and speaker. Anyone of the participants at the meeting can take this service. The leader of the meeting makes an introduction and reads from the literature. The moderator organized the meeting so that all of the participants can share if they want to. Sharing is on experience, strength and hope, and one the topic of the day. The speaker makes an introduction on the topic of the day, such as; the steps and traditions of the program and different themes like fear, faith & hope, selfishness and so on. During the meeting, one might just listen in, write a comment in the chat, or share for all of the other participants to listen to. The group offers help to newcomers to get started in the program, to providing contact...
with a sponsor who him-/herself has done the program. Such sponsoring can start there and then, over the internet or the phone.

The “secret and invisible” network of people in recovery pops up in new ways as the world changes and physical meetings no longer exist. This shows the magic of being part of the spiritually worldwide community of Alcoholics Anonymous. Difficult times are quickly and easily turned into an opportunity for something new to happened. Thank you, AA! For the securing the community and sobriety also during a pandemic.

Anonymous

"Yoza Derech Halev" specializes in occupational rehabilitation services for people with mental health disabilities. In one of our programs called “consumers providers” we support people with psychiatric disabilities who are working as rehabilitation and care providers within mental health services and helping professions. This article was written on the basis of a TV broadcast dealing for the first time with the topic of mental health consumers during the COVID-19 crisis. The interviewee is a peer specialist herself. For us here in Israel, this is a significant accomplishment!

Our organization specializes in professionalizing experience-based knowledge of our clients and staff, knowledge accumulated during years of coping with mental health challenges and recovery, turning that knowledge into auxiliary tools for other consumers, practitioners and diverse populations.

These days, during COVID-19 crisis, some of our clients have lost their jobs and need to adjust, like many these days, to their daily routine being interrupted, while as for many with mental health difficulties, work is central and fundamental to their recovery. For some, this situation might involve dealing with anxieties, and the fear of reoccurring difficult times and possible relapse. For other clients, their employers demand that they continue with their work “as usual”, alongside many changes being made into their job descriptions and delivery techniques as well as changes within their homes and families. As part of our support we offer our clients more frequent talks, learning together how to overcome technological barriers and the challenge of working from distance, while keeping it as meaningful. Additionally, we offer virtual peer support groups for our clients, where they can express their experience-based knowledge regarding coping with crises and share it with one another.

During this challenging time, people with knowledge of experience have a lot to offer to each other and the general population, out of their own experience of facing and coping with situations of crisis. Accumulated strategies emerging from their personal path, and their understanding of the temporality of this situation, may offer hope and support for the larger community. Yet, like any crisis, the COVID-19 pandemic does rip the ground out from under our feet, forcing us all to adjust to the new reality.

These days we are in search of a more accurate platform through which our staff and clients’ experience-based knowledge may serve the general population across Israel. As people who
went through many crises, we may have some effective tools, and may hold some perspective of the temporal nature of crisis, and how important it is to grip hope for each other. Especially during such times in which distress and uncertainty are not only experienced among edge populations but among all humans in our world, being experienced with crises we would like to bring to mind the healing quality of solidarity and peer support.

As people with experience-based knowledge we encourage our communities to learn from times of crises and extreme situations, and try to derive and develop applicable measures and strategies to help our society through this challenging period.

Adva Gefen, Shimri Hadass Grudman, Ayala Javier Friedlander

---

Israel, April 2 2020

Here is how I deal with the Corona Pandemic as an employee at the psychiatric hospital.

The Humor Defense Mechanism - which is now working overtime – has led me to add the following activities to my role as a peer-provider:

• Collecting and posting Corona jokes on the “recovery board” in the ward.
• Sharing every Corona joke I find to my colleagues and other peer-providers to spread laughter.
• Creating Corona-related crossword puzzles for the inpatients with words like “virus”, “face-mask”, etc. – they are “crazy” about it 😊
• Perhaps the economy is going down during this time, but the WhatsApp sticker market is booming. My most favorite sticker is “You are a model!” With a picture of a hand sanitizer. This was the slogan of the peer-providers before the Corona crisis began. It makes me think that if we succeeded then we can do it even better during this time as well. I took this sticker seriously and led a discussion among my fellow peer-providers on how we can model recovery in times of Corona. As a result, we started washing our hands in the sink that is located in the ward's public area and not in the nursing station. It’s a side of ‘exposure’ that I haven’t experienced before.
• I am seriously considering buying a transparent mask that can show my smile through it - because a smile is a wonderful way to help and I do not want to waste this great resource.

Anonymous
Resources and links related to the Covid-19 crisis

Resources Collected and circulated by the World Health Organization

Devora Kestel, Director of the Department of Mental Health and Substance Abuse in the World Health Organization has collected and circulated the following links which can prove useful in coping with the pandemic.

Mental health and psychosocial considerations during the COVID-19 outbreak

Coping with stress during COVID-19
Arabic
Chinese
English
French
Russian
Spanish

Helping children cope with stress during COVID-19

Social Media Live Q and A Interview with WHO on coping with stressors related to COVID-19
Twitter: https://twitter.com/WHO/status/1237372330696798208?s=20
Facebook: https://www.facebook.com/WHO/videos/819204905251053/

IASC Interim Briefing Note Addressing Mental Health and Psychosocial (MHPSS) aspects of COVID-19 Outbreak (developed by the IASC’s Reference Group on Mental Health and Psychosocial Support, which is co-chaired by WHO) https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak

Tips and advice for looking after your mental health during the Coronavirus outbreak by the Mental Health Foundation which can be accessed here: https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak

6 Strategies which aim to inform teenagers on how they can protect their mental health during coronavirus found here and provided by UNICEF: https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19


Life during the Corona Virus: View from the Ground - Newsletter #1

Working in an Environment of a Pandemic
Resources collected by Victoria Huehn

Mental Health Europe
As news about coronavirus (COVID-19) dominate the headlines and public concern is on the rise, Mental Health Europe would like to remind all that taking care of your mental health is as important as looking after your physical health. Good mental health and positive wellbeing can help you better cope with the COVID-19 threat and the uncertainty it’s creating. They outline 8 ways to look after your mental health:

1. Seek information from legitimate sources
2. Set limits around media coverage
3. Look after yourself
4. Reach out to others and support people around you
5. Maintain a sense of hope and positive thinking
6. Acknowledge your feelings
7. Take time to talk to children about Covid-19
8. Ask for professional support.

https://www.mhe-sme.org/covid-19/

The impact on people
As Dr Manderscheid noted in his Commentary in 2007 ‘Preparing for Pandemic Avian Influenza:
“Good mental health is essential for good health. The natural corollary is that there can be no true preparedness without planning for mental health care, with a particular focus on essential personnel.
One of the lessons of managing all crises—wars, pandemics, terror attacks, natural disasters—is that our ability to respond will be predicated upon our ability to keep large populations in good mental health and to mitigate panic while we all ride out the storm.
Now is the time to start planning and acting on those plans”. P.67.

Humor & Covid19

Marty, I just came back from 2040

People still have unused toilet paper from 2020!

MY MOM ALWAYS TOLD ME I WOULDN'T AMOUNT TO ANYTHING LYING ON THE SOFA...AND YET HERE I AM, SAVING THE WORLD.
I'M GOING TO THE STORE. DO YOU WANT ANYTHING?

PSST
Send us your story!

mfarkas@bu.edu

We will add your story to the collection that will be systematically web published and distributed!